

R158

THE REGULATION pertaining to control of Private Hospitals, should consist of three parts:-

1. LICENCING CONTROL:-

- Describing how private hospitals will be controlled, once the policy has been finalised.
- Details should be given as to application procedures, responsibilities of developers and hospital managers, inspection, re-inspection, refusal of licenses, revoking of licenses, etc.
- We believe that this part of the document should be compiled by the Department of Health.

2. MINIMUM REQUIREMENTS: PHYSICAL FACILITIES:-

- This document has been compiled by a technical committee (see list).
- This document must be revised on an on-going basis, at least annually.

3. MINIMUM OPERATIONAL STANDARDS: -

- This document should not be an operational manual, but should only prescribe in an area where patient safety may be directly affected.
 - Ideally, a committee consisting of nursing managers and hospital managers in the private sector, with the Department of National Health and Population Development Inspectorate should compile this document with regular annual review.
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5 November 1996

Included, please find a copy of a manual compiled by the following committee members:-

Ms J L Bothma	-Department of Health
Ms P Coleshill-	-Hospital Association of South Africa
MR D Cowan	-Council for Scientific and Industrial Research
Mr B Kenyon	-Dayclinic Association
Dr L Moolman	-Hospital Association of South Africa
Dr O Owendale	-Hospital Association of South Africa
Dr I Thornton	-Hospital Association of South Africa
Dr A van der Merwe	-Hospital Association of South Africa
Mr K Veldsman	-Hospital Association of South Africa
J G Kleynhans	-Gauteng Provincial Administration
Ms P Otto	-Medscheme
Dr D Charles	-KwaZulu-Natal Department of Health
Ms J C Rautenbach	-Gauteng Inspectress
Ms H Venter	-Gauteng Provincial Administration
Pat Naidoo	-Eastern Cape Department of Health
Dr M van Niekerk	-Free State Provincial Health Services
Ms J Doherty	-Centre for Health Policy
H Adendorff	-Department of Health Northern Cape
Ms A Lees	-North-Western Community Health
Ms E Janse van Rensburg	-Western Cape Provincial Administration
H A van der Merwe	-PAWK
Ms E Cloete	-Transmed
Mr A Redelinghuys	-RAMS
NJ Mtsweni	-Department of Health Mpumalanga
J C Daniels	-Department of Health Mpumalanga
J Dlamini	-Department of Health & Welfare Northern Province
V Buthelezi	-Department of Health & Welfare Northern Province
Mr R Kraus	-National Hospital Strategy Project
Mr C Kuhn	-Afrox Healthcare
H A van der Merwe	-PAWK Department of Health
Mr J Kritzinger	-Department of Health & Welfare Eastern Cape
Ms H Venter	-Gauteng Provincial Administration
J G Kleynhans	-Gauteng Provincial Administration
Mr F Faul	-Health and Welfare Northern Province
Mr J Dlamini	-Department of Health & Welfare Northern province
Ms A Lees	-Northwestern Community Health
Ms E de Bruyn	-Department of Health KwaZulu-Natal

Provinces Steering Committee:-

Rehabilitation Working Committee:-

Prof S Louw	-Department of Geriatrics and Rehabilitation, UCT
Prof M Concha	-Department of Occupational Therapy, WITS
Prof M Goodman	-Department of Physiotherapy, WITS
Prof C Penn	-Department of Speech Therapy WITS
Mrs P Blake	-Control Physiotherapists, WITS
Mrs S. Gowar	-Control Occupational Therapists, WITS
Dr M Ahern	-Director Rehabilitation and Chronic Care: Gauteng
Dr H Loubser	-Rehabilitation Consultant
Mr G Anderson	-Clinic Holdings
Dr M G Boyd	-Libertas Hospital
Ms M Roos	-Gauteng Department of Health

In addition, comments were received from the following:-

Neville Cohen

Chronic Care Working Committee:-

Psychiatry Working Committee:-

Mr Fanie Fourie (convener)	-Vista Clinic
Ms G McDonough	-Gauteng Provincial Administration
Dr A H S Kajee	-KwaZulu Natal
P P Mtotywa	-Eastern Cape Department of Health
Prof C Gagiano	-Free State Provincial Department of Health
Ms H Adendorf	-Northern Cape Department of Health
Mrs J V Roos	-Northwest Cape Community of Health
Ms E Janse van Rensburg	-Western Cape Provincial Administration
Ms P Makwanazie	- Mpumalanga Department of Health
Dr J Chabalala	-Northern Province Department of Health
Ms R Marais	-Vista Clinic
Ms H Stols	-Vista Clinic
Ms S Watters	-Vista Clinic
The Manager	-Denmar Clinic
J de Jager	-Hospital Park Hospital
Dr S de Miranda	-Riverfield Lodge
Dr E Oberholzer	-Psychiatrist – private practice
Mr Hampson	-Libertas Hospital

This manual is our recommendation with regard to minimum building requirements for private hospitals. It was compiled with cost-effectiveness and patient safety as the ultimate goal, and flexibility of function as a secondary goal.

REGULATION GOVERNING PATIENT CARE FACILITIES

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REGULATION GOVERNING ALL PATIENT CARE FACILITIES

1. INTRODUCTION

The intention of this “Regulation” is neither to be a design manual nor a manual on good building practice. The regulation is set out in the simplest and most concise way possible. The minimum requirements specified are in terms of technical detail and life supporting systems to ensure that patient care facilities will be designed and built to ensure patient safety. Only the minimum standards applicable for patient safety, will be specified to allow patient care centres to be both affordable and accessible. The developer may choose to apply a higher standard depending on the patient profile and the type of service on offer.

The Minister of Health will appoint a standing committee which will meet at least once a year to revise this Regulation. At least 50 % of the members serving on this committee must represent the private sector and must be nominated by properly constituted organisation(s) representative of the private healthcare facilities.

For the purpose of this regulation, only patient related areas are considered. For all other areas, refer to the existing NATIONAL BUILDING REGULATIONS SABS 0400 (as amended).

For employee’s facilities, refer to Regulation 2362 under the Machinery and Occupational Safety Act (Act No 6/1983) as amended (Act No 85/1993).

Where referrals are made to any existing regulation, this refers to the latest amended issue of such a regulation.

These regulations replace the previous regulations as per Section 44 of the Health Act, 1977 (Act 63 of 1977).

These regulations will apply to all new facilities and extensions to existing facilities.

2. **DEFINITIONS**

Unless otherwise indicated, any word or phrase listed below under definition, shall wherever and whenever used in this regulation, mean the following:

