BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

7.Risk Management

Republic of Botswana

These forms are designed to be used by both hospital personnel and external surveyors. The following information must be provided after each survey, before submitting the completed survey forms.

1.NAME OF HOSPITAL/CLINIC/FACILITY:_____

2. BASELINE/INTERNAL SURVEY INFORMATION:

Title and name of person who completed this document: _____

Post and position held: _____

Date of survey: _____

3. EXTERNAL SURVEY INFORMATION:

Name of external surveyor: _____

Date of external survey: _____

GUIDE TO COMPLETION OF FORM

N.B. Hospital staff are please to use BLACK ink at all times. The external surveyors are requested to use RED ink at all times.

Please circle the rated compliance with the criterion, e.g. NA (Not applicable), NC (Non-compliant), PC (Partially compliant), C (Compliant).

The default category affected is designated on the form for
 each criterion as follows:
1. patient and staff safety
2. legality
3. patient care
4. efficiency
5. structure
6. basic management
7. basic process
8. evaluation

The seriousness of the default is designated on the
 form for each criterion as follows:
1. mild
2. moderate
3. serious
4. very serious

Documents Checked
Surveyor: ....
Surveyor: ....

7.1 Risk Management

7.1.1 Standard

Managers and leaders work collaboratively to develop, implement and maintain effective risk management systems in the organisation.

Standard Intent: To plan effectively, the organisation must be aware of all relevant risks. The goal is to prevent accidents and injuries, maintain safe and secure conditions for patients, families, staff, volunteers and visitors, and reduce and control hazards and risks.

Risk management includes:
- Comprehensive risk identification within the organisation
- Planning all aspects of risk management (financial, physical, environmental, medico-legal, operational, etc.)
- Ensuring that there is adequate insurance
- Implementation of the risk management system
- Education of staff
- Monitoring processes to manage risk, and
- Periodic review and revision of the programme.

Monitoring of all aspects provides valuable data to make improvements in the programme and further reduce risks within the organization.

	Criterion	Comments
		Recommendations
Criterion 7.1.1.1 Critical: `..` Catg: Basic Management + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are documented risk management processes for the identification of all risks (physical, environmental, medico-legal, operational, etc) relating to organisational processes and systems, staff, patients, visitors and physical facilities.	
Criterion 7.1.1.2 Critical: `..` Catg: Basic Management + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Risk management processes include documented plans and actions to eliminate or reduce the identified risks.	
Criterion 7.1.1.3 Critical: `..` Catg: Evaluation + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Risk management processes include on-going documented monitoring of risks.	

Criterion 7.1.1.4 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Management and leaders ensure the development and implementation of documented policies and procedures for risk management processes and activities.
Criterion 7.1.1.5 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	On-going in-service training of all staff in these policies, procedures and risk management principles, including reporting of adverse events, is documented.
Criterion 7.1.1.6 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	One or more qualified and/or skilled and/or experienced individuals supervise the implementation of the risk management system.
Criterion 7.1.1.7 Critical: ○ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Analysed data, including adverse events and near misses, are used to monitor the effectiveness of the risk management system.
Criterion 7.1.1.8 Critical: ·· Catg: Evaluation + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Risk management systems are reviewed whenever there are changes in organisational systems and processes or physical facilities.

Republic of Botswana

7.2 Patient Safety

7.2.1 Standard

The organisation develops an approach to improve accuracy of patient identifications.

Standard Intent: These standards are based on the Joint Commission International (JCI) Patient Safety Goals.

Wrong patient identification CAN OCCUR IN virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented or not fully alert; may change beds, rooms or locations within the hospital; may have sensory disabilities; or may be subject to other situations that may lead to incorrect identification. The intent of this standard is twofold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual, and should be in place until final discharge from the organisation.

Policies and/or procedures are collaboratively developed to improve identification processes, in particular the processes used to identify a patient when giving medications or blood or blood products; taking blood and other specimens for clinical testing; or providing any other treatments or procedures. The policies and/or procedures require at least two ways to identify a patient, such as the patient's name, identification number, birth date, bar-coded wristband or other ways. The policies and/or procedures clarify the use to two different identifiers in different locations within the organisation, such as in outpatient services, the emergency department or operating theatre

The identification process commences at the entry of the patient into the hospital system.

