



Republic of Botswana

# National Health Quality Standards

## Standards & Guidelines for Environmental Health Services

Improving Quality & Safety of Health Services



**National Health Quality Standards**

**Standards & Guidelines for  
Environmental Health Services**

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## **Foreword**

The Government of Botswana through the Ministry of Health has since independence managed to build healthcare facilities of different capacities delivering health services at different levels of care. The adoption of the Primary Healthcare strategy has critically influenced the development of public health facilities to be in areas within reach of every citizen. In addition over the years the private health sector has also grown significantly. This has always been a good development pertaining to access to healthcare by the people of this country.

Notwithstanding the above, there have been some major challenges faced by our health system, one which is provision of quality and safe health services. People are no longer complaining of lack of hospitals and clinics but rather of the quality and safety of service they receive. The National Health Quality Standards represent a new approach in the way we provide healthcare and are aimed at propelling us to greater heights in meeting the needs and expectations of our patients and the public at large. They set out basic requirements that will promote delivery of services based on shared values, and also establish the basis for continuous improvement of the quality and safety of the patient care. The standards will not only provide a framework for self assessment and for external review and investigation, but would also enhance the reputation and credibility of our healthcare system. Their implementation framework provides an execution strategy or road map to realize this.

These National Health Quality Standards have been designed in such a way that they can be implemented in all types of health services or settings. They provide the foundation which is applicable to the full spectrum of patient care for the various levels of care in an organization as a whole and to specific areas as appropriate.

I urge all providers to use them to strive to continuously improve the quality and safety of care. May I kindly underscore that successful implementation of the standards requires all health sectors whether in Government and private sector to take account of the quality and safety of all their services. They should conduct self-assessments against the standards and manage their performance. It is envisaged that all healthcare service providers will be subjected to compliance with the standards once the legislation is put in place. I therefore urge all providers to adopt the standards in advance of the proposed legislation. Progress by health sectors to achieve compliance against these standards will be assessed through independent inspections and audits.

I am confident that their implementation will build on the improvements achieved this far and will serve as a catalyst for a change to a culture of continuous improvement that puts the patients at the forefront so that we are able to provide the right care for the right person at the right time, the first time.




Rev. Dr. John G.N. Seakgosing  
**Minister of Health**

## **Acknowledgements**

The National Health Quality Standards are a product of various stakeholders drawn from different disciplines from both Government and private sector and other interested stakeholders. The Ministry of Health acknowledges enormous support from the Council for Health Service Accreditation of Southern Africa (COHSASA) who through their expertise and advice has made the development of the National Health Quality Standards a reality.

Our sincere thanks to the general public and various stakeholders with vested interest in health for their valuable inputs and comments; and the management and staff of Kanye District Health Management Team (DHMT) for allowing us to use their facility as a pilot test site for the Environmental Health Service Standards.

Lastly, let me be mindful of the fact that health is dynamic and assure you that the Government is committed to ensure that these standards remain relevant and the Ministry will be thankful to all stakeholders to be involved in their continuous monitoring and future reviews.

A handwritten signature in blue ink, consisting of a large, stylized 'S' shape with a horizontal line crossing through it.

Dr. K. Seipone  
**Director Health Services**

## Definition of Terms

Acceptability	Acknowledgement that the reasonable expectations of the client, funders and the community have been satisfied.
Accessibility	Means that access to health services is unrestricted by geographic, economic, social, cultural, organisational or linguistic barriers.
Accountability	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
Accreditation	A determination by an accrediting body that an eligible organisation is in compliance with applicable predetermined standards. (See also certification, licensure.)
Adverse event	An adverse event may be defined as any event or circumstance that leads to unintended or unexpected physical or psychological injury, disease, suffering, disability or death not related to the natural cause of the underlying condition or treatment.
Advocacy	Representation of individuals who cannot act on their own behalf and/or promoting individual rights and access to the resources that will allow them to fulfill their responsibilities.
Appraisal system	The evaluation of the performance of individuals or groups by colleagues using established criteria.
Appropriateness	The extent to which a particular procedure, treatment, test or service is effective, clearly indicated, not excessive, adequate in quantity, and provided in the setting best suited to the client's needs.
Assessment	Process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed. The assessment forms the basis of a plan for services or action.
Audit	<ol style="list-style-type: none"><li>1. Systematic inspection of records or accounts by an external party to verify their accuracy and completeness.</li><li>2. Periodic in-depth review of key aspects of the organisation's operations. An audit provides management with timely information about specific topics and/or the cost-effectiveness of operations, addressing both quality and resource management issues.</li><li>3. In performance measurement, regular systematic, focused inspections by an external party of organisation records and data management</li></ol>

processes to ensure the accuracy and completeness of performance data.

Benchmarking	A method of improving processes by studying the processes of organisations that have achieved outstanding results and adapting these processes to fit the particular needs and capabilities of the health facility concerned.
Biologicals	Medicines made from living organisms and their products including, for example, serums, vaccines, antigens and antitoxins.
Biohazard	Biohazards are infectious agents or hazardous biological materials that present a risk or potential risk to the health of humans, animals or the environment. The risk can be direct (through infection) or indirect (through damage to the environment). Biohazardous materials include certain types of recombinant DNA: organisms and viruses infectious to humans, animals or plants (e.g. parasites, viruses, bacteria, fungi, prions, rickettsias), and biologically active agents (i.e. toxins, allergens, venoms) that may cause disease in other living organisms or cause significant impact to the environment or community. Biological materials not generally considered to be biohazardous may be designated as biohazardous materials by regulations and guidelines.
Business plan	A plan of how to achieve the mission of the facility. The plan includes financial, personnel and other sub-plans, as well as service development and a quality strategy.
Certification	The procedure and action by which a duly authorised body evaluates and recognises (certifies) an individual, institution or programme as meeting predetermined requirements, such as standards. Certification differs from accreditation in that certification can be applied to individuals, e.g. a medical specialist, whereas accreditation is applied only to institutions or programmes, e.g. a clinic/health centre or a training programme. Certification programmes may be non-governmental or governmental and do not exclude the uncertified from practice, as do licensure programmes. While licensing is meant to establish the minimum competence required to protect public health, safety and welfare, certification enables the public to identify those practitioners who have met a standard of training and experience that is set above the level required for licensure.
Clinical personnel	All health workers who are registered/enrolled with a professional body, and who are involved in the care of clients/patients in a particular setting. (See also health professionals.)
Clinician	Refers to a person registered as a medical doctor.



Clinical waste	Clinical waste is waste arising from medical, dental or veterinary practice or research, which has the potential to transmit infection. Other hazardous waste, such as chemical or radioactive, may be included in clinical waste, as well as waste such as human tissues, which requires special disposal for aesthetic reasons.
Community	A collection of individuals, families, groups and organisations that interact with one another, cooperate in common activities and solve mutual concerns, usually in a geographic locality or environment.
Compliance	To act in accordance with predetermined requirements, such as standards.
Compliance survey	An external evaluation of an organisation to assess its level of compliance with standards and to make determinations regarding its compliance status. The survey includes evaluation of documentation provided by personnel as evidence of compliance, verbal information concerning the implementation of standards, or examples of their implementation that will enable a determination of compliance to be made, and on-site observations by surveyors.
Confidentiality	The assurance of limits on the use and dissemination of information collected from individuals.
Continuity	The provision of coordinated services within and across programmes and organisations, and during the transition between levels of services, across the continuum, over time, without interruption, cessation or duplication of diagnosis or treatment.
Continuum	The cycle of treatment and care incorporating access, entry, assessment, care planning, implementation of treatment and care, evaluation and community management.
Continuing education	<ol style="list-style-type: none"> <li>1. Activities designed to extend knowledge to prepare for specialisation and career advancement and to facilitate personal development.</li>   <li>2. Education beyond initial professional preparation that is relevant to the type of client service delivered by the organisation that provides current knowledge relevant to the individual's field of practice, and that is related to findings from quality improvement activities.</li> </ol>
Contract administration	Written agreements and the administration thereof between the purchaser of the service (the health facility) and the provider of the service (the external company).

Contracted service	A service that is obtained by the organisation through a contract with an agency or business. The contracted service is monitored and coordinated by the organisation's staff and complies with national regulations and organisational policies.
Credentialing	The process of obtaining and reviewing the clinical training, experience, certification and registration of a health professional to ensure that competence is maintained and consistent with privileges.
Criterion	A descriptive statement that is measurable and that reflects the intent of a standard in terms of performance, behaviour, circumstances or clinical status. A number of criteria may be developed for each standard.
Data	Unorganised facts from which information can be
(a) Longitudinal data	Implies that it is for a given time span.
(b) Comparative data	When a data set is compared with like data sets or with a given time, usually of the previous month or year.
Data retention	Guidelines on how long an organisation should keep information on various media.
Delegation	Act or function for which the responsibility has been assigned to a particular person or group. The ultimate accountability for the act remains with the original delegating person or group.
Effectiveness	Successfully achieving or attaining results (outcomes), goals or objectives.
Efficiency	Refers to how well resources (inputs) are brought together to achieve results (outcomes) with minimal expenditure.
Element, generic	An organisational system within a service element that must achieve and maintain the stated standards and criteria in order for the service element to function optimally.
Element, service	Organisational unit of the mortuary services service or staff with a director, manager or other designated person in charge. May be a professional service, such as nursing or surgery, a professional support service, e.g. radiology or physiotherapy, a general support system such as administration or health record system, a committee to guide aspects of the service, e.g. health and safety, or a community health service.