- 2.1 ADMINISTRATIVE CONTROL AREAS is a room or areas for administrative control, enquiries, admission of patients and storage of records. This must be separate from the nursing unit. Access must not be through the patient care areas.
- 2.2 CASUALTY UNIT is a unit sometimes only open after hours where urgent service is rendered to members of the public. It will normally not have in-house facilities for management of all major trauma and may not have facilities for management of major medical surgical illness. It must, however, have facilities for stabilisation of such cases prior to transfer.
- 2.3 CLEANERS' ROOM is a room for the storage of cleaning equipment, the drawing of clean water, the disposal of dirty water, and the washing and drying of cleaning equipment. This room may be combined with the dirty utility room.
- 2.4 CLEAN UTILITY ROOM is a room for the storage of clean linen, sterilised packs, dressings and pharmaceutical supplies. May be used as a set-up area for ward procedures.
- 2.5 CLINICAL BASIN is a wash hand basin which can be operated without hand contact. The outlet spout shall be located away from the wall.
- 2.6 COMPREHENSIVE INPATIENT REHABILITATION UNIT (CIRU) is a facility that makes provision for therapeutic programmes that enable the post-acute, but 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.
- 2.7 DEMARCATED AREA is an area where access is both restricted and controlled to allow for maximum privacy and patient safety.
- 2.8 DIRTY UTILITY ROOM/SLUICE ROOM is a room used for the emptying, cleaning and storage of bedpans, urine bottles and equipment.
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- 2.9 AN EMERGENCY/TRAUMA UNIT is a department where 24 hour emergency service is rendered to members of the public. Arrangements for multi-disciplinary admission facilities including intensive care must be made. 24 Hour X-ray facilities must be available on the premises. A laboratory service or acceptable alternative must be available. A blood transfusion service must be available.
- 2.10 EMERGENCY TROLLEY/CRASH CART is a mobile cart used for the storage of all appropriate resuscitation equipment and pharmaceuticals.
- 2.11 IMPERVIOUS means impenetrable to liquid substances.
- 2.12 MAIN KITCHEN is a room or rooms equipped for the receipt of, storage and preparation of food and beverages.
- 2.13 MEDICAL WASTE DISPOSAL is the safe and hygienic disposal of medical waste.
- 2.14 MORTUARY is a room for the temporary storage of bodies.
- 2.15 NURSE STATION is the control point for all activities in the patient care areas.
- 2.16 NURSING UNIT OR WARD is a unit with the facilities to accommodate patients as specified in this regulation.
- 2.17 OPERATING ROOM is a room within the operating suite in which surgical or other invasive procedures are carried out.
- 2.18 OPERATING SUITE refers to rooms within the demarcated area where surgical interventions are performed or support is provided to these surgical activities.
- 2.19 PATIENT CARE FACILITY is any hospital or any other institution, building or place at which provision is made for the treatment and nursing care of persons, including the following:
- Chronic Care
 - Emergency Unit
 - Psychiatry
 - Obstetrics
 - Surgical and Medical Treatment

- 2.20 PATIENT ROOM refers to a room where the patient shall be accommodated.
- 2.21 PROCEDURE ROOM is a room in which certain restricted procedures can be performed without making use of general anaesthetics. This room may be situated outside the operating suite.
- 2.22 RECOVERY ROOM OR AREA means the section of the operating suite 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 suite.
- 2.23 SOILED LINEN AND WASTE ROOM is a room used for the collection and temporary storage of soiled linen and waste. This room may be combined with the dirty utility room.
- 2.24 SPINAL REHABILITATION UNIT is a multi-disciplinary unit that ensures that patients suffering from spinal disorders are rehabilitated to their individual optimum levels and are reintegrated into their respective communities.
- 2.25 STERILISATION AND DISINFECTION UNIT (SDU) – This facility is for the receiving, decontamination, preparation, packing, sterilising, storing and issuing of sterile and disinfected instruments and other reusable materials.
- 2.26 A TRAUMA UNIT is a unit specifically staffed and equipped to manage major trauma. It will always however, be within an emergency unit or will operate in conjunction with a medical/surgical emergency unit, and these together will then form an emergency unit. If an emergency unit does not have an area specifically dedicated to the management of trauma, then the same level of trauma treatment must be available in the general area of the emergency unit.
- 2.27 TREATMENT ROOM is the room used for treatment of patients in the wards.
- 2.28 WARD KITCHEN is a room or area which forms an integral part of a nursing unit or units, for the preparation of food and beverages. If food is prepared in this room, it must comply with the main kitchen requirements.
- 2.29 WASH HAND BASIN shall consist of a wash basin with hand drying facilities adjacent to it.

2.30 ABBREVIATIONS

ADL	-	Activity of Daily Living
APF	-	Acute Psychiatric Facility
ASHRAE	-	American Society of Heat, Refrigeration and Air-conditioning Engineers
CIRU	-	Comprehensive In-patient Rehabilitation Unit
CSIR	-	Council for Scientific and Industrial Research
HCW	-	High Care Ward
ICU	-	Intensive Care Unit
NBR	-	National Building Regulations SABS 0400
NICU	-	Neonatal Intensive Care Unit
SABS	-	South African Bureau of Standards
SDU	-	Sterilisation and Disinfection Unit
SSO	-	Switched socket outlets
UPS	-	Uninterrupted power supply

3. **GENERAL BUILDING REQUIREMENTS**

Save where otherwise required in these regulations the requirements must comply with the general building regulations of the NBR.

A patient care facility shall comply with the following requirements:

3.1 DOORS

Doors giving access to rooms in which patients are or are to be accommodated or treated, shall be at least 1,2 m wide.

Doors from patient ablution and toilet facilities, whether internally locked or not, must be easily and completely removable, both from inside and outside.

3.2 FLOORS

The floors of all rooms and corridors shall be of concrete finished to a smooth washable surface or covered with washable material.

No carpets or wooden skirtings will be allowed in the operating theatre suite, sterilising department, dirty utility room, kitchen, ablution rooms, procedure room, laundry, cleaners room, clean utility room, soiled linen room, delivery room, or treatment room and mortuary.

The floors of all operating and delivery rooms shall be of impervious material and so laid as, to provide a continuous and smooth impervious surface including the joint between the wall and floor.

3.3 CEILINGS

Must comply with the requirements of the NBR.

The operating room ceilings must be dust proof.

3.4 WALLS

All of the surface of inside walls must be covered with a smooth finish and must be painted with a durable washable paint or covered with a similar washable impervious material.

The wall behind the wash hand basin, clinical basin, sink and slop hopper shall have a washable impervious covering up to a height of at least 450 mm above, and a distance of at least 150 mm on each side of such fitting.

3.5 DIMENSIONS

3.5.1 **Plan Dimensions**

The plan dimensions of any room or space means the horizontal dimensions between unplastered wall surfaces.

Where plans are submitted, they must comply with NBR scale requirements.

3.5.2 **Room Heights**

The minimum height of any room or space shall be in accordance with the NBR. Any additional height specified in these regulations shall be the vertical dimension from the top of the finished floor to the underside of the ceiling.

3.6 DISPOSAL OF MEDICAL WASTE AND ANATOMICAL WASTE

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

Incinerators should also comply with the guidelines in terms of the Atmospheric and Pollution Prevention Act (Act 45 of 1965) as set by the Director Air Pollution Control.

3.7 FIRE PROTECTION

Fire hydrants, fire hoses, fire extinguishers, fire escapes and emergency exits shall be provided in accordance with Part T of NBR and the local authority regulations.

3.7 CORRIDORS

All corridors where patients are being transported shall have a minimum unobstructed width measured between walls:

Operating theatre units	2 300 mm
Delivery Unit	2 300 mm
All Other	2 000 mm

Any fixtures such as bump-rails, cupboards, etc. shall be regarded as wall or part of the wall.

3.9 SIGNAGE

The signage 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 exits clearly.

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

3.10 LIFTS

Multi-storey buildings must have lift(s) of dimensions to safely transport patients in beds.

Where orthopaedic surgery is done, at least one lift should be of sufficient dimensions to accommodate patient beds with traction apparatus attached.

3.11 ACCESS

Provision must be made for easy access of disabled persons in accordance with NBR requirements.

4. ENGINEERING SERVICES REQUIREMENTS

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

4.1 VENTILATION AND LIGHTING

All rooms shall be ventilated and lit in accordance with NBR, unless otherwise specified.

4.1.1 Mechanical (Artificial) Ventilation

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

4.1.2 Air Conditioning

4.1.2.1 Major Operating Rooms (30 m² or more in area)

All major operating rooms shall be air conditioned with the following minimum standards:

- AIR QUANTITY, FILTER SIZE AND EFFICIENCY

The air conditioning system should deliver between 400 and 500 litres/sec. of conditioned air to each operating room. The final filters should filter the air down to 5 microns at 99 % efficiency. This implies a final filter with a 55 % - 65 % dust spot efficiency when tested by the SABS to ASHRAE Standards 52 – 76. Care must be taken in the design of the system and the installation of filters to ensure an air-tight seal between the filter housing and the filter bed. Pre-filters must be provided – these may be the washable type. A maximum of 80 % of the air may be re-circulated.