	Criterion	Comments
		Recommendations
Criterion 7.2.1.1 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and/or procedures that address the accuracy of patient identification are implemented.	
Criterion 7.2.1.2 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The policies and/or procedures require the use of two patient identifiers, not including the use of the patient's room number or locations.	

Criterion 7.2.1.3 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients are identified before administering medications, blood or blood products.
Criterion 7.2.1.4 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients are identified before taking blood and other specimens for clinical testing.
Criterion 7.2.1.5 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Patients are identified before providing treatments and procedures.

7.2.2 Standard

The organisation develops an approach to improve the effectiveness of communication among caregivers.

Standard Intent: Effective communication which is timely, accurate, complete, unambiguous and understood by the recipient reduces errors and results in improved patient safety. Communications can be electronic, verbal or written. The most error-prone communications are patient care orders given verbally and those given over the telephone, when permitted under local laws or regulations. Another error-prone communication is the report back of critical test results such as the clinical laboratory telephoning the patient care unit to report the results of a STAT test.

The organisation collaboratively develops a policy and/or procedure for verbal and telephone orders that includes: the writing down (or entering into a computer) of the complete order or test result by the receiver of the information; the receiver reading back the order or test result; and the confirmation that what has been written down and read back is accurate. The policy and/or procedure identifies permissible alternatives when the read-back process may not always be possible such as in the operating theatre and in emergency situations in the emergency department or intensive care unit.

	Criterion	Comments
		Recommendations
Criterion 7.2.2.1 Critical: þ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and/or procedures that address the accuracy of verbal and telephone orders are implemented.	
Criterion 7.2.2.2 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The complete verbal and telephone order or test result is written down by the receiver of the order or test result, who signs as having done so.	
Criterion 7.2.2.3 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The complete verbal and telephone order or test result is read back by a second person, who signs as having done so.	

Criterion 7.2.2.4	The order or test result is confirmed by the individual who gave the order or test result by signing the relevant document as per organisation policy.	
Critical: `··`		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

7.2.3 Standard

The organisation develops an approach to improve the safety of high-alert medications.

Standard Intent: When medications are part of the patient treatment plan, appropriate management is critical to ensure patient safety. A frequently cited medication safety issue is the unintentional administration of concentrated electrolytes (for example, potassium chloride [2mEq/ml or more concentrated], potassium phosphate, sodium chloride more concentrated than 0.9% and magnesium sulphate [50% or more concentrated]).

This error can occur when a staff member has not been properly oriented to the patient care unit, when contract nurses are used and not properly oriented, or during emergencies. The most effective means to reduce or eliminate this occurrence is to remove the concentrated electrolytes from the patient care unit to the pharmacy.

The organisation collaboratively develops a policy and/or procedure that prevents the location of concentrated electrolytes in patient care areas where misadministration can occur. The policy and/or procedure identifies any areas where concentrated electrolytes are clinically necessary, such as the emergency department, intensive care unit or operating theatre, and identifies how they are clearly labelled and how they are stored in those areas in a manner that restricts access to prevent inadvertent administration.

	Criterion	Comments
		Recommendations
Criterion 7.2.3.1 Critical: ○ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and/or procedures that address the location, labelling and storage of concentrated electrolytes are implemented.	
Criterion 7.2.3.2 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Concentrated electrolytes are not present in patient care units unless clinically necessary and actions are taken to prevent inadvertent administration in those areas where permitted by policy.	

7.2.4 Standard

The organisation develops an approach to ensure correct-site, correct-procedure and correct-patient surgery.

Standard Intent: Wrong-site, wrong-procedure, wrong-patient surgery is a disturbingly common occurrence in healthcare organisations. These errors are the result of ineffective or inadequate communication between members of the surgical team, lack of patient involvement in site marking and lack of procedures for verifying the operative sites. In addition, inadequate patient assessment, inadequate medical record review, a culture that does not support open communication among surgical team members, problems related to illegible handwriting and the use of abbreviations are frequent contributing factors.

Organisations need to collaboratively develop policies and/or procedures that are effective in eliminating these problems.

Marking the operative site involves the patient and is done with an unambiguous mark. The mark should be consistent throughout the organisation, should be made by the person performing the procedure, should take place with the patient awake and aware if possible, and must be visible after the patient is prepped and draped. The operative site is marked in all cases involving laterality, multiple structures (fingers, toes, lesions) or multiple levels (spine).