Ethics	Standards of conduct that are morally correct.
Evaluation	The process of determining the extent to which goals and objectives have been achieved. Actual performance or quality is compared with standards in order to provide a feedback mechanism that will facilitate continuing improvement.
Function	A goal directed interrelated series of processes, such as patient assessment, patient care and improving the organisation of care.
Governance	The function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its mission.
Governing body	Individuals, group or agency with ultimate authority and accountability for the overall strategic directions and modes of operation of the organisation, also known as the council, board, etc.
Guidelines	Principles guiding or directing action.
Health	A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.
Health worker	<p>A health worker/provider is an individual who provides preventive, curative, promotional or rehabilitative health services in a systematic way to individuals, families or communities.</p> <p>An individual health worker/provider may be a health professional within medicine, nursing, or a field of allied health. Health providers may also be a public/community health professional.</p>
Health professionals	Medical, nursing or allied health professional personnel who provide clinical treatment and care to clients, having membership of the appropriate professional body and, where required, having completed and maintained registration or certification from a statutory authority. (See also clinical personnel.)
High-risk	Refers to aspects of service delivery which, if incorrect, will place clients at risk or deprive them of substantial benefit.
High-volume	Refers to aspects of service delivery that occur frequently or affect large numbers of clients.
Human resource planning	Process designed to ensure that the personnel needs of the organisation will be constantly and appropriately met. Such planning is accomplished through the analysis of internal factors such as current and expected skill needs, vacancies, service expansions and reductions, and factors in the external environment such as the labour market.

Implementation	The delivery of planned services.
Integrity of data	Relates to the completeness and accuracy of a set of data required to fulfill a particular information need. This data is protected from unauthorised additions, alterations or deletions.
Incident plan, external	A plan that defines the role of the clinic/health centre in the event of a major national or local disaster that may affect the health of many people. The plan is developed in participation with the relevant local authority, police, civil defence, fire brigade and ambulance teams.
Incident plan, internal	A plan that provides details of preparation for action in the event of a disaster within the mortuary services service that affects the health or safety of patients and staff, such as fire, bomb threats, explosions or loss of vital services.
Incidents	Events that are unusual, unexpected, may have an element of risk, or that may have a negative effect on clients, groups, staff or the organisation.
Indicator	<ol style="list-style-type: none"> <li>1. A measure used to determine, over time, performance of functions, systems or processes.</li> <li>2. A statistical value that provides an indication of the condition or direction, over time, or performance of a defined process, or achievement of a defined outcome.</li> <li>3. The measurement of a specific activity that is being carried out in a health setting, e.g. weight for age is a measurement of a child's nutritional status.</li> </ol>
Induction programme	Learning activities designed to enable newly appointed staff to function effectively in a new position.
Information	Data that is organised, interpreted and used. Information may be in written, audio, video or photographic form.
Information management	Planning, organising and controlling data. Information management is an organisation-wide function that includes clinical, financial and administrative databases. The management of information applies to computer based and manual systems.
Information system	Network of steps to collect and transform data into information that supports decision making.
In-service training	Organised education designed to enhance the skills of the organisation's staff members or teach them new skills relevant to their responsibilities and disciplines. Usually provided in house i.e. at the place of employment.

Job description	Details of accountability, responsibility, formal lines of communication, principal duties and entitlements. It is a guide for an individual in a specific position within an organisation.
Leader	A person providing direction, guidance, regulation or control. A person followed by others.
Leadership	The ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision, aligning people, and motivating and inspiring people to overcome obstacles.
Licensing	The process whereby a governmental authority grants a health organisation permission to operate following an on-site inspection to determine whether minimum health and safety standards have been met.
Manager	An individual who is in charge of a certain group of tasks, or a certain section of an organisation. A manager often has a staff of people who report to him or her.  Synonyms: director, executive, head, supervisor, overseer, foreman.
Management	Setting targets or goals for the future through planning and budgeting, establishing processes for achieving targets and allocating resources to accomplish plans. Ensuring that plans are achieved by the organisation, staffing, controlling and problem solving.
Mechanism	The mode of operation of a process or a system of mutually adapted parts working together.
Medical practitioner	Registered medical practitioners are medical doctors with a medical degree registered as medical practitioners in the country they practice in by the statutory registration authority of that country.  A general practitioner (GP) is a medical practitioner who treats acute and chronic illnesses and provides preventive care and health education for all ages and all sexes. They have particular skills in treating people with multiple health issues and comorbidities.
Mission statement	A statement that captures an organisation's purpose, customer orientation and business philosophy.
Monitoring	A process of recording observations of some form of activity.
Monitoring and evaluation	A process designed to help organisations effectively use their quality assessment and improvement resources by



focusing on high priority, quality of care issues. The process includes: identifying the most important aspects of the care that the organisation (or department/service) provides by using indicators to systematically monitor these aspects of care, evaluating the care at least when thresholds are approached or reached to identify opportunities for improvement or problems, taking action(s) to improve care or solve problems, evaluating the effectiveness of those actions and communicating findings through established channels.

Multidisciplinary	The combination of several disciplines working towards a common goal.
Multidisciplinary team	A number of people of several disciplines with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short term or permanent basis. Examples include project, problem-solving, quality improvement and self managed teams. For instance, the management team and quality improvement steering committees are multidisciplinary teams.
Objective	A target that must be reached if the organisation is to achieve its goals. It is the translation of the goals into specific, concrete terms against which results can be measured.
Organisation	Comprises all sites/locations under the governance of and accountable to the governing body/owners.
Organisational chart	A graphic representation of responsibility, relationships and formal lines of communication within the facility.
Orientation programme	<ol style="list-style-type: none"> <li>1. Activities designed to introduce new personnel to the work environment.</li> <li>2. The process by which an individual becomes familiar with all aspects of the work environment and responsibilities, or the process by which individuals, families and/or communities become familiar with the services and programmes offered by the organisation.</li> </ol>
Peer review	The systematic, critical analysis of care, including the procedures used, treatment provided, the use of resources, and the resulting outcome and quality of life for the patient, with a view to improving the quality of patient care, by a group of persons of the same professional background.
Performance appraisal	The continuous process by which a manager and a staff member review the staff member's performance, set performance goals and evaluate progress towards these goals.

Performance measure	A quantitative tool or instrument that provides an indication of an organisation's performance regarding a specified process or outcome.
Planning	The determination of priorities, expected outcomes and health interventions.
Planning, operational	Determining ways in which goals and objectives can be achieved.
Planning, project	The art of directing and coordinating human and material resources throughout the life of a project by using modern management techniques in order to achieve predetermined objectives of scope, quality, time and cost, and participant satisfaction.
Planning, strategic	Determining an organisation's mission and determining appropriate goals and objectives to implement the mission.
Policy	Written statements that act as guidelines and reflect the position and values of the organisation on a given subject.
Practice	Partners in a professional practice, employed personnel and their patients/ clients.
Privileging	Delineation, for each member of the clinical staff, of the specific surgical or diagnostic procedures that may be performed and the types of illness that may be managed independently or under supervision.
Procedure	A mode of action. A procedure outlines the detailed steps required to implement a policy.
Process	A sequence of steps through which inputs (from health facilities) are converted into outputs (for patients).
Professional registration	Registration in terms of current legislation pertaining to the profession concerned.
Professional staff	Staff who have a college or university level of education, and/or who may require licensure, registration or certification from a provincial or state authority in order to practice, and/or staff who exercise independent judgment in decisions affecting the service delivered to clients.
Professional team	A number of health professionals whose functions are interdependent. They work together for the care and treatment of a specific patient or group of patients.
Protocol	A formal statement. May include written policies, procedures or guidelines.

Quality	Degree of excellence. The extent to which an organisation meets clients' needs and exceeds their expectations.
Quality activities	Activities that measure performance, identify opportunities for improvement in the delivery of services and include action and follow up.
Quality control	The monitoring of output to check if it conforms to specifications or requirements and action taken to rectify the output. It ensures safety, transfer of accurate information, accuracy of procedures and reproducibility.
Quality improvement	The actions undertaken throughout the organisation to increase the effectiveness and efficiency of activities and processes, in order to bring added benefits to both the organisation and its customers.
Quality improvement programme	<ol style="list-style-type: none"> <li>1. A planned, systematic use of selected evaluation tools designed to measure and assess the structure, process and/or outcome of practice against established standards, and to institute appropriate action to achieve and maintain quality.</li> <li>2. A systematic process for closing the gap between actual performance and desirable outcomes.</li> <li>3. Continuous quality improvement is a management method that seeks to develop the organisation in an orderly and planned fashion, using participative management, and has at its core the examination of process.</li> </ol>
Recruitment and retention	The process used to attract, hire and retain qualified staff. Retention strategies may include reward and recognition programmes.
Reliability	The ability of an indicator to accurately and consistently identify the events it was designed to identify across multiple health settings.
Research	Critical and exhaustive investigation of a theory or contribution to an existing body of knowledge aimed at the discovery and interpretation of facts.
Responsibility	The obligation that an individual assumes when undertaking delegated functions. The individual who authorises the delegated function retains accountability.
Risk	Exposure to any event that may jeopardise the client, staff member, physician, volunteer, reputation, net income, property or liability of the organisation.