- TEMPERATURE

Temperatures in the operating room should be controlled to between 22 and 25 °C with a maximum deviation of 1,5 °C. The unit shall be designed for a summer day where the maximum temperature shall not be exceeded on more than 14 days during a normal year. The provision of an adjustable set point is required only in operating rooms where major burn cases and operations in excess of 45 minutes on infants under 2 years are undertaken on a regular basis.

- HUMIDITY

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

4.1.2.2 Minor Operating Rooms (less than 30 m² in area)

All the above rooms shall be air conditioned with the following standards:

- AIR QUANTITY, FILTER SIZE AND EFFICIENCY

The air conditioning system should be designed to deliver 10 air changes per hour. The filter should filter the air down to 5 microns at 20 % efficiency. The filter shall have a minimum area of 0.35m². The filter may be of the washable type. Fresh air must be introduced from the outside at the rate of 30 litres/sec. and filtered as above. The suction temperature of the unit shall not go below 3 °C.

- TEMPERATURE

Temperatures in the rooms should not exceed 26 °C for more than 14 days during a normal year.

4.1.2.3 Delivery Rooms and other Special Care Units/Rooms

Air conditioning is not a minimum requirement, but if provided, must comply with the minimum requirements for minor operating rooms as per paragraph 4.1.2.2. The ambient temperature in nurseries and delivery rooms shall not go below 18 °C.

4.1.2.4 Non Special Areas

Must be in accordance with the Occupational Health and Safety Act of 1993.

4.1.2.5 The Storage of Pharmaceutical Products

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

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

4.1.2.6 Daylight

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

4.1.3 **Electrical Installations**

The complete installation must conform to:

- The Consumer Code for the Wiring of Premises, South African Bureau of Standards, Specification 0142.
- Occupational Health and Safety Act of 1993.
- Any special requirements of the electricity supply authorities of the particular area or district.
- The Local Authority Fire Regulations
- Telkom Regulations
- NBR

4.1.3.1 General

Light fittings must provide the following minimum service illuminance (lux) at the stated position of measurement (horizontal plane).

ICU	400 lux at whole bed area for observation 10 000 lux for local examination luminaire
High Care and all patient treatment areas	300 lux at whole bed area for observation 10 000 lux for local examination luminaire
Recovery	300 lux at whole trolley area
Maternity/delivery room	400 lux at working plane 10 000 lux for local examination luminaire
Procedure room luminaire	Minimum of 50 000 lux at operation table level
Emergency unit/resuscitation	400 lux at working plane 1 000 lux for local examination luminaire
Operating room/luminaire	Minimum of 75 000 lux at operation table level

4.1.3.2 Switched Socket Outlets

Power supply to switched socket outlets (SSO's) in ICU's, operating rooms and recovery must be on an earth monitoring system. Double pole miniature circuit breakers must be used for critical supply points in these areas.

4.1.3.3 Standby Generators

The hospital shall have an emergency generator or uninterrupted power supply which operates automatically and which is of sufficient capacity to supply all critical areas of the hospital with electricity in the event of a breakdown in the mains electricity supply.

CRITICAL SUPPLY POINTS INCLUDE THE FOLLOWING

- Surgical operating room luminaire
- Strategic lights in ward corridors, ICU, HCW, Neo-natal ICU, recovery room, operating suite and delivery rooms, duty stations, fire escapes and emergency units
- Delivery room luminaire
- All switched socket outlets used for patient life support anywhere in the hospital.
- Patient lifts (minimum of one lift)
- Medical air compressors (unless a standby compressed air manifold is provided), vacuum pumps (unless mobile units on emergency power circuits are provided) and gas alarm systems.

UNINTERRUPTED POWER SUPPLY

- The whole installation must conform to SABS 1474 of 1988. Uninterruptible Power Systems (UPS)

4.1.4 Gases

4.1.4.1 General

With the exception of ICU and NICU, medical gases may be provided by bottled or piped systems. Vacuum may be piped or mobile, with the exception of ICU and NICU.

4.1.4.2 Minimum Supplies to:

Operating Rooms:

Oxygen, Nitrous Oxide, Vacuum and Scavenging, and Medical Air.

ICU and NICU:

Medical Air, Oxygen and Vacuum.

All other patient areas:

Oxygen and Vacuum.

4.1.4.3 Safety

All piped gas installations must conform to:

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

4.1.5 **Vacuum**

The vacuum installation shall comply with SABS 051 Part iii. Vacuum liquid bottle traps must be installed to collect any blood/fluids, etc. that may be drawn into the pipeline. One bottle trap per theatre, ICU, ward block and other patient unit, must be supplied. Emergency suction facilities must be provided in the ICU and High Care, operating rooms, recovery room, delivery rooms, emergency unit and nursery, and must be available to all patient rooms.

4.1.6 **Medical Air**

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. ICU and operating rooms must be provided with back-up system.

4.1.7 **Scavenging**

Anaesthetic gas scavenging, 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.

4.1.8 **Nurse Call Systems**

Every bed shall have a call system that will enable the patient to call a nurse to the bedside. An emergency call system shall be provided in ablution facilities.

An emergency call system shall be provided from the ICU/High Care (if supplied) to the operating suite and from nursing unit nurse stations to the operating suite and ICU (if supplied), in order that assistance can be provided in the most appropriate way.

5. GENERAL NURSING UNIT

Patients are accommodated in a ward or nursing unit. A ward could consist of one or more nursing units.

5.1 A NURSING UNIT CONTAINING A MAXIMUM OF 36 BEDS SHALL PROVIDE THE FOLLOWING

- 5.1.1 Beds in patient rooms must be provided with daylight.
- 5.1.2 A nurses station so placed that physical access to any patient requiring care is not impeded or delayed, and must contain
 - Nurse call system
 - Counter and work surface
 - Telephone
 - Wash hand basin
- 5.1.3 Ablution and toilet facilities for patients;
- 5.1.4 A clean utility room with a minimum floor area of 5 m², work surfaces and a clinical basin;
- 5.1.5 A treatment room is optional and if provided should have a minimum floor area of 10 m², and must contain work surfaces and a clinical basin;
- 5.1.6 Separate storage space for linen, pharmaceuticals, ward equipment, patients' belongings and such sundry items as may be necessary for the management of the nursing unit. Such storage may be shared between adjacent nursing units;
- 5.1.7 A dirty utility room/area with a minimum floor area of 5 m² or 7 m² if used in combination with either a cleaner's room or a soiled linen and waste room, and 9 m² if used in combination with both. A wash hand basin, a sluice sink and wall mounted bed pan and urinal racks are minimum requirements. A bed pan washer/disposal unit and a domestic sink may be substituted for the sluice sink;
- 5.1.8 A cleaners room containing shelves, low level sink or slop hopper with

incorporated into the dirty utility room, and if so – then the floor area of the dirty utility room must be increased to 7 m² or to 9 m² if soiled linen and waste room is also incorporated;

- 5.1.9 A soiled linen and waste room. This room may be incorporated into the dirty utility room, and if so, then the floor area of the dirty utility room must be increased by 2 m² to 7 m² or by 4 m² to 9 m² if cleaner's room is also incorporated.
- 5.1.10 A ward kitchen with a minimum floor area of 4 m² which must be increased by 1,5 m² for every 10 beds above 20 beds. It must contain a minimum of a single bowl sink, work surface, and a hand wash basin and may be shared by adjacent nursing units;
- 5.1.11 A staff toilet which may be shared by adjacent nursing units. There must be a minimum of one such toilet for every 36 beds and each must contain a wash hand basin.