	Criterion	Comments
		Recommendations
Criterion 7.2.4.1 Critical: `` Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and/or procedures that establish uniform processes to ensure the identification of the correct site, correct procedure and correct patient are implemented.	
Criterion 7.2.4.2 Critical: ⃝ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation uses a clearly understood mark for surgical site identification and involves the patient in the marking process.	
Criterion 7.2.4.3 Critical: `` Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	The organisation uses a process to verify that all documents and equipment needed to perform the marking are on hand, correct and functional.	

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7.2.5 Standard

The organisation develops an approach to reduce the risk of patient harm resulting from falls.

Standard Intent: Falls account for a significant portion of injuries in hospitalised patients. In the context of the population it serves, the services it provides and its facilities, the organisation should evaluate its patients' risk of falls and injuries and take action to reduce the risks and injuries. The evaluation could include assessing environmental factors (wet floors, unprotected ramps, etc.) and patient factors (fall history, medications and alcohol consumption review, gait and balance screening, use of walking aids, etc.). The organisation establishes and implements a fall-risk reduction programme based on appropriate policies and/or procedures.

	Criterion	Comments
		Recommendations
Criterion 7.2.5.1 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures that address reducing the risk of patient harm resulting from falls in the organisation are implemented.	
Criterion 7.2.5.2 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation implements a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition, medications, etc.	
Criterion 7.2.5.3 Critical: ϸ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Measures are implemented to reduce fall risk for those assessed to be at risk.	

7.2.6 Standard

The organisation uses a defined process for identifying and managing sentinel events.

Standard Intent: Each organisation establishes an operational definition of a sentinel event that includes at least:

a)   unanticipated death unrelated to the natural course of the patient's illness or underlying condition

b)   major permanent loss of function unrelated to the natural course of the patient's illness or underlying condition, and

c)   wrong-site, wrong-procedure, wrong-patient surgery.

The organisation's definition of a sentinel event includes a) to c) above and may include others as may be required by law or regulation or viewed by the organisation as appropriate to add to its list of sentinel events. All events that meet the definition are assessed by performing a credible root cause analysis. When the root cause analysis reveals that systems improvement or other actions can prevent or reduce the risk of such sentinel events recurring, the organisation redesigns the processes and takes whatever other actions are appropriate to do so.

It is important to note that the term "sentinel event" does not always refer to an error or mistake or suggest any particular legal liability.

Certain events related to specific processes always result in intense analysis to understand the cause and prevent recurrence. When appropriate to the organisation's services, these events include:

- confirmed transfusion reactions
- significant adverse drug reactions
- significant medication errors
- significant discrepancy between preoperative and postoperative diagnoses and
- significant adverse anaesthetic events.

	Criterion	Comments
		Recommendations
Criterion 7.2.6.1 Critical: .. Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation's leaders have established a definition of a sentinel event that at least includes a) to c) found in the intent statement.	
Criterion 7.2.6.2 Critical: .. Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation conducts a root cause analysis on all sentinel events in a time period specified by the organisation's leaders.	

Criterion 7.2.6.3 Critical: .. Catg: Evaluation + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Events are analysed when they occur.	
Criterion 7.2.6.4 Critical: b Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation's leaders take action on the results of the root cause analysis.	
Criterion 7.2.6.5 Critical: .. Catg: Evaluation + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 3 Serious	Intense analysis of data and implementation of corrective measures take place when adverse levels, patterns or trends occur.	

7.3 Occupational Health and Safety

7.3.1 Standard

As part of risk management an occupational health and safety system is implemented in accordance with current legislation.

Standard Intent: Legislation may describe the health and safety measures to be implemented by organisations. In terms of such legislation, where it exists, the organisation must ensure the safety of staff, patients and visitors.

The provision of health and safety services, emergency planning and other aspects of providing a safe environment all require staff to have the necessary knowledge and skills for their implementation.

To plan effectively, the organisation must be aware of all the risks present in the facility and to develop a proactive plan to reduce those risks, e.g. TB screening, manual handling, needle stick injuries, etc. Personnel who are exposed to high risk should receive appropriate protective measures, such as Hepatitis B immunisation. The legal requirements, where they exist regarding the reporting of incidents and occupational diseases such as TB, HIV, Hepatitis B and C, injury on duty, etc., must be met.