Risk management	A systematic process of identifying, assessing and taking action to prevent or manage clinical, administrative, property and occupational health and safety risks in the organisation in accordance with relevant legislation.
Safety	The degree to which potential risks and unintended results associated with health are avoided or minimised.
Seamless continuum of care	In the ideal health system, care is delivered in an integrated, uninterrupted or 'seamless' flow. It is defined as an integrated, client oriented system of care composed of both services and integrating mechanisms that guides and tracks clients over time through a comprehensive array of health, mental health and social services spanning all levels of intensity of care.
Setting	The particular health environment that is appropriate for the patient's needs during the continuum of care, i.e. inpatient care, outpatient attendance, rehabilitative and restorative unit, or community setting.
Staff	All individuals employed by the facility, this includes full time, part time, casual or contract, clinical and non-clinical personnel.
Staff development	The formal and informal learning activities that contribute to personal and professional growth, encompassing induction, in service training and continuing education.
Stakeholder	Individual, organisation or group that has an interest or share in services.
Standards	1. The desired and achievable level of performance corresponding with a criterion, or criteria, against which actual performance is measured.
Standard development	Standards for evaluation may be developed in three stages. <ol style="list-style-type: none"> <li>1. Normative development entails establishing what experts believe should happen.</li> <li>2. Empirical standards reflect what is achievable in practice.</li> <li>3. A compromise between what is professionally optimal and what can reasonably be expected to operate.</li> </ol>
Standard, minimum	A predetermined expectation set by a competent authority that describes the minimally acceptable level of (a) structures in place (b) performance of a process and/or (c) measurable outcome that is practically attainable.
Standards-based evaluation	An assessment process that determines a health organisation's or practitioner's compliance with pre-

established standards.

Structure	The physical and human resources of an organisation.
Surveyor	A physician, nurse, administrator, or any other health professional who meets health quality surveyor selection criteria, evaluates standard compliance and provides consultation regarding standard compliance to surveyed organisations.
System	The sum total of all the elements (including processes) that interact to produce a common goal or product.
Team	A number of people with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short term or permanent basis. Examples include project, problem solving, quality improvement and self managed teams. (See also multidisciplinary team and professional team.)
Timeliness	The degree to which care is provided to the patient at the most beneficial or necessary time.
User	Someone who uses or could use the services offered by the facility.
Utilisation management	Proactive process by which an organisation works towards maintaining and improving the quality of service through the effective and efficient use of human and material resources.
Utilisation review	<p>A method of controlling utilisation that may be:</p> <p>Prospective (pre admission certification). The purpose is to assess whether hospitalisation has been justified and is diagnosis-independent.</p> <p>Concurrent Conducted to assess inpatient care at the time it is provided, the use of resources, the timeliness with which treatment is provided and the adequacy and timeliness of discharge planning.</p> <p>Retrospective – Follows a patient's discharge from the clinic/health centre or any patient who has received ambulatory care.</p>
Validation of survey	A process whereby a facilitator assesses the completed self-assessment documents of a facility. The validation ensures that criteria have been correctly interpreted and appropriately answered, and that the technical aspects of the assessment have been correctly addressed. The facilitator uses the opportunity to provide education and consultation on standard interpretation and compliance.



Vision	A short, succinct statement of what the organisation intends to become and to achieve at some point in the future.
Waste management	Collection, treatment, storage, transportation and disposal of waste material including biomedical, household, clinical, confidential and other waste.
Workload measurement	Manual or computerised tool for assessing and monitoring the volume of activity provided by a specific team in relation to the needs for the care, treatment and/or service they are providing.

## **Introduction**

This manual contains the National Health Quality Standards for environmental health services and includes guidelines for their consistent interpretation and accurate assessment.

The purpose of this manual is to serve as a guide to health quality surveyors and facilitators, as well as environmental health staff. It provides information on certain key aspects pertaining to the layout of the standards and their interpretation, as well as core principles to be applied in assessing standard compliance.

Botswana accepts the universal interpretation of “Environmental Health” as those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment. Botswana also subscribes to the fact that environmental health refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that have the potential to affect adversely the health of present and future generations (World Health Organization).

Botswana, like many other rapidly developing countries is likely to be faced with a number of environmental health problems that affect human health and the environment. It is accepted that the provision of environmental health services in Botswana, as in many other countries, is shared among several Government Ministries/Departments, private agencies and organisations, owing to the fact that environmental issues are multi-sectorial and multi-faceted.

The Ministry of Health is responsible for the overall development and coordination of the environmental health function and it is concerned with the development of legislation, regulations, guidelines, standards and provision of technical support to the local authorities, private, parastatal and government agencies. These efforts are complemented by the primary health services.

For the purposes of these standards, Environmental Health Service means and includes, among others, environmental activities such as water hygiene and safety, solid waste management, liquid waste management, storm drainage, food hygiene and safety, meat hygiene and safety, vector and vermin control, air pollution control, hazardous waste disposal, chemical safety, safe housing, radiation, occupational health and safety, noise control, control of communicable diseases, conveyance of dead bodies and port health.

Effective management of an environmental health service begins with understanding the various responsibilities and authorities of individuals in the organisation, and how these individuals work together with other departments and organisations, within and outside the health service. Accountabilities and responsibilities need to be clearly defined in written documents, with due regard to any legal obligations. The management then needs to ensure that personnel are trained and educated to provide the services required and that they maintain competence.

The management must ensure that personnel work within a safe environment, and that they have the required facilities and equipment to enable them to meet their objectives.

The standards presented here are designed to help bridge the gap between today and a better tomorrow bringing patient care quality and patient safety to new levels. Implementing standards can be an evolutionary process taking time to do things right and better.

**A. Structure/Format**

This set of standards consists of several Service Elements (SE’s) for the various services/departments. Each Service Element contains the relevant standards and criteria (measurable elements) to be assessed in order to ascertain the level of compliance with the standards.

Information in this document has been set out in the following format and the first section of Service Element 1 *Management and Leadership* - is used as an example to demonstrate the layout:

<p><b>1 MANAGEMENT AND LEADERSHIP</b></p> <p>OVERVIEW OF MANAGEMENT AND LEADERSHIP</p> <p>Effective management of a health facility begins with understanding the various responsibilities and authorities of individuals in the health facility, and how these individuals work together.</p> <p>At the governance level there is an entity .....</p> <p><b>1.1 Governance of the health facility</b></p> <p><i>1.1.1 The governing body's accountability and responsibilities are documented and are known to the health facility's managers.</i></p> <p>Intent of 1.1.1</p> <p>There is a governing body responsible for directing the operation of the organisation, which is accountable for providing quality health services to its community.....</p> <p><b>1.1.1 Criteria</b></p> <p>1.1.1.1 Documents describe governance, accountability and responsibilities.</p>
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*Guideline: This Governance structure refers to the authority(ies) above the level of the Facility Manager and may include National/ District levels in the Public Sector together with the Hospital Board, or Corporate structures in the Private Sector*

With reference to the example of Service Element 1 above the table below explains the hierarchical layout and purpose of each section:

<b>HEADINGS IN EXAMPLE ABOVE</b>	<b>EXPLANATION</b>
<b>1. MANAGEMENT AND LEADERSHIP:</b>	Number and name of the service element
Overview of Management and Leadership	General description of the service element and context of the standards in the service element.
<b>1.1 Governance of the organisation</b>	The first “performance indicator” (or

	main section) for this service element.
<i>1.1.1 The governing body's accountability and responsibilities are documented and are known to the health facility managers.</i>	The first standard in this service element.
Intent of 1.1.1 There is a governing body .....	A description of the context/scope of the abovementioned standard 1.1.1. Note that the information in this intent statement forms an integral part of aspects to be considered when measuring compliance of criteria.
<b>1.1.1 Criteria</b>	This heading indicates that what follows is the list of criteria (measurable items) that support standard 1.1.1
<b>1.1.1.1 Documents describe governance accountability and responsibilities.</b>	The first criterion in this section for standard 1.1.1
<i>Guideline in a separate block in italics</i>	<i>A description/explanation of what is expected and guidance on how to assess compliance with the criterion.</i>

***B: Additional Notes on the “Guidelines” (section in italics below the criteria in the above example)***

***Purpose/intention of the guideline statements:***

The purpose of these guidelines is to provide guidance on the scope and interpretation of the criteria statements. The information should also provide facility staff (clients) with a clear indication of the requirements for compliance and some direction on the surveyors’ expectations.

In some instances the guidelines also state the minimum requirements for compliance and provide direction on how to reach a decision on the compliance score.