5.2 PATIENT ACCOMMODATION

5.2.1 Patient Accommodation

5.2.1.1 In determining minimum measurements the following standards apply:

- Any fixture shall be regarded as a wall or part of a wall of a room in which patients are accommodated.
- All measurements in this section will be enforced at the first and subsequent inspections, irrespective of bed/cot width or length. Room sizes must therefore be planned to accommodate whatever beds/cots may be used initially or possibly used in subsequent years.
- The attending side of the beds is defined as the patient's right hand side when lying supine.
- The minimum floor area of any patient room must be 10 m². Single rooms shall have a minimum wall length of 2,6 m.

- 5.2.1.2 In all patient rooms provision must be made for minimum space of:-
- 600 mm between the non-attending side of any bed and the nearest wall on that side;
 - 900 mm between the attending side of any bed and the nearest wall on that side;
 - 900 mm between the sides of any adjacent beds;
 - 1 200 mm between the foot of any bed and the opposite wall or of 1 500 mm between the foot of any bed and the opposite bed.
- 5.2.1.3 Proper screening facilities must be provided between beds
- 5.2.1.4 Except in the case of a mother and child, children and adults shall preferably be accommodated in separate rooms.
- 5.2.1.5 Each patient room shall communicate directly with a corridor or passageway.
- 5.2.1.6 Each patient room shall be provided with a clinical basin.
- 5.2.1.7 Oxygen and vacuum, either piped or mobile must be available to each patient room in the hospital. If not piped to each patient room, then at least one mobile oxygen supply and one mobile vacuum pump per 20 patients must be provided.
- 5.2.1.8 At least ONE electrical switched socket outlet per bed.
- 5.2.1.9 A disabled ablution facility serving both male and female patients containing a free standing bath or wheelchair shower, and wheel chair toilet (refer NBR) shall be provided on every floor where nursing units are situated.
- 5.2.1.10 Where several patient rooms share ablution/toilet facilities or where a patient room with its own facilities contains more than eight beds, the following shall be provided:

- separate facilities for male and female patients;
- at least one bath or shower per 12 patients or part of such number. If ablution facilities and toilets are not located in the same area then one wash hand basin per 12 patients or part of such number must be provided in the ablution area.
- At least one toilet per 8 patients or part of such number.
- 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.

6. SPECIALISED WARDS

6.1 SHORT STAY WARDS

6.1.1 Accommodation and Facilities

The same accommodation facilities and patient accommodation as specified for a general nursing unit are required (see sections 5.2 and 5.2) with the following exclusions:

- 6.1.1.1 One bath or shower is required.
- 6.1.1.2 No disabled ablution facility is required
- 6.1.1.3 Separate rooms for male, female, infants and children, are not required provided that proper screening facilities are available.

6.2 PAEDIATRIC UNIT

Paediatric units shall provide, in addition to the requirements in Section 5.1 and 5.2

- 6.2.1 bathing facilities for babies: refer to Section 6.3.12.4 and 6.3.12.5 in Maternity section.
- 6.2.2 a dedicated milk kitchen is required if the institution has more than 20 paediatric beds/cots. This may be shared with a nursery. If the unit contains less than 20 beds/cots, then 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.
- 6.2.3 a treatment room and clean utility room, which may be shared;
- 6.2.4 facilities for isolation in a ratio of one per 15 cots/beds. Such facility must be fitted with a clinical basin and ventilation so designed to prevent airborne cross infection;
- 6.2.5 direct vision of all beds/cots from the nurses' station or from the adjacent corridor, via glass walls or viewing panels;

6.2.6 special safety features applicable to children in respect of socket outlets and switches, heaters and door locks, and hot water supply.

6.2.7 this area must be provided with daylight.

6.3 OBSTETRICS

6.3.1 A maternity unit is an area where babies are delivered and post natal care is given to both mother and baby. It must provide the following:

- (a) preparation room(s)
- (b) delivery room(s)
- a post natal ward with or without rooming in facilities
- access to a theatre

6.3.2 In addition, it could include any combination of the following:

- ante natal beds
- rooms for first stage of labour
- a dedicated caesarian section theatre with recovery area
- a nursery
- a neonatal intensive care unit

6.3.3 If ante natal beds are provided, a preparation room is optional and first stage rooms are not required. Where there are no ante natal beds, a preparation room must be provided.

6.3.4 Post natal units, where mothers can stay for at least a few hours, must be supplied.

6.3.5 A dedicated caesarian section theatre, a nursery and a neonatal intensive care unit are not minimum requirements.

6.3.6 Follow general requirements as for every other nursing unit. See sec 5.

6.3.7 **A Delivery Room**

- 6.3.7.1 If only one delivery room is provided, a first stage room must be provided. If more than one delivery room is provided, a first stage room is optional on condition that a preparation room is provided.
- 6.3.7.2 Each delivery room shall have a floor area of not less than 14 m² and a minimum wall length at bedhead of 3,45 m.
- 6.3.7.3 Each delivery room shall contain a clinical basin.
- 6.3.7.4 Oxygen, suction for both mother and baby and infant warming must be provided in each delivery room.
- 6.3.7.5 If suction and oxygen are piped, two points of each must be provided, suitably positioned for use by mother and baby.
- 6.3.7.6 Two each (total four) electrical switched socket outlets must be provided, suitably positioned for mother and baby (see section 4.1.3).
- 6.3.7.7 Lighting (see section 4.1).

6.3.8 **Rooms for First Stage of Labour**

- 6.3.8.1 The surface floor area of the room must be 10 m² for one bed and 15 m² for two beds.
- 6.3.8.2 If no first stage rooms are provided, at least two delivery rooms must be supplied with specifications as in paragraph 6.3.7.
- 6.3.8.3 Each first stage room must be provided with a wash hand basin.

6.3.9 **Preparation Rooms**

If provided, must have the following:

- 6.3.9.1 A minimum floor surface area of 6 m².
- 6.3.9.2 Access to a patient toilet, wash hand basin and bath or shower which is suitable for patient use with staff assistance.
- 6.3.9.3 Access to a dirty utility room, and
- 6.3.9.4 A clinical wash hand basin.

6.3.10 Services Areas (Refer 5.1)

- 6.3.10.1 A nurses station
- 6.3.10.2 Clean work area or a clean utility room
- 6.3.10.3 Storage facilities for pharmaceutical supplies, sterile packs, instruments, linen and general equipment (Refer to 4.1.25 and 5.1).
- 6.3.10.4 A dirty utility room in close proximity to this unit.
- 6.3.10.5 The dirty utility room shall comply with general specifications and also make additional provision for the examining and holding or disposal of placentas.
- 6.3.10.6 A cleaners' room shall be provided. This facility may not be combined with (see 5.1) and but may be shared between units.

6.3.11 Nursing Unit (Post Natal Ward)

The nursing unit must comply with the regulation for general wards.

- 6.3.11.1 In addition:
If rooming in is provided, an additional space of 1 m² per bed must be allowed for accommodation of infants with their mothers.

A dedicated milk kitchen which may be shared with a paediatric unit or a clean preparation area within the

ward kitchen must be provided for the preparation of baby feeds. (Refer to 6.2.2).