It is expected that every organisation will provide an occupational health service. However, it is not expected that the organisation provide all components of the service itself; it may be provided by another service provider. In the latter case, only relevant criteria will be scored. The occupational health service here refers to the service rendered to the employees of the organisation and not, as is the practice in some organisations, pre-employment examinations and surveillance for commerce or industry in the catchment area of the health service.

	Criterion	Comments
		Recommendations
Criterion 7.3.1.1 Critical: ∵ Catg: Basic Management + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	A health and safety committee, where applicable, is constituted in terms of current legislation.	
Criterion 7.3.1.2 Critical: ∵ Catg: Basic Management + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies and procedures on all aspects of health and safety that guide staff in maintaining a safe work environment are implemented.	

Criterion 7.3.1.3	Management makes provision for occupational health services according to a documented policy framework.	
Critical: ··		
Catg: Basic Management + Efficiency		
Compliance NA　　NC　　PC　　C		
Default Severity for NC or PC = 3 Serious		

Criterion 7.3.1.4	The organisation has access to the services of a knowledgeable and experienced person in the field of occupational health.	
Critical: ··		
Catg: Basic Management + Efficiency		
Compliance NA　　NC　　PC　　C		
Default Severity for NC or PC = 3 Serious		

Criterion 7.3.1.5	The organisation provides information and training on risks specific to the healthcare workers.	
Critical: ··		
Catg: Basic Management + Efficiency		
Compliance NA　　NC　　PC　　C		
Default Severity for NC or PC = 3 Serious		

7.4 Security

7.4.1 Standard

A security system is maintained for the routine monitoring and safeguarding of the premises, equipment, property, patients, staff, volunteers and visitors.

Standard Intent: The organisation has a responsibility to ensure that staff, volunteers, patients and visitors are safe from attacks or theft by intruders. The organisation identifies areas and groups that are vulnerable and require added security.

Systems are developed and implemented to provide protection. The loss of organisational property must be prevented.

This can be an in-house or a contracted service but it must include both the external and internal security monitoring of the organisation.

The powers and duties of the security personnel must be documented, either as part of the health and safety systems or in the agreement with a contracted service provider. This is particularly important in emergency planning where the role of the security service in, for example, crowd control, must be clearly defined.
There should be evidence of the monitoring of the activities of the security personnel, where available.

	Criterion	Comments
		Recommendations
Criterion 7.4.1.1 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Internal security is provided 24 hours per day, seven days per week.	
Criterion 7.4.1.2 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	External security is provided 24 hours per day, seven days per week.	
Criterion 7.4.1.3 Critical: ·· Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Policies on the management of weapons are implemented.	

Criterion 7.4.1.4 Critical: O Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Where vulnerable patients are cared for, special safety and security measures are implemented.	
Criterion 7.4.1.5 Critical: .. Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a mechanism known to staff for summoning the assistance of the local security/police/protection service in case of an emergency.	

7.5 Fire Safety

7.5.1 Standard

As part of risk management, the organisation implements structured systems to ensure fire safety.

Standard Intent: Fire is an ever-present risk in a healthcare organisation. An organisation needs to plan for:
- The prevention of fires through the reduction of risks, such as the safe storage and handling of potentially flammable materials
- Safe and unobstructed means of exit in the event of fire
- Clearly depicted fire escape routes
- Demarcated assembly points, known to all personnel
- Inspection reports from the local fire departments, and
- Suppression mechanisms such as water hoses, chemical suppressants or sprinkler systems. These actions, when combined, give patients, families, staff and visitors adequate time to safely exit the facility in the event of a fire or smoke. These actions are effective no matter what the age, size or construction of the facility.

The organisation's fire safety plan identifies the:
- Frequency of inspection, testing and maintenance of fire protection and safety systems, consistent with requirements
- Process for testing, at least annually, the plan for the safe evacuation of the facility in the event of a fire or smoke
- Necessary education of staff to effectively protect and evacuate patients when an emergency occurs, and
- Participation of each staff member in at least one emergency preparedness test per year.

All inspections, testing and maintenance are documented.
The organisation develops and implements a policy and plan to eliminate smoking in the organisation's facilities, or to limit smoking to designated non-patient care areas.