***Linked criteria/standards:***

Where the comment “*Linked to:*” appears in the guideline text box, it refers to other criteria and standards that are linked to the criterion being assessed. For further information on how to deal with these linked criteria, refer to item 7 in section C (“Rules for scoring”) of this document.

***Root criterion***

Where the guideline text box contains the word “root criterion”, the following applies:

- A “root” criterion is considered to be the central focus of a process or system, which is supported by several other “sub-criteria” that intend to describe the smaller components of such a system or process.
- The rating of a root criterion is dependent on the compliance rating of its supporting criteria, and should therefore reflect the aggregated average of the scores of such supporting criteria and
- This implies that a root criterion cannot be scored until such time that all its linked criteria have been assessed.

For more details on the scoring methodology for root criteria and their links, refer to item 7 in section C below.

### **C: Rules for assessment of compliance with criteria and the scoring system**

The standards in this manual are written expectations of structures, processes or performance outcomes and it is assumed that, if these standards are met, better services/care can be delivered. If these standards are substantially met, a facility/organisation can be accredited. The standards in turn are defined by objective, measurable elements referred to as “criteria”. Criteria are given weighted values (severity ratings) according to how important the criterion requirement is in relation to various aspects (categories) such as legality, client and staff safety, physical structure, operational effectiveness and efficiency.

Take note that assessing compliance with the standards and criteria includes various activities such as studying documentation, staff interviews, record audits and observation of processes, physical facilities and equipment.

#### **Criteria are scored as follows:**

In assessing the level of compliance with a criterion, one should not move beyond what that criterion intends to measure. **Each criterion should be assessed** individually according to the following principles:

- i. **Compliant (C)** means the condition required is met. Evidence of compliance should be present in a tangible and/or observable form, e.g. written material, physical items.
  - Should the standards, for example, require a **written** policy and procedure but the facility has only a verbal policy in place, then the criterion should be scored as **non-compliant**.
  - Should the facility have a written policy but no evidence is found of consistent implementation thereof or if there is evidence of non-adherence, then the criterion should be scored as **partially compliant**.

The same principle applies in all instances where either the standards or criteria contain words such as **policies, procedures, programmes, plans, protocols, guidelines**.

- ii. **Partially compliant (PC)** means the condition required is not totally met, but there is definite progress (>50%) towards compliance *and the deficiency does not seriously compromise the standard*. Other considerations for PC ratings are:
  - If the criterion requires a documented system as listed above, but there is no implementation or implementation is partial or if the policy document is still in draft form.
  - If the criterion contains more than one requirement, but not all components are compliant.
  - If assessment results can be quantified by means of conducting an audit, e.g.: “less than 80% of staff have received training”, or “evidence was found in less than 80% of records audited”.
  - Since there are degrees of partial compliance (PC), the category PC is further subdivided into four degrees of severity: *mild (1), moderate (2), serious (3) and very serious (4)*. These can be thought of as being 80%



towards compliance, 60% towards compliance, 40% towards compliance and 20% towards compliance. Obviously, the further away from compliance, the more severe the deficiency will be.

- iii. **Non-compliant (NC)** means there is no observable progress towards complying with the required condition. The degree of non-compliance is again scored in terms of severity, from mild (1) to very serious (4), as explained above.
- iv. **Not applicable (NA)** means the criterion is not applicable because the facility either does not provide the service at all, or not at the particular level the criterion is designed to measure. Such criteria are excluded in calculating compliance scores.
- v. To quantify the degree of compliance, criteria are awarded points according to their level of compliance and seriousness as follows:

<b>Rating</b>	<b>Score</b>
<b>C</b>	80-100
<b>PC mild</b>	75
<b>PC moderate</b>	65
<b>PC serious</b>	55
<b>PC very serious</b>	45
<b>NC mild</b>	35
<b>NC moderate</b>	25
<b>NC serious</b>	15
<b>NC very serious</b>	5
<b>NA</b>	Not scored

- vi. **Critical criteria**  
A standard may have one or more criteria that are marked “critical”. This is where non- or partial compliance will compromise client or staff safety, or where there are legal transgressions.

The methodology used in scoring critical criteria calls for an exception to the rule of PC ratings as described above:

Where a critical criterion is scored as PC, but it is so serious as to constitute a danger to clients and/or staff safety, is in direct contravention of an act or regulation, severely affects community care or the efficiency of the facility, then it must be scored as NC, {e.g. there is a fire alarm but it is not working. This must then be scored as NC rather than PC.

Furthermore, non-complaint critical criteria will result in the entire standard being scored as non-or partially compliant.

- vii. **Scoring “linked” criteria**  
Several criteria (either in the same SE or in different SEs) are linked with one another, either because they deal with the same system or process, they are duplications, or one of the criteria may be seen as the “root” with several other

criteria focussing on “sub-components” of such a “root” criterion. Should such a linked criterion be scored NC or PC, then this *may have* an impact on the compliance ratings of other linked criteria. The following rules should be applied when scoring linked criteria:

- If a **critical** criterion scores NC or PC, then *selected* linked criteria should reflect a similar score.
- Also, if a substantial number of **non-critical** criteria linked to a critical criterion score NC or PC, the critical criterion should reflect a similar score.
- The same rule applies to criteria that relate to **legal** requirements and client/staff **safety** matters.

The decision to apply the scoring methodology will depend on the local circumstances and the consideration of the following additional rules:

- If the majority of criteria that focus on the same system or process are scored either NC or PC, then the root criterion should reflect a similar score (because this would constitute a **high volume** deficiency) Example: if **most** of the policies and procedures in the organisation have not been reviewed, then the root criterion (1.2.2.6 is scored NC.

#### **D: The Matrix Model**

As explained above, the structure of the standards and criteria is such that many of these are “interlinked”, either within the same Service Element or between the different Service Elements. “Interlinked” means that the same standard/criterion is either repeated in more than one location, or that the standard/criterion is similar to, or closely linked to another standard/criterion in terms of its meaning or in terms of the system or process that it measured.

In using the matrix, scoring rules should apply as indicated in subparagraphs 7.1 to 7.4 above.

#### **E: Additional Comments**

- i. Several criteria require compliance with laws and regulations. In instances where national laws/regulations do not exist for such an item, it will be expected that the facility will develop their own internal policy in accordance with internationally accepted norms and standards.
- ii. Any reference to “staff/personnel” in the standards and criteria should be interpreted to read all personnel employed by the facility unless otherwise stated. The requirements also apply to all health professionals who are allowed to render client care, regardless of their employment status.

## **SE 1 MANAGEMENT AND LEADERSHIP**

### OVERVIEW OF MANAGEMENT AND LEADERSHIP

Effective management of a health facility begins with understanding the various responsibilities and authorities of individuals in the health facility, and how these individuals work together.

At the governance level there is an entity, i.e. Ministry of Health, department of clinical services and District Health Management Teams (DHMTs), responsible for directing the operation of the community health facility service and accountable for providing a quality service to the population that seeks care. The responsibilities of the governing authority lie primarily in providing systems, guidelines and resources, to enable the health facility personnel to reach their objectives. It is the responsibility of the national body to define what services are required to best meet the health needs of the community.

The Ministry of Health defines how these services are to be implemented by the community health facility services. Direction for the provision of services is provided from District Health Management Teams level. Managers at this level ensure that centralised expertise is provided to support the personnel of community health facility services in all their activities. This is provided through visits, written communication, monitoring and education.

At the service level, a manager is appointed for day to day management. He or she ensures, that the policies of the governing authority are implemented, and that policies and procedures, appropriate to the specific service, are developed and implemented. The responsibilities of this manager are documented and are known to the personnel of the service. While managers are appointed to posts in the health service, the community health facility also identifies persons who take leadership roles, such as senior nurses. These leaders take responsibility for forming teams, which ensure quality in all aspects of patient care. This can usually be done without additional resources, but it does lead to the improved use of existing resources.

The lines of responsibility and accountability are documented, and are made easy to follow by being depicted in an organogram. The structure of the health facility depicts all established posts, and explains the lines of accountability for each post incumbent. The personnel in the service need to know how these lines of accountability work, both within the service and up to the most senior officer in the organisation.

The leaders are recognised and brought into the process of defining the health service's mission. Based on that mission, they work collaboratively to develop the plans and policies needed to fulfil the mission and to coordinate and integrate the health service's activities.

The lines of communication for achieving these goals are represented on a health facility structure. The health facility structure includes all members of the health service, including those persons at the governing level, to whom the managers have lines of responsibility and accountability. Documents prepared by each health service define their goals and identify current and planned services.

The managers of each health service/department make their human resources and other resource requirements known to the governing authority. This helps to ensure that adequate human resources, space, equipment and other resources are available to meet patients' needs at all times. The service /department manager is accountable for the cost-effective use of resources.

## **Standards**

### **1.1 Governance of the Organisation**

*1.1.1 The governing body's accountability and responsibilities are documented and are known to the service managers.*

#### **Standard Intent**

According to the Oxford Dictionary, to govern is “to conduct the policy, actions and affairs of (a state, organisation or people) with authority.” The same source defines governance as “the action or manner of governing a state, organisation, etc.” It relates to decisions that define expectations, grant power, or verify performance. It consists of either a separate process or part of management or leadership processes.