6.3.12 **Nursery**

- 6.3.12.1 A single entrance in order to control access.
- 6.3.12.2 A floor area of at least 1,5 m² per baby, with a minimum of 6 m² thereafter.
- 6.3.12.3 Additional space of 1,5 m² for at least one incubator per 15 mother beds, or part thereof.
- 6.3.12.4 At least one baby bath for every 10 babies must be provided. Thereafter one baby bath for each additional 15 babies. 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.
- 6.3.12.5 A work surface for washing, drying and changing of babies.
- 6.3.12.6 Piped or mobile suction and oxygen.
- 6.3.12.7 An emergency call system.
- 6.3.12.8 A viewing panel for the display of babies.
- 6.3.12.9 Temperature control in this area is essential.
- 6.3.12.10 A clean utility area with a wash hand basin, and work and storage space for linen, supplies and equipment must be provided. This could be shared with 6.3.12.11. (Refer to Section 5.1).
- 6.3.12.11 Dirty utility room and cleaners' room may be shared.
- 6.3.12.12 A room for isolation of infants is optional. If provided, the following must be adhered to:
 - a clinical basin must be provided;
 - a separate bathing facility as above (see 6.3.12.4 and 6.3.12.5);

- cupboard space;
- a work surface;
- oxygen and suction;
- an extraction ventilation system, or the room be so designed to avoid air borne cross infections;
- direct visibility from the nursing station.

6.4 NEONATAL INTENSIVE CARE UNIT (NICU)

6.4.1 Ward Space

- 6.4.1.1 A wall length of 2,0 m shall be provided at the head of each ICU crib.
- 6.4.1.2 The clear space between the wall at the head of the ICU crib to the foot including circulation space at the foot shall not be less than 2,5 metres.
- 6.4.1.3 At least one clinical basin for every six cribs, or part thereof shall be provided within the open ward.
- 6.4.1.4 Each crib shall be provided with the minimum piped services:
- 2 x Oxygen
 - 1 x Low pressure medical air
 - 2 x Vacuum
 - 6 x 15 Amp switched socket outlets
- 6.4.1.5 The services shall be provided on a wall, on a floor pedestal, on a ceiling suspended panel, or from an articulation arm from the wall or ceiling. In all cases the service panel shall be at a height to provide unobstructed access to the patient.
- 6.4.1.6 Daylight shall be provided (see section 4.1.2.6).
- 6.4.1.7 A nurses station shall be provided within the ward space providing an unobstructed view of all beds/ICU cribs.
- 6.4.1.8 Mechanical ventilation or air conditioning shall be

provided, providing the air pressure within the ward area shall be positive in relation to other areas within the NICU (See 4.1.2)

6.4.1.9 Lighting: Refer to section 4.1.

6.4.2 **Isolation Cubicle**

At least one isolation cubicle shall be provided. (Refer 6.3.12.12)

6.4.2.1 Only one crib space shall be provided in each isolation cubicle;

6.4.2.2 The isolation cubicle shall be in an enclosed space with glazed partitions and have a floor area of not less than 6 m².

6.4.2.3 The wall/partition at the head of the bed shall not be less than 2 metres.

6.4.2.4 Extract ventilation shall be provided within the cubicle, and the air pressure within the cubicle shall be negative in relation to other bed areas within the ward;

6.4.2.5 Ventilation to be in accordance with 4.1.2.2

6.4.2.6 A clinical basin shall be provided within the isolation cubicle.

6.4.3 **Service Accommodation**

The following service accommodation must also be provided:

6.4.3.1 Dirty utility room: Must have a minimum size of 5 m².

The following must be provided:

- Sluice sink and slop hopper or combination sluice unit;
- Wash hand basin

- 6.4.3.2 If this room is also used for the collection and temporary storage of soiled linen and waste the minimum floor area will be 7 m² or 9 m² if also used for a cleaners' room. Dirty linen containers must be provided.
- 6.4.3.3 Cleaners' room which may be combined with the dirty utility room, then the area will be 7 m² or 9 m² if also used for soiled linen. The following must be provided:
- Shelves for cleaners' materials
 - Low sink with suitable tap height for bucket filling
 - Hooks for mops
- 6.4.3.4 Clean supplies room or cupboard or mobile clean supply systems (May be shared)
- 6.4.3.5 Staff toilet. (May be shared)
- 6.4.3.6 Equipment storage space
- 6.4.3.7 A staff rest room within the unit must be provided and may be shared.
- 6.4.3.8 An area that can be screened off for breast feeding facilities.

6.5 INTENSIVE CARE UNIT (ICU)

This section applies to all intensive care units, other than neonatal intensive care units.

6.5.1 Ward Space

- 6.5.1.1 A wall length of 3,2 m shall be provided at the head of each bed.
- 6.5.1.2 The clear space between the wall at the head of the bed to the foot of the bed including circulation space at the foot of the bed shall not be less than 4,0 m.

- 6.5.1.3 At least one clinical basin for every 4 beds or part thereof shall be provided in the open ward space.
- 6.5.1.4 All beds in the ward shall be provided with the following piped/fixed services at the head of the bed(s):
- Three oxygen outlets for every 2 beds
 - Three low pressure medical air outlets for every 2 beds
 - Three vacuum outlets for every 2 beds
 - Eight 15 amp electric switched socket outlets for each bed. No multi-plug adapters to be used.
 - Ten 15 amp electrical switched socket outlets for each bed for cardiothoracic, thoracic and neuro surgical ICU's
 - Refer to sections 4 for engineering service requirements.
- 6.5.1.5 The services shall be provided on the wall, on a pedestal, or on a ceiling suspended panel/or from an articulated arm from the wall or ceiling. In all cases the service panel shall be at a height to provide unobstructed access to the patient.
- 6.5.1.6 Screening facilities to ensure patient privacy must be provided between beds.
- 6.5.1.7 Daylight is essential for both patient and staff orientation and should be provided within the ward space. (See section 4.1.2.6)
- 6.5.1.8 A nurses station shall be provided within the ward space providing an unobstructed view of all the beds, or a central monitoring system must be provided with an unobstructed view of all consoles.
- 6.5.1.9 Air conditioning shall be provided within the ward area, the air pressure within the ward area shall be positive in relation to other areas within the ICU. The minimum standards for the air-conditioning units shall be in accordance with paragraph 4.1.2.2.

6.5.3 Isolation Cubicle

One bed in the ICU shall be provided in an isolation cubicle. Only one bed space shall be provided in each cubicle.

6.5.3.1 The isolation cubicle shall be an enclosed space with glazing providing visibility from the nurses station and having a floor area not less than 13 m².

6.5.3.2 The wall/partition at the head of the bed shall not be less than 3,2 m.

6.5.3.3 Mechanical ventilation shall be provided. The air pressure within the cubicle shall be negative in relation to the other bed areas within the ward.

6.5.3.4 A clinical basin shall be provided within the isolation cubicle.

6.5.4 Service Accommodation

The following service accommodation must also be provided. (See section 5.1 for details)

6.5.4.1 Dirty utility room

6.5.4.2 Clean supplies room or cupboard or mobile clean supply system

6.5.4.3 Equipment storage space

6.5.4.4 Staff toilets

6.5.4.5 Staff rest rooms

6.5.4.6 Kitchen and kitchenette facilities within the rest room

6.5.4.7 Waiting area for visitors

6.6. HIGH CARE UNIT (HC)

6.6.1 Patient Accommodation

As for general Wards, refer to sections 5.1 and 5.2

In addition:

6.6.1.1 The HC beds shall have a wall length of 2,7 m at the head of each bed and a floor area of not less than 10 m² for the first bed and 7 m² for each additional bed.

6.6.1.2 Each bed shall be provided with the following piped/fixed services at the head of each bed:

- Oxygen (O²)
- Vacuum
- Four 15 amp electric switched socket outlets
- An approved nurse call system with an emergency call facility

6.6.1.3 Screening facilities to ensure patient privacy must be provided between beds.

6.6.1.4 A clinical basin shall be provided for every 6 beds or part thereof.

6.6.2 Service Facilities

6.6.2.1 As for General Wards, refer to section 5.1

6.6.2.2 In addition: The nurses station must be so positioned as to provide an unobstructed view of all beds, or a central monitoring system must be provided with an unobstructed view of all consoles.