As the application of fire safety regulations differs vastly between countries and different authorities within the same country, it is essential that some form of fire safety certification is made by relevant authorities, either in a letter or a formal certificate. This certification documentation should state the norms/standards/regulations against which such certification of compliance was issued.

In most instances, this certification remains valid until building alterations or additions take place. However, where this is not the case, the organisation must ensure that the certificate remains current.

	Criterion	Comments
		Recommendations
Criterion 7.5.1.1 Critical: `..` Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are structured systems and processes in place to ensure that all occupants of the organisation's facilities are safe from fire or smoke.	

Criterion 7.5.1.2 Critical: Ọ Catg: Basic Management + Legality **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Documented evidence is available from the relevant authority that the facility complies with applicable laws and regulations in relation to fire safety.	
Criterion 7.5.1.3 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Fire fighting equipment is regularly inspected and serviced at least annually with the date of service recorded on the apparatus.	
Criterion 7.5.1.4 Critical: Ọ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Flammable materials are clearly labelled and safely stored.	
Criterion 7.5.1.5 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	Easily recognised and understood signs prohibiting smoking are displayed in areas where flammable materials and combustible gases are stored.	
Criterion 7.5.1.6 Critical: ˙˙ Catg: Basic Process + Pat & Staff Safety **Compliance** NA NC PC C Default Severity for NC or PC = 4 Very Serious	A floor plan is displayed which shows the location of fire fighting equipment, evacuation routes, emergency exits and assembly points.	

Criterion 7.5.1.7	Annual staff training in fire prevention and evacuation procedures is documented.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 7.5.1.8	The organisation has implemented a policy regarding smoking which applies to patients, families, visitors and staff/volunteers.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

7.6 Emergency Planning

7.6.1 Standard

As part of risk management the organisation develops a written plan to respond to emergencies and major incidents.

Standard Intent: Community emergencies, epidemics and major incidents such as damage to patient care areas as a result of a natural disaster, or flu that affects the staff, may directly involve the organisation. Organisations should also be prepared for bomb threats, fire, flooding, natural disasters, failure of water and electrical supplies, hostage taking, explosions and the consequent loss of vital services.

There may be a time when it is necessary to evacuate patients. This can only be done efficiently and effectively if the members of staff are trained in evacuation procedures.

To respond effectively, the organisation develops a plan and tests it. The plan provides processes for alternate care sites, if needed, and alternate sources of medical supplies, communications equipment, and other materials such as food and water if an inpatient unit or day care centre exists on the premises.

	Criterion	Comments
		Recommendations
Criterion 7.6.1.1	There is a written plan to deal with internal and external emergencies.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 7.6.1.2	Documented evidence is available that staff participate in a rehearsal of the plan at least annually.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

7.7 Waste Management

7.7.1 Standard

The organisation has documented control systems for the handling, storage and disposal of waste.

Standard Intent: Household waste, hazardous wastes such as chemicals, hazardous gases and vapours, pharmaceutical, laboratory and healthcare waste are identified by the organisation and safely controlled according to documented systems.

According to the World Health Organisation (WHO), "healthcare waste (HCW) is a by-product of healthcare that includes sharps, non-sharps, blood, body parts, chemicals, pharmaceuticals, medical devices and radioactive materials. Poor management of HCW exposes healthcare workers, waste handlers and the community to infections, toxic effects and injuries." All healthcare waste is regarded as hazardous or potentially hazardous. The plan is included in the organisation's risk management systems.

	Criterion	Comments
		Recommendations
Criterion 7.7.1.1	Waste is managed according to documented systems consistent with legislation, local by-laws and regulations.	
Critical: ··		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 7.7.1.2	Control systems include safe handling of different types of waste.	
Critical: ᵖ		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

Criterion 7.7.1.3	Control systems include safe storage of different types of waste.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 7.7.1.4	Control systems include safe disposal of different types of waste.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 7.7.1.5	Control systems include the procedures to be adopted if spills occur.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 7.7.1.6	Control systems include the use of personal protective equipment when handling waste.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

Criterion 7.7.1.7	There is a colour-coding system for bags to be used for the segregation of different types of waste.	
Critical: ..		
Catg: Basic Process + Pat & Staff Safety		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		