A governing body is the group of people given the power and authority to govern an organisation. A governing body can take the form of a board, a council, a steering committee, or an assembly of elders or traditional owners. The role of the governing body is to plan strategic direction, set the organisation's goals, lead the organisation, make the policies and evaluate and support the management and personnel.

There is a governing body responsible for directing the operation of the health facility, which is accountable for providing quality services to its community or to the population that seeks service. The responsibilities and accountability of this entity are described in a document that identifies how they are to be carried out, and are known to those responsible for management within the health facility. The responsibilities of governing bodies lie primarily in approving plans and documents submitted by the managers of the health facility. Those elements of management requiring approval by governance are documented.

The process and practices that will apply will vary significantly given the environment in which they are applied. Governance in the public sector, which includes Ministries, Boards and similar entities, takes into account legal and constitutional accountability and responsibilities.

In a business or non-profit organisation governance, in addition to legal and constitutional accountability, relates to consistent management, policies, processes, guidance and decision rights for a given area of responsibility.

It is important that the health facility has clear leadership, operates efficiently, and provides quality health services. The lines of communication for achieving these goals are presented in an organisational chart or other document.

#### **1.1.1 Criteria**

**1.1.1.1 Documents describe governance accountability and responsibilities.**

#### **Root criterion**

*Please note that the criterion requires an organisational chart of both the Governance Structure AND the local organisation. This document(s) should also illustrate the*

*relationship between the Facility Manager and the first level of Governance above him/her.*

*The phrase “lines of authority and accountability” requires more than merely a list of available posts or services rendered; it should be formulated in such a manner that it indicates to each staff member who his/her direct supervisor is, and also his/her span of responsibility. It is not a requirement to reflect names of individuals. It goes without saying that – as with any other official document – the organogram should be duly authorised (dated and signed).*

**1.1.1.2 There is an organisational chart or document, which describes both the lines of authority and accountability from governance, and within the service.**

*A mere organogram does not render this criterion compliant unless there is a concise description/listing of the key functions of the relevant structures as reflected in 1.1.1.1.*

*Note that some of this information may be contained in Acts, regulations or directives.*

**1.1.1.3 The responsibilities of governance include providing support to the personnel in the environmental health facility.**

**1.1.1.4 The support from district managers includes regular supervisory visits, policies, guidelines, monitoring, written communications and education.**

*1.1.2 The organisation plans for the type of services required to meet the needs of the community served by the service, in consultation with community members and/or other stakeholders.*

### **Standard Intent**

A service’s mission statement usually reflects the needs of its community and services are designed and planned to respond to those needs.

Community services are planned and designed to respond to the needs of the client population. These are defined in a mission statement for each department or service.

### **1.1.2 Criteria**

**1.1.2.1 The services to be provided are described in the strategic plans of the environmental health service.**

**1.1.2.2 The service identifies those recognised community leaders and/or other stake holders to be included in the planning.**

**1.1.2.3 The services to be offered are consistent with the mission of the environmental health service.**

**1.1.2.4 The service’s leaders plan with the leaders of other service providers in their community.**

1.1.3 *The environmental health service has documented the rights of the community regarding environmental health, and these rights are known and implemented.*

### **1.1.3 Criteria**

**1.1.3.1 The organisation has a written document in the official languages regarding the rights of the community to a healthy environment.**

**1.1.3.2 The document is developed in accordance with current legislation.**

**1.1.3.3 The document addresses the right to have cultural differences regarded and catered for.**

**1.1.3.4 The document addresses the right of the community to access information regarding the activities of the service and the services offered.**

**1.1.3.5 The document addresses the right of community members to be treated with courtesy and respect.**

**1.1.3.6 The document addresses the right to a response to enquiries and complaints within a specified time frame.**

**1.1.3.7 The document addresses the right to have the confidentiality of information provided respected.**

**1.1.3.8 The document addresses the right to have access to the appropriate personnel to reply to enquiries.**

**1.1.3.9 The document addresses the right to a full investigation of complaints.**

**1.1.3.10 There is a system in place to implement these rights.**

**1.1.3.11 There is a system for taking action where these rights are not upheld.**

## **1.2 Management of the Environmental Health Service**

1.2.1 *The environmental health service is managed to ensure the provision of an effective and comprehensive service.*

### **Standard Intent**

The senior manager is appointed by the governing body to be responsible for the overall, day to day operation of the service. The individual appointed to carry out these functions has the education and experience to do so. In addition to being in possession of a suitable tertiary qualification, the manager is expected to have suitable training and/or experience in management at a level required by the position.

Managers are primarily responsible for ensuring that the mission of the service is met through the provision of management and leadership at departmental level. Good departmental or service performance requires clear leadership from a suitably qualified individual. The responsibilities of each staff member in the department are defined in writing. Documents prepared by the service define its goals and identify the current and planned services. Lines of communication are documented to ensure clear accountability.

### **1.2.1 Criteria**

**1.2.1.1 A person who is suitably trained and experienced manages the service.**

**1.2.1.2 The accountabilities and responsibilities of this person are documented.**

**1.2.1.3 The manager ensures that approved policies are carried out.**

**1.2.1.4 The manager ensures compliance with applicable Laws and Regulations.**

*It is unthinkable that this criterion can ever be non-compliant and as it is impossible to assess this criterion in full during an external survey, the criterion will therefore be scored compliant by default. However, a PC rating is given whenever there is actual evidence of non-adherence to any particular legal requirement. In these cases, the transgression needs to be recorded in detail in order to motivate for the PC rating, and should be based on accurate facts.*

*Common examples of legal non-conformances include the non-availability of fire clearance certificates, certificates of electrical installations and commissioning certificates; failure to conduct internal/external financial audits; the non-availability of proof of current registration of professional personnel with relevant Councils, etc.*

**1.2.1.5 The manager plans and implements processes to manage and control human, financial and other resources.**

*This is assessed against the organisational policy framework and evidence of implementation, and is linked to the next criterion. The criterion score is derived from the final assessment of human resource management, financial management and other criteria dealing with adequate supply and effective management of resources (equipment, consumables, etc). The volume and severity of deficiencies in related sections will determine whether both criteria are penalised and to what extent.*

**1.2.1.6 The manager of the environmental health service is involved in the preparation and management of the service's budget.**

**1.2.1.7 The manager of the environmental health services is involved in any negotiations concerning service agreements/contracts relating to the environmental health service.**

**1.2.1.8 Services provided under contracts meet client needs.**



**1.2.1.9 Contracts and other arrangements are monitored to ensure that the terms of the contracts are met.**

**1.2.1.10 There are designated individuals who have been appointed to act in the absence of the responsible person in order to provide the service with direction at all times.**

*1.2.2 The management of the environmental health service ensures that policies are developed, written, dated and signed and procedures are developed and maintained.*

### **Standard Intent**

Policies and procedures are formulated at different levels of authority. These include legislation, operational directives and guidelines.

Management must ensure that all policies which apply to the service are available to the personnel, and that they are implemented and monitored as they relate to various departments, services and functions. Management should ensure that policies and procedures are available to guide the personnel in such matters as allocation, use and care of resources, financial practices, human resource management, interaction with the community and the implementation of environmental health standards.

### **1.2.2 Criteria**

**1.2.2.1 The manager ensures that policies and procedures which guide the environmental health service are implemented.**

**1.2.2.2 Environmental health personnel are actively involved in the formulation of policies, procedures and protocols for the service.**

**1.2.2.3 A designated staff member is responsible for compiling and indexing of policies and procedures, and ensuring their circulation, recall and review.**

**1.2.2.4 Policies and procedures are signed/endorsed by persons authorised to do so.**

**1.2.2.5 Policies and procedures, including legislation, are compiled in a comprehensive manual, which is indexed and easily accessible to all personnel.**

**1.2.2.6 All policies and procedures are reviewed at appropriate intervals, dated and signed.**

**1.2.2.7 There is a mechanism to ensure that legislation and policies and procedures are known to and implemented by personnel working in the environmental health service.**

*1.2.3 The service's management fosters communication between individuals and coordinates services among departments.*

## **Standard Intent**

The managers develop a culture that emphasises cooperation and communication. The managers develop formal methods (e.g. standing committees, joint teams), and informal methods (e.g. newsletter, posters) for promoting communication among services and individual staff members. Relevant community members become part of the communication network.

Management has a special responsibility to the community and to the service. These managers:

- support good communication between professionals
- jointly plan and develop policies that guide the delivery of services
- provide for the ethical practicing of their professions and
- monitor the quality of the service.