6.7 ACUTE PSYCHIATRIC WARD

See Section 14.

6.8 CHRONIC CARE WARD

See Section 14.

6.9 REHABILITATION WARD

See Section 14

7. OPERATING SUITE

7.1 GENERAL REQUIREMENTS

7.1.1 An operating suite is a restricted access environment where surgical and invasive interventions are performed.

7.1.2 It shall consist of one or more operating rooms associated with the following facilities as detailed in the succeeding sections:

- Recovery area
- Duty station
- Scrub area
- Setting-up area
- Changing facilities
- Cleaning and disposal area
- Storage facilities
- Rest rooms
- A suitable waiting area – patient privacy must be considered when designing this area.

7.1.3 An operating suite shall be a restricted access area and be so planned and equipped that control can be exercised over all persons and materials which enter the suite.

7.1.4 The operating suite is not permitted to be used for any other purpose than to perform surgical or other related procedures.

7.2 OPERATING ROOM

7.2.1 Dimensions

The minimum dimensions of the different categories of theatres should comply with the following:

<u>Theatre Type Area</u>	<u>Minimum Length</u>	<u>Minimum Light</u>	<u>Operating Height</u>
Minor	20 m ²	3,4 m	2,9 m
Major	30 m ²	5,0 m	2,9 m
Cardiac	45 m ²	5,8 m	2,9 m
Cath Lab	42 m ²	5,8 m	2,9 m

7.2.2 **Medical Gases**

The following will be provided in every operating room:

7.2.2.1 Points for the supply of oxygen, nitrous oxide, medical air, vacuum scavenging and electrical power will be provided as follows:

OR Type Points	O ² Points	N ² O Points	Vacuum Points	Medical Air Points	Electrical Points	Scavenging
Minor	2	1	2	0	6	1
Major	2	1	2	1	8	1
Cardiac	4	2	4	2	18	1
Cath Lab	1	1	1	0	8	1

One additional oxygen and one additional vacuum point shall be provided in an operating room where Caesarian sections are performed. A minor theatre would also be adequate for Caesarian sections provided the additional points are supplied.

7.3 **RECOVERY AREA WITHIN THE OPERATING SUITE**

7.3.1 The recovery area shall be within the restricted access area.

7.3.2 A recovery area shall have a minimum unobstructed floor area of 12 m² and a wall length of not less than 3 000 mm for the first operating room (OR). Thereafter minimally 16 m² for two operating rooms and 24 m² for three operating rooms, on the basis of one bed per OR for the first three OR's and thereafter one bed per each two additional OR's.

7.3.3 The recovery room or area shall be fitted with the following:

7.3.3.1 A clinical basin.

7.3.3.2 One oxygen and one suction point for each bed to be accommodated.

7.3.3.3 Three electrical switched socket outlets for every recovery bed or trolley.

7.3.3.4 Facilities for screening off a minimum of one patient.

7.3.3.5 Emergency call system.

7.3.3.6 Lighting.

7.3.3.7 Deep bowl sink.

7.4 DUTY STATION(S) WITHIN OPERATING SUITE

7.4.1 A duty room or duty station within the restricted access areas which is so situated, constructed and equipped that it is possible for the nursing staff to observe patients directly and where necessary render assistance. This area need not be a room, but may form an integral part of the main patient corridor, recovery area or bed-receiving area.

7.4.2 The duty station shall have a floor area of not less than 6 m² and a minimum wall length of 2,0 m.

7.5 SCRUBBING-UP AREA

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

7.5.2 A scrubbing-up area or room shall have a width of not less than 2 100 mm and shall 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 drainage trough, and gowning prior to entering the operating room or within the operating room.

7.5.2 In the case of minor theatre, provisions need only be made for scrubbing-up by one person, and the scrub-up area may be within the theatre.

7.6 CLEANING AND DISPOSAL AREA WITHIN THE OPERATING SUITE

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

7.6.2 A cleaning and disposal area shall have an unobstructed floor area of not less than 5 m² and a minimum wall length of 2,0 m for the first operating room. An additional 2 m² for each additional operating room must be provided.

7.6.3 This area shall be fitted with the following:

7.6.3.1 A deep bowl sink and/or slop-hopper must be provided.

7.6.3.2 Adequate shelving and cupboards for storing cleaning materials and equipment.

7.6.3.3 A rust proof wash sink with hot and cold water.

7.6.3.4 A wash hand basin with hot and cold water.

7.6.3.5 A cleaners' room or area for the storage of cleaning equipment and materials must be provided.

7.7 CHANGE AND REST ROOMS

- 7.7.1 Suitable change room facilities must be provided separately for male and female staff.
- 7.7.2 The change room must have one door which opens into the restricted access area, and must have a separate entrance from outside the restricted access area.
- 7.7.3 An operating suite change room shall have a floor area of not less than 9 m² for the first two ORs and thereafter 2 m² per OR and a minimum of 2 000 mm and shall be provided with:
 - 7.7.3.1 A wash hand basin.
 - 7.7.3.2 Partitioned off toilets in the ratio 1 toilet : 12 persons.
 - 7.7.3.3 Storage facilities for the separate storage of personal clothing and effects, and clean theatre clothing. Provisions must also be made for soiled theatre apparel.
- 7.7.4 Rest rooms or rooms for operating suite staff must be within the operating suite.
- 7.7.4 If light refreshments are to be served, facilities for storing, preparing and serving such refreshments shall be provided.

7.8 STORAGE FACILITIES

- 7.8.1 Mechanically ventilated separate store rooms, or storage cupboards in lieu thereof, for the storage of vacolitrines, clean linen, medicines, equipment and sundry items must be provided.
- 7.8.2 Storage space/room must be provided for sterile packs. No wood or porous shelving may be used in this area.

7.9 SETTING UP SPACE

Adequate setting-up space within the restricted access area shall be provided.

This does not have to be a separate room. Setting-up may take place within the operating room.

8. THE STERILISATION AND DISINFECTING UNIT (SDU)

- 8.1 This unit should preferably be adjacent to or form part of the operating suite. Where it is not, suitable changing facilities for staff should be provided. Refer Section 7.7.
- 8.2 In large multi-storey hospitals, the SDU may be designed and operated remote from the operating suite or hospital. The transporting system provided for the sterilised items must be so designed to preserve pack integrity and product sterility.
- 8.3 A minimum floor space of 30 m² for the first two operating rooms/delivery rooms must be provided plus an additional 2 m² for the third and each additional operating room.
- 8.3.1 In hospitals where re-sterilisation is done for items used in wards, bigger space may be required.
- 8.4 The design of the sterilising and disinfection unit and layout of equipment must ensure a clear flow of work from the soiled to the clean side of the unit.
- 8.5 The following functional areas must be provided:

8.5.1 **Washing and Decontamination Area**

Comprising the following:

- 8.5.1.1 A slop-hopper
- 8.5.1.2 Stainless steel sinks with hot and cold water, of which at least one sink is at least 350 mm deep;
- 8.5.1.3 A trolley washing area with hot and cold water and a floor drain;
- 8.5.1.4 If soiled linen is to be held or sluiced in the Decontamination area, additional floor space of 4 m² for the first two operating rooms and 1 m² for each additional operating room must be provided.