### **1.2.3 Criteria**

**1.2.3.1 The service's management fosters communication among departments, services, individual staff members and community leaders and groups.**

**1.2.3.2 The service's management fosters Coordination of environmental health services.**

**1.2.3.3 Agendas are prepared for meetings, and those to attend are given notification in time to prepare for participation.**

**1.2.3.4 Minutes of meetings are taken and are circulated to all relevant participants.**

**1.2.3.5 There is a mechanism to ensure that key issues resulting from meetings are communicated to and acted upon.**

**1.2.3.6 The service structure and processes support professional communication.**

**1.2.3.7 The service structure and processes support planning and policy development.**

**1.2.3.8 The service structure and processes support handling of professional ethical issues.**

**1.2.3.9 The service structure and processes support monitoring of the quality of environmental health services.**

### **1.3 Administrative Support**

*1.3.1 There is a system to ensure that equipment and supplies are ordered, available, stored and distributed from a central point.*

## **Standard Intent**

Managers need to rely on an effective and efficient administrative support system for the planning, service and coordination of management processes. This includes, dependent upon the nature of the services provided, the timeous ordering of

equipment and supplies, safe storage, prevention and notification of losses, effective distribution and maintenance of information relating to ordering, receipt, storage and distribution of equipment and supplies. Policies and procedures guide the procurement management processes.

### **1.3.1 Criteria**

**1.3.1.1 An individual is designated to control the ordering, storage, distribution and control of equipment and supplies.**

**1.3.1.2 Policies and procedures guide the ordering of supplies and equipment.**

**1.3.1.3 Policies and procedures guide the payment for supplies and equipment received.**

**1.3.1.4 Policies and procedures guide the safe storage of supplies and equipment.**

**1.3.1.5 Policies and procedures guide the issue of supplies and equipment.**

**1.3.1.6 Policies and procedures guide the condemning of equipment.**

**1.3.1.7 There is an asset register, which is routinely maintained.**

*1.3.2 There is an information system that collects, collates and analyses information relating to the receipt and distribution of equipment and supplies.*

### **Standard Intent**

The high costs of supplies and equipment make it essential that sound auditing practices are in place to ensure control of financial aspects of provisioning. A management information system must track all inventory. Expenditure on equipment and supplies is transparent, and all records must be monitored and available to managers and auditors for accounting.

### **1.3.2 Criteria**

**1.3.2.1 A record is kept of goods received and good issued.**

**1.3.2.2 Records are audited.**

**1.3.2.3 There is an inventory of all goods stored.**

**1.3.2.4 All losses are investigated, reported and recorded.**

*1.3.3 All equipment and supplies are safely stored.*

## **Standard Intent**

The storage of equipment and supplies must allow for security, ease of access, and effective inventory taking. Legislation, as well as policies and procedures, guide the storage of equipment and supplies.

### **1.3.3 Criteria**

- 1.3.3.1      Secure storage facilities are available.**
- 1.3.3.2      There are secure areas for the storage of hazardous materials if these are kept.**
- 1.3.3.3      Hazardous material storage areas are clearly signposted.**
- 1.3.3.4      Hazardous and flammable materials are stored in accordance with relevant regulations.**
- 1.3.3.5      There is adequate storage space to enable rapid retrieval and removal of equipment when needed.**

### **1.4            Use of Motor Vehicles**

- 1.4.1            The use of motor vehicles is planned and monitored to ensure safety and legality.*

## **Standard Intent**

The use of motor vehicles needs to be controlled because of the cost of acquiring and maintaining motor vehicles, and adherence to legal aspects relating to the driving of motor vehicles must be assured.

### **1.4.1 Criteria**

- 1.4.1.1      There is a system for monitoring the use of motor vehicles.**
- 1.4.1.2      There is a control system for mileage travelled.**
- 1.4.1.3      There is a motor vehicle maintenance programme.**
- 1.4.1.4      There is proof of motor vehicle maintenance.**
- 1.4.1.5      Drivers of motor vehicles are suitably licensed.**

## **SE 2 HUMAN RESOURCE MANAGEMENT**

### OVERVIEW OF HUMAN RESOURCE MANAGEMENT

The service needs appropriate numbers of competent personnel to fulfil its mission and meet community needs.

Recruiting, evaluating and appointing personnel are best accomplished through a co-ordinated, efficient and uniform process. It is also essential to document applicants' skills, education and previous work experience.

Services/departments should provide personnel with opportunities to learn and advance personally and professionally, with due regard to the requirements of professional registration bodies. Thus, in-service education and other learning opportunities should be offered to personnel.

## **Standards**

### **2.1 Personnel Management**

*2.1.1 Adequate and competent personnel are available to provide a safe and effective environmental health service.*

#### **Standard Intent**

A staffing plan reflects the knowledge, skills and availability of personnel required to provide an effective service.

Personnel act in accordance with job descriptions/performance agreement and are evaluated in accordance with their assigned responsibilities. The in-service training needs of personnel in the service are continuously assessed and appropriate training provided to ensure a safe and effective service.

#### **2.1.1 Criteria**

**2.1.1.1 There is a documented process for staffing the environmental health service.**

*It is preferable that all these aspects be summarised in an executive-type summary for ease of access to relevant information. However, this does not preclude the presentation of separate documents related to various structured processes that are guided by policies, procedures, protocols or narratives and should be needs based.*

*The plan should be available either as part of the strategic planning process or as an operational plan. The plan should include the current personnel establishment, i.e. posts available, posts filled and posts vacant.*

*The personnel establishment should be based on scientific findings, e.g. analysed work-study findings, catchment area population, etc. The study may be conducted in house or by an independent agent.*

*Staffing levels for professional personnel should be based on accepted national or international norms/standards.*

**2.1.1.2 The desired education, qualifications, skills and knowledge are defined for all personnel.**

*The organisation complies with laws and regulations that define the desired educational levels, skills or other requirements of individual staff members, or define staffing numbers or the mix of personnel for the organisation. The organisation considers the mission of the organisation and the needs of the population served in addition to the requirements of laws and regulations.*

**2.1.1.3 Each employee in the service has a written job description, which defines their responsibilities.**

*The responsibilities of individual staff members are defined in current job descriptions/performance agreement.*

*The job description/performance agreement provides details of accountability, responsibility, formal lines of communication, principal duties and entitlements. It is a guide for an individual in a specific position within an organisation. Key performance areas should be included in order to evaluate the staff member's performance.*

**2.1.1.4 There is at least one documented evaluation of personnel each year, or more frequently, as defined by the service.**

*The process for and the frequency of the ongoing evaluation of the abilities of the personnel is defined. Ongoing evaluation ensures that training occurs when needed and that the staff member is able to assume new or changed responsibilities. While such evaluation is best carried out in an ongoing manner there is at least one documented evaluation each year for each staff member.*

**2.1.1.5 New staff members are evaluated in accordance with the policies determined by the service.**

**2.1.1.6 The department or service to which the individual is assigned conducts the evaluation.**

**2.2 Personnel Orientation and Training**

*2.2.1 The manager of the environmental health service ensures that there is a written, planned and organised orientation and induction programme available for new personnel.*

**Standard Intent**

The decision to appoint an individual to the personnel of a service sets several processes in motion. To perform well, a new staff member needs to understand the entire service and how his or her specific responsibilities contribute to the service's mission. This is accomplished through a general orientation to the service and his or her role in the service, and a specific orientation to the job responsibilities of his or her position.

**2.2.1 Criteria**

**2.2.1.1 There is a written, planned orientation and induction programme for new personnel.**

*The organisation has a generic/macro orientation programme for all employees and evidence of participation is available in the individual's personnel record or other training record.*

*Each department/service has established a service-specific orientation programme and evidence of participation is available in the individual's personnel record or other training record.*

*Even if there is only one person in a department, he/she should plan and document an orientation and induction programme in the event that additional personnel should become available in the future.*

- 2.2.1.2**      **The orientation and induction programme introduces new personnel to relevant aspects of the environmental health service and governance structures.**
- 2.2.1.3**      **The orientation and induction programme explains the relationships and lines of authority and communication within the service and collaboration with other relevant directorates.**
- 2.2.1.4**      **The orientation and induction programme prepares personnel for their roles and responsibilities in the environmental health service.**
- 2.2.1.5**      **The orientation and induction programme introduces personnel to the applicable legislation and policies and procedures of the environmental health service.**

2.2.2            *The management of the environmental health service ensures the provision of written in-service training programmes for personnel relating to issues relevant to the needs of the individual and to the objectives of the service.*

**Standard Intent**

The service has a responsibility to ensure that personnel are educated in matters which effect their functioning in the specific organisation. Education is relevant to each staff member as well as to the continuing advancement of the organisation in meeting the community’s needs and maintaining acceptable personnel performance, teaching new skills, and providing training on new equipment and procedures. There is documented evidence that each staff member who has attended training has gained the required competencies.

The leaders of the organisation support the commitment to ongoing in-service education by making available space, equipment and time for education and training programmes.

**2.2.2 Criteria**

- 2.2.2.1**      **There is a system for identifying the needs of environmental health personnel for in-service training, consistent with environmental health service objectives and the development of individual staff members.**

*Examples of sources which can be used for establishing training needs are:*

- *job observations*
- *performance reviews*
- *annual training ‘wish-lists*
- *results from document audits.*

- 2.2.2.2**      **There is a written in-service training programme for personnel in the environmental health service, which is co-ordinated with the in-service training programme of the district/region.**



*The organisation has a generic/macro in-service education programme for all employees and evidence of participation is available.*

*It is preferable that a summarised plan is provided for ease of access to relevant information. However, this does not preclude the presentation of separate documents related to various education and training programmes and should be needs based.*

**2.2.2.3 The in-service training programme ensures that all personnel are competent and updated when new systems or equipment are installed or new policies, procedures or legislation are introduced.**

**2.2.2.4 The in-service training programme includes management training.**

**2.2.2.5 The Environmental Health Manager ensures, that personnel of the environmental health service are familiar with the district's /cluster's and council's, or region's emergency plans and attend rehearsals at least annually.**

**2.2.2.6 The Environmental Health Manager ensures that personnel attend training on health and safety.**

**2.2.2.7 There is a system to ensure that all personnel in the service participate in in-service training programmes, and that records are kept.**

*Evidence of ongoing in-service education must be submitted by means of analysed attendance data.*

*Refer to skills development, continuing education strategies and service-specific programmes to evaluate relevance.*

*2.2.3 The management of the environmental health service ensures that continuing professional development is supported.*

### **Standard Intent**

There is a process for informing the personnel of opportunities for continuing education and training, participation in research and investigational studies, and to acquire advanced or new skills. These opportunities may be offered by the health facility by a staff member's professional or trade association or through educational programmes in the community. The health facility supports such opportunities as appropriate to its mission and resources. Such support may be given through tuition support scheduled time away from work recognition for achievement and in other ways.

### **2.2.3 Criteria**

**2.2.3.1 There is a system for identifying and addressing the training needs of environmental health practitioners consistent with the environmental health service's objectives.**

*This refers specifically to professional personnel and the requirements for continued registration with the relevant professional bodies where applicable. Management must have a strategy for assisting professional personnel to maintain their continued registration.*

**2.2.3.2 The continuing education plan ensures the provision of information on advances in practice relating to environmental health.**

**2.2.3.3 The plan ensures adequate opportunity to fulfil requirements for continued registration with the professional regulating body.**

**2.2.3.4 Current information is available to environmental health practitioners, to enable them to keep updated in their relevant fields of work.**

**2.2.3.5 The environmental health service facilitates the attendance of environmental health practitioners at relevant conferences, meetings or seminars.**

**2.2.3.6 Records of attendance are kept.**

*2.2.4 Where students are trained as part of undergraduate or postgraduate programmes, the environmental health service ensures formal training.*

#### **2.2.4 Criteria**

**2.2.4.1 There is a designated member of the personnel of the environmental health service who co-ordinates student internship.**

**2.2.4.2 The training programme is structured in accordance with the guidelines of the appropriate registration body and training centres.**

**2.2.4.3 Training periods are recorded and evaluated for effectiveness.**

### **2.3 Industrial Relations**

*2.3.1 Sound industrial relations, which are based on current labour legislation, are implemented and maintained in the service.*

#### **Standard Intent**

Consistent application of fair labour practice, grievance and disciplinary procedures, and dismissal, demotion and retrenchment policies and procedures are essential to prevent labour unrest, with its consequent negative effects. The membership of personnel in trade unions is taken into account and there is negotiation and consultation between these bodies, management and personnel to promote harmonious working relationships. Current employment policies need to be known and applied.

### **2.3.1 Criteria**

- 2.3.1.1 There are mutually agreed policies and procedures with the personnel for the satisfactory conduct of industrial relations activities.**
- 2.3.1.2 Written disciplinary procedures, which meet the requirements of current legislation, are available.**
- 2.3.1.3 There is a grievance procedure in terms of current legislation.**
- 2.3.1.4 There are dispute and appeal procedures.**
- 2.3.1.5 There are recognition agreements for trade unions.**

## **SE 3 FACILITIES AND EQUIPMENT**

### OVERVIEW OF FACILITIES AND EQUIPMENT

Buildings, plant and other equipment must comply with relevant legislation and must be maintained in a safe working condition. The facilities must be suitable for the activities to be carried out.

## **Standards**

### **3.1 Facilities and Equipment**

*3.1.1 The management ensures that facilities are safe, adequate for their purpose, and efficiently run.*

#### **Standard Intent**

The leaders of each department or service make their space and other resource requirements known to the service's senior managers. This helps ensure that adequate space, equipment and other resources are available to meet needs at all times.

Management must ensure that resources are adequate to meet statutory requirements and the needs of clients. Environmental health managers keep service managers informed of facilities, which are inadequate, additional equipment requirements, and the current state of facilities and equipment.

#### **3.1.1 Criteria**

**3.1.1.1 Departmental or service managers recommend space and other resources needed by the department or service to the service's management.**

**3.1.1.2 Environmental health offices are clearly sign-posted.**

**3.1.1.3 There is a reception area for the public.**

**3.1.1.4 There is a mechanism to prevent unauthorised individuals from entering the offices.**

**3.1.1.5 There is adequate office space for administrative activities.**

**3.1.1.6 There is privacy for interviewing members of the public.**

**3.1.1.7 Transport is available for environmental health officers to perform their functions.**

**3.1.1.8 Facilities and equipment are maintained to provide clean and safe working conditions, which comply with relevant legislation.**

**3.1.1.9 Records of equipment maintenance are available.**

**3.1.1.10 Lockable facilities for storing personal clothing and property are provided.**

**3.1.1.11 Ablution facilities are provided.**

## **SE 4 RISK MANAGEMENT**

### OVERVIEW OF RISK MANAGEMENT

Risk is exposure to any event that may jeopardise the client, staff member, volunteer, reputation, net income, property or liability of the service. Risk management is a systematic process of identifying, assessing and taking action to prevent or manage clinical, administrative, property and occupational health and safety risks in the service. Risk management is integrated into the day to day activities of the service. Criteria are used to monitor important systems and identify needed improvements.

Planning should consider the following areas, when appropriate to the facility and activities of the service.

- Occupational health and safety programmes the organisation complies with legislation relating to health and safety and risk management.
- Fire safety - property and occupants are protected from fire and smoke.
- Emergencies - responses to disasters and emergencies are planned and effective.
- Hazardous materials; the handling, storage and use of flammable and other materials are controlled and hazardous waste is safely disposed of.
- Security - property and occupants are protected from harm and loss.

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

## Standards

### 4.1 Risk Management

4.1.1 *Risks are assessed and control measures introduced in order to minimise or eliminate risk.*

#### Standard Intent

Management is accountable for integrating risk management into the everyday activities of the service. The risk management programme should include reference to, among others:

- financial risks (budget, capital assets, vehicle management, secure storage, losses etc)
- legal risks (compliance with legal requirements)
- human resource risks (occupational health hazards, professional registrations, job descriptions, training, etc).

Every employee should be trained in and be responsible for following sound risk management practices. These include:

- identifying areas of risk within their areas of responsibility
- contributing to policies and procedures to reduce risk
- monitoring the implementation of preventive measures to reduce risk
- ensuring the efficient and effective use of resources
- safeguarding the service's assets
- participating in internal auditing procedures.

#### 4.1.1 Criteria

**4.1.1.1 There are documented risk management processes for identifying all risks (physical, environmental, medico-legal, operational, etc) relating to organisational processes and systems, personnel, visitors and physical facilities.**

*A formal process should be followed to identify and analyse risks in the organisation. The risk management plan should include all relevant aspects and services of the organisation, e.g. staff and visitor related risks, financial, corporate and legal risks, physical facility, security and environmental risks.*

*This does not imply a single integrated document provided all components are dealt with, in a documented system.*

**4.1.1.2 Management and leaders ensure the development and implementation of written policies and procedures for risk management processes and activities.**

**4.1.1.3 Ongoing in-service training of all personnel in these policies, procedures and risk management principles, including reporting of adverse events, is documented.**

**4.1.1.4 One or more qualified and/or skilled and/or experienced individuals supervise the implementation of the risk management system.**

**4.1.1.5 There is a system for monitoring negative incidents/near misses/adverse (sentinel) events and it includes the documentation of interventions and responses to recorded incidents.**

**4.1.1.6 Risk management systems are reviewed whenever there are changes in organisational systems and processes, or physical facilities.**

## **4.2 Fire Safety**

4.2.1 The service monitors adherence to fire safety requirements to reduce evident fire risks.

### **Standard Intent**

Fire is an ever present risk. 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
- inspection reports from the local fire departments and
- suppression mechanisms such as water hoses, chemical suppressants or sprinkler systems.

These actions, when combined, give personnel and visitors adequate time to exit the facility safely 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
- the process for testing, at least twice per year, the plan for the safe evacuation of the facility in the event of a fire or smoke
- the necessary education of personnel to evacuate effectively when an emergency occurs
- the need for each staff member to participate in at least one emergency preparedness test per year and
- the required documentation of all inspection, testing and maintenance systems.

The organisation develops and implements a policy and plan to eliminate smoking in the organisation's facilities, or to limit smoking to designated non-client 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.*



#### 4.2.1 Criteria

- 4.2.1.1** There are structured systems and processes in place to ensure that all occupants of the organisation's facilities are safe from fire or smoke.