8.5.2 **Tray and pack preparing area comprising the following:**

- 8.5.2.1 Floor space for packing as specified above.
- 8.5.2.2 Storage facilities for clean materials.
- 8.5.2.3 One or more autoclave(s) capable of sterilising porous loads (gowns, drapes and dressings), as well as wrapped and unwrapped instruments. Where liquids are sterilised, an autoclave with a fluid cycle and a reverse osmosis or distillation plant must also be provided.
- 8.5.2.4 Unless the autoclave(s) is (are) a free-standing unit, access for maintenance must not be via the restricted area.
- 8.5.2.5 Where ethylene oxide is used as a sterilant, the installation must comply with SABS Code of Practice 0213.

8.5.3 **Storage area for sterile packs**

9. LAUNDRY

9.1 DESIGNS

- 9.1.1 The design of the laundry must comply with the NBR and the Occupational Health and Safety Act of 1993.
- 9.1.2 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.
- 9.1.3 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.
- 9.1.4 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.
- 9.1.5 If the laundry is remote from the hospital, a central sluicing room must be provided at the hospital. This should not be at ward level.
- 9.1.6 A wash hand basin must be provided.

9.2 FLOORS

- 9.2.1 The floors of the laundry must have an impervious, smooth, washable surface.
- 9.2.2 Where floor drains are provided for the washing of the floor, outlets to these drains are to be installed in the soiled/washing area of the laundry and the floor must be sloped down to this point.

10. KITCHEN

10.1 DESIGNS

- 10.1.1 The design of the kitchen must comply with the NBR and the Occupational Health and Safety Act of 1993, as well as local authority regulations.
- 10.1.2 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.
- 10.1.3 Food preparation and plating area must be protected from the dirty preparation area and scullery area. Care must be taken to prevent contamination of food by splashing from the scullery area.
- 10.1.4 There must be separate facilities for the bulk storage of dry goods, vegetables, meat and fish.
- 10.1.5 Refrigeration and deep-freezer space must be provided.
- 10.1.6 Hand wash basins must be provided.
- 10.1.7 Waste disposal should be in accordance with local authority regulations.

10.2 FLOORS

- 10.2.1 The floors of the kitchen must be an impervious, washable, non-slip surface.
- 10.2.2 Where floor drains are provided for the washing of the floor, outlets to these drains are to be installed in the soiled/washing area of the kitchen and the floor must be sloped down to this point.

OR
- 10.2.3 Grease trap floor drains so designed as to prevent back-flow of stench from the drains may be installed throughout the kitchen.

10.3 OUTSIDE CATERING FACILITIES MAY BE USED

In which case provision must be made for delivery of meals, with reconstituting facilities and an area for cleaning of crockery and cutlery and trolleys. Again a clear flow of work as specified in 10.1 above must be ensured.

11. PHARMACY

- 11.1 This pharmacy must be designed to allow for an area where dispensing is done. This area must be easily accessible to wards, operating suites and patients. Access must be allowed to patients in a wheelchair. (See NBR).
- 11.2 A safe area for storage of drugs must be provided:
- Special attention must be given to security. All windows and doors must be secured.
 - This area must have restricted access.
 - An outside entrance for deliveries must be provided, again with attention to security.
 - Storage of drugs must be done in accordance with manufacturer's instructions.
- 11.3 Safety and Fire regulations – see NBR

12. PROCEDURE ROOM

- 12.1 If supplied, this room shall be situated outside the demarcated area of the operating suite.
- 12.2 The minimum size of this room must be 12 m².
- 12.3 Oxygen and vacuum must be supplied.
- 12.4 A minimum of 6 electrical switched socket outlets must be supplied.
- 12.5 A clinical basin must be provided.

13. EMERGENCY UNIT AND CASUALTY DEPARTMENT

An emergency/trauma unit is a department where 24 hour emergency service is rendered to members of the public. Arrangements for multi-disciplinary admission facilities including intensive care must be made. 24 Hour X-ray facilities must be available on the premises. A laboratory service or acceptable alternative must be available. A blood transfusion service must be available.

A casualty unit is a unit sometimes only open after hours where urgent service is rendered to members of the public. It will normally not have inhouse facilities for management of all major trauma and may not have facilities for stabilisation of such cases prior to transfer.

13.1 PHYSICAL REQUIREMENTS

An emergency unit must comprise of the following:

- 13.1.1 Reception area with office space
- 13.1.2 Access to waiting space. May be shared.
- 13.1.3 Access to public toilet with wash hand basins, for men and women separately. Access to a wheelchair toilet which may be shared.
- 13.1.4 A room for resuscitation:-
 - 13.1.4.1 which shall have a minimum floor area of 12 m² and a minimum wall length of 3 000 mm.
 - 13.1.4.2 Resuscitation and procedure areas must afford the following:
 - Oxygen and suction for each bed piped or portable
 - Electrical switched socket outlets. Minimum 4 per bed.

13.1.5 **Procedure Room**

Which shall have a minimum floor area of 12 m² and a minimum wall length of 3 000 mm.

13.1.6 A resuscitation room which shall have a minimum floor area of 12 m² and a minimum wall length of 3 000 mm.

13.1.5 and 13.1.6 may be in the same area (room) with a screening facility and must then be at least 20 m².

13.1.7 Resuscitation and procedure areas must afford the following:

- Oxygen and suction for each bed (piped or portable)
- Switched socket outlets minimum 4 per bed

13.1.8 Accessible dirty utility room with normal requirements as for general wards, linen and general equipment.

13.1.9 Clean utility area with storage place for pharmaceutical substances.

13.1.10 Accessible cleaner's room

13.1.11 Accessible toilets for personnel and public

13.1.12 Nurse station or duty room which may be part of reception.

13.1.13 Room(s) and/or cubicles with a minimum space of 6 m² with wash hand basins.

13.1.14 A dedicated trauma theatre or immediate access to the general theatre complex.

13.2 **LOCATION**

13.2.1 The unit must have a weather protected external entrance with easy ambulance access.

13.2.2 A ramp must be provided if the level of the ground outside is not the same as inside the building.

- 13.2.3 If the unit is not on the same level as the hospital, an elevator must be provided that will be suitable for convenient access of patients to the operating suite, wards, dispensary, or radiological units if necessary.

14. SPECIALISED FACILITIES

14.1 AMBULATORY SURGERY CENTRES

14.1.1 Accommodation and Facilities

The same accommodation facilities and patient accommodation as specified for general nursing unit are required (see sections 5.1 and 5.2) with the following exclusions:

- 14.1.1.1 One bath or shower is required
- 14.1.1.2 No disabled ablution facility is required
- 14.1.1.3 Separate rooms for male, female, infants and children are not required provided that proper screening facilities are available.

14.1.2 Engineering Service Requirements

As per Section 4

14.1.3 Operating Theatres

As for minor theatre and including suitable associated facilities.

14.1.4 Building Requirements

As per Section 3

14.2 ACUTE PSYCHIATRIC FACILITY

Minimum requirements for acute psychiatric facilities in this document refer to a unit of 20 beds and can be proportionally adjusted.

All facilities shall be in accordance with National Building Regulations as and where applicable.

14.2.1 **Accommodation**

As per general Section 5.1 and 5.2

In addition:

14.2.1.1 Lounge

Lounge space shall be available for patients. The general dining-room or indoor recreation facilities may also serve this purpose.

14.2.1.2 Group Room

Every nursing unit shall have at least one (1) group room with a minimum floor space of 9 m².

14.2.1.3 Consulting Room

A facility for private interviews by members of the multi-professional team shall be available in every nursing unit.

14.2.1.4 Observation Room

One (1) observation room with a minimum floor space of 10 m² providing constant visual supervision, shall be available to every nursing unit. This can be achieved by a room next to the nurses' station with a safety one-way glass panel between them, or by the constant presence of a nurse in a room.

14.2.1.5 Special Care

Special care facilities of at least 7,5 m² per bed for wards and at least 10 m² for single rooms shall be available near to the nurses' station.