*There are documented fire safety systems which include all the relevant aspects of fire safety, e.g. training, rehearsals, detection and abatement systems, servicing and storage of equipment, escape route signage, storage and handling of flammable materials, etc. This does not imply a single integrated document provided that all components of the system are dealt with in documented systems.*

- 4.2.1.2** Documented certification is available from the relevant authority to show that the facility complies with applicable laws and regulations in relation to fire safety (e.g. fire clearance certificate).

*Refer to the guideline following the intent statement above.*

*National legislation regarding such certification will be taken into account. At the least there should be evidence that the relevant safety authorities have declared the building or vehicle safe to perform its intended function.*

- 4.2.1.3** Fire fighting equipment is regularly inspected and serviced at least annually; the date of the service is recorded on the apparatus.

*Abatement systems include all fire safety systems such as fire fighting equipment, fire detection equipment, sprinkler systems, smoke detectors and structural abatement systems such as fire walls and fire doors.*

*The type of systems to be installed will depend on national requirements and compliance with such stipulations will be reflected in the certification as required.*

*It is essential that the testing and servicing of all fire safety equipment is up to date, automatic abatement systems are regularly tested, fire and smoke detection systems are tested, and automatic abatement doors are not forced to remain open by means of wedging or putting objects against them.*

- 4.2.1.4** A floor plan, showing the location of fire fighting equipment, electrical distribution board, evacuation routes and emergency exits, is displayed.

## **SE 5 ENVIRONMENTAL HEALTH FUNCTIONS**

### OVERVIEW OF ENVIRONMENTAL HEALTH FUNCTIONS

The functions relating to environment health services are diverse and for the purposes of this document will be categorised according to the requirements necessary to provide a comprehensive service.

National legislation must be taken into account in relation to, at least:

- water quality monitoring;
- food safety control
- waste management
- health surveillance of premises
- surveillance and prevention of communicable diseases, excluding immunisations
- vector control
- environmental pollution control
- disposal of the dead and
- chemical safety

## **Standards**

### **5.1 Environmental Health Legislation and Law Enforcement.**

5.1.1 *The functions of the environmental health practitioners are carried out within a legal framework.*

#### **5.1.1 Criteria**

**5.1.1.1 There is access to hard copies of relevant laws and regulations.**

**5.1.1.2 There are current written policies and procedures for the management of the environmental health service, which reflect current legislation, standards of practice, and the objectives of the service**

**5.1.1.3 There is evidence that processes are in place for the implementation of applicable legislation.**

**5.1.1.4 There are procedures in place for investigations, inspections and action taken in accordance with relevant legislation.**

### **5.2 Inter and Intra-Sectorial Collaboration**

5.2.1 *The environmental health service participates in inter and intra-sectorial collaboration with other role players where it impacts on local authority planning services.*

#### **Standard Intent**

The environmental health service provides input to local authorities or other role players from an environmental health perspective to ensure the provision of health services as required in terms of applicable legislation. Evidence is available in the form of minutes of meetings, reports, etc.

Effective liaison must be maintained with other inter-sectorial professional groups, who have a contribution to make in the promotion of environmental health.

The other professionals with whom liaison is appropriate include civil, building and sanitary engineers, health and safety enforcement professionals, environmental management professionals, architects, housing officials, town planners, building control officers, prosecutors, lawyers, and all other service providers.

#### **5.2.1 Criteria**

**5.2.1.1 There is documented evidence of inter and intra-sectorial collaboration with or in respect of building plans.**

**5.2.1.2 There is documented evidence of inter and intra-sectorial collaboration with or in respect of environmental impact assessments.**

**5.2.1.3**      **There is documented evidence of inter and intra-sectorial collaboration with or in respect of housing and informal settlements.**

**5.2.1.4**      **There is documented evidence of inter and intra-sectorial collaboration with or in respect of integrated development planning.**

5.2.2          *The environmental health service participates in inter and intra-sectorial collaboration with other role players where it impacts on environmental health services related to water provision and waste disposal services.*

### **Standard Intent**

The other professionals with whom liaison is appropriate include civil, building and sanitary engineers, water engineers and scientists.

### **5.2.2 Criteria**

**5.2.2.1**      **There is documented evidence of inter and intra-sectorial collaboration with or in respect of domestic water services.**

**5.2.2.2**      **There is documented evidence of inter and intra-sectorial collaboration with or in respect of sewage treatment, management and prevention of water pollution.**

**5.2.2.3**      **There is documented evidence of inter and intra-sectorial collaboration with or in respect of solid waste management.**

5.2.3          *The environmental health service participates in inter and intra-sectorial collaboration with other role players where it impacts on environmental health services related to food.*

### **Standard Intent**

The other professionals with whom liaison is appropriate include microbiologists, civil building and sanitary engineers, health and safety enforcement professionals, environmental management professionals, building control officers, prosecutors, lawyers, and all other relevant service providers.

### **5.2.3 Criteria**

**5.2.3.1**      **There is documented evidence of inter and intra-sectorial collaboration with or in respect of national food control.**

**5.2.3.2**      **There is documented evidence of inter and intra-sectorial collaboration with or in respect of licensing of food-related businesses.**

5.2.4          *The environmental health service participates in inter and intra-sectorial collaboration with other role players where it impacts on environmental health services related to health legislation.*

## **Standard Intent**

Health legislation in this context refers to collaboration with health services other than environmental health and taking into account national guidelines, directives, policies, etc. For example, hospitals and clinics may be guided by legislation related to communicable diseases, waste management and disposal of expired pharmaceuticals.

The other professionals with whom liaison is appropriate include medical doctors, microbiologists, nurses, sanitary engineers, health and safety enforcement professionals, environmental management professionals, water engineers, scientists and all other relevant service providers.

### **5.2.4 Criteria**

**5.2.4.1** There is documented evidence of inter and intra-sectorial collaboration with or in respect of national and district health services.

**5.2.4.2** There is documented evidence of inter and intra-sectorial collaboration with or in respect of primary health services (PHC).

**5.2.4.3** There is documented evidence of inter and intra-sectorial collaboration with or in respect of applicable health legislation, including guidelines, policies and directives.

**5.2.4.4** There is documented evidence of inter and intra-sectorial collaboration with or in respect of local authority bylaws.

*5.2.5 The environmental health service participates in inter and intra-sectorial collaboration with other role players where it impacts on environmental health services related to diverse tasks.*

### **5.2.5 Criteria**

**5.2.5.1** There is documented evidence of inter and intra-sectorial collaboration with or in respect of noise control.

**5.2.5.2** There is documented evidence of inter and intra-sectorial collaboration with or in respect of air pollution prevention.

**5.2.5.3** There is documented evidence of inter and intra-sectorial collaboration with or in respect of veterinary health services.

**5.2.5.4** There is documented evidence of inter and intra-sectorial collaboration with or in respect of disposal of the dead.

**5.2.5.5** There is documented evidence of inter and intra-sectorial collaboration with or in respect of vector control services.

**5.2.5.6** There is documented evidence of inter and intra-sectorial collaboration with or in respect of recreational and other public facility management.

- 5.2.5.7 **There is documented evidence of inter and intra-sectorial collaboration with or in respect of licensing of businesses and activities for which certificates of registration are required.**
- 5.2.5.8 **There is documented evidence of inter and intra-sectorial collaboration with or in respect of disaster management.**
- 5.2.5.9 **There is documented evidence of inter and intra-sectorial collaboration with or in respect of smoking of tobacco products.**
- 5.2.5.10 **There is documented evidence of inter and intra-sectorial collaboration with or in respect of environmental health facility budgeting.**

### **5.3 Administration**

5.3.1 *There is a system to ensure that reports and records are efficiently managed.*

#### **5.3.1 Criteria**

- 5.3.1.1 **There is documented evidence that the environmental health practitioners write reports on environmental health related issues.**
- 5.3.1.2 **There is documented evidence that the environmental health practitioners write letters and serve notices to remedy environmental health problems.**
- 5.3.1.3 **There is documented evidence that the environmental health practitioners record and file health related statistics and evaluate trends.**
- 5.3.1.4 **There is documented evidence that the environmental health practitioners issue registration certificates letter of approval, permits, food condemnation and detaining certificates.**
- 5.3.1.5 **There is documented evidence that the environmental health practitioners complete questionnaires from an environmental health perspective.**
- 5.3.1.6 **There is documented evidence that the environmental health practitioners provide reports and comments on inspections, complaints, investigations and license applications.**
- 5.3.1.7 **There is documented evidence that the environmental health practitioners compile environmental health report forms.**
- 5.3.1.8 **There is documented evidence that the environmental health practitioners utilise standard or prescribed environmental health report forms or recording systems in respect of inspections, investigations and work of a recurring nature, e.g. notifiable disease and medical conditions, food premises activities,.**

## **5.4 Community Development and Health Promotion**

5.4.1 *The environmental health service builds capacity in the community through the provision of information and education services.*

### **Standard Intent**

Environmental health practitioners play an important role in empowering communities to take responsibility for their own healthy environment. This entails identifying role players and community leaders and building capacity