- A wash basin shall be available in the room
- One (1) nurses' call system shall be available per bed
- Basic emergency facilities shall be accessible for resuscitation, be it fixed or portable.

Observation room area may be used for this.

14.2.1.6 Dining-room

A general dining facility shall be available

14.2.1.7 Recreation Area

- An indoor facility of at least 20 m² shall be available for recreational activities. This may be shared with the lounge, dining-room or occupational therapy areas.
- Access to garden area

14.2.2 **Procedure Room and Recovery Facility**

14.2.2.1 At least one procedure room of not less than 12 m² and one recovery facility shall be provided per hospital for electro convulsive therapy and narco-analysis. The recovery facility must be at least 9 m².

14.2.2.2 At least one (1) hand wash basin shall be available for each of the procedure room and recovery facility.

14.2.2.3 An emergency call system connecting the recovery facility and procedure room shall be provided.

In a hospital with main theatres this facility may not be registered.

14.2.3 **Occupational Therapy Unit**

The occupational therapy unit shall provide:

14.2.3.1 Office Space
As per General Building Requirements.

14.2.3.2 Group/Interview Room

(May be same room as 14.2.1.2)

At least one per occupational therapy unit with a minimum of 9 m². For more patients floor space may not be adjusted, but more group rooms shall be added.

14.2.3.3 Activity/Craft Room

At least one per occupational therapy unit with a minimum of 30 m² for a maximum of twenty (20) patients.

14.2.3.4 Relaxation/Therapy/Lecture Room

(May be the same as 14.2.1.1)

At least one relaxation, therapy/lecture room with a minimum of 30 m² for a maximum of twenty (20) patients. Floor space may be adjusted according to the number of patients.

14.2.3.5 Storage

Storage for equipment and materials shall be available, as well as for finished and unfinished products.

14.2.3 **Measures to Ensure the Safety of Patients**

14.2.4.1 Safety glass and slip resistant floor must be used in all patient areas.

14.2.4.2 Patients must not be able to lock themselves into any room or cupboard.

14.2.4.3 Hot water taps and heaters must be thermostatically controlled.

14.2.4.4 Windows in a multi-storey building must be so constructed as to prevent suicide.

14.2.4.5 All entrances to units shall be security controlled.

14.2.4.6 Clothes hooks in accommodation and ablution areas must have a breaking strain of not more than 5 kg.

14.2.4.7 **Staff Facilities**

Rest room and toilet facilities shall be provided for staff (As per General Section 5.1.11)

14.3 **CHRONIC CARE UNITS**

14.3.1 **Accommodation and Facilities**

14.3.1.1 Maximum of 36 beds per nursing unit

14.3.1.2 General wards shall be designed for not more than six (6) patients per room.

14.3.1.3 All facilities shall be in accordance with National building Requirements (NBR) SABS 0400/1990 (as amended).

14.3.1.4 At least 10 % of the 36 beds per nursing units shall be single rooms.

14.3.1.5 A separate recreational cum dining-room area shall be provided. The area shall be a minimum of 10 m² for 5 patients. 1 m² must be added for each additional patient above 10.

14.3.1.6 Paediatric units shall provide, in addition to the above –

- separate bathing facilities for babies and children
- direct vision of all beds/cots from nurses station or from the adjacent corridor
- special safety features in respect of electric plugs and switches, heaters, door locks and hot water supply
- a play area adjacent to, or visible from and easily accessible from the nurses station

- electrical socket outlets, one per three beds shall be provided.

14.4 REHABILITATION UNITS

Persons requiring rehabilitation will be accommodated in a rehabilitation unit. See definition Section 2.

14.4.1 General Building Requirements

As per Section 3, except

14.4.1.1 Doors

Shall comply with SABS 0400 Part S

14.4.1.2 Corridors

Shall have a minimum unobstructed width of 2 300 mm. Shall have hand rails along both sides.

14.4.1.3 Patient lifts must be provided in all multi-storey buildings in accordance with SABS 0400 SS 3.1.

14.4.1.4 Ramps must be provided in all accommodation and therapeutic areas in accordance with SABS 0400 SS 2.

14.4.1.5 Lighting must be provided at entrances and ramps, 150 lux NBR SABS 0264: 1993.

14.4.2 Engineering Services Requirements

As per Section 4.

14.4.3 Accommodation and Facilities (Residential Area)

14.4.3.1 As per Section 5.1 and 5.2 with provision that no room shall contain more than 12 beds.

- 14.4.3.2 Maximum of 36 beds per nursing unit.
- 14.4.3.3 10 % of beds must be single rooms.
- 14.4.3.4 Patient bathing and toilet facilities shall be in accordance with Section 5.2 with the proviso that, for every 8 patients or part of such number at least one wheelchair toilet in accordance with SABS 0400 SS5 must be provided.
- 14.4.3.5 For every 8 patients or part of such number, an invalid ablution facility in accordance with SABS 0400 should be provided.
- 14.4.3.6 Oxygen and vacuum either piped or mobile, must be available to each patient room in the hospital. If not piped at least one mobile oxygen supply and one mobile vacuum pump per 12 patients must be provided.

14.4.3.7 Dining-room/Lounge

- A minimum of 20 m² for 10 patients, and thereafter 1,5 m² for each additional patient.

14.4.4 Modular Therapeutic Facility

An area must be provided for therapy. The area can be shared for all multi-disciplinary therapy and include therapy departments, therapists offices, change rooms, toilets, recreational facilities, treatment rooms, splinting rooms.

The therapeutic area must have direct access to the garden with ramps (accessible for wheel chairs).

An area must be provided for therapy. Minimum areas as per the following:

- 14.4.4.1 Occupational Therapy

ONE-TO-ONE WORK ROOM

- A minimum of 10 m² with one electric switched socket outlet and a wash basin.
- A clean work room 10 m² with one electric switched socket outlet and a wash basin.
- A dirty work room 10 m² with one - electric switched socket outlet and a wash basin.
- A cognitive room with three SSO's, minimum of 10 m².

The last three may be shared, in which case it must be a minimum of 30 m².

- Splint Room, minimum of 10 m² with three SSO's and a wash basin.
- Storage space for each of the clean work room, the dirty work room and the cognitive room must be provided, a minimum of 6 m² per area. This storage space may be shared, in which case it must be a minimum of 15 m².
- ADL facilities (may be incorporated in patient accommodation area)
 - ADL kitchen minimum of 10 m² Social Worker
 - A family/group conference room, minimum of 20 m².

14.4.4.3 Clinical Psychologist

- A group therapy room of 20 m² which may be shared with social worker.

14.4.4.2 An Emergency Room

- 16 m²
- Four SSO's
- Piped/mobile oxygen and suction
- Double doors

14.4.4.3 Physiotherapist

A one-to-one work room of

- 10 m²
- one SSO
- screening facility

Storage space, minimum of 9 m²

Gym area, minimum of 45 m²

- a wash basin
- three SSO's
- wheelchair parking area in gym area of 10 m²

Storage space of 9 m² may be shared with storage space in which case it must be 18 m².

14.4.5 **If spinal and/or cranial rehabilitation (see definition) is to be done, the following additional requirements must be met:**

14.4.5.1 Hydrotherapy

A POOL

- hoist mechanism or ramp
- minimum of 1 m and a maximum of 1,5 m deep
- 1 m walking space around pool
- change rooms and lockers of 8 m²
- a wheel chair toilet 4 m²

RESPIRATORY HIGH CARE UNIT

For mechanical ventilation of patients –

- A minimum of 2 beds which comply with the general regulations for a high care ward (Section 6.6)

In addition:

- One low pressure medical air point per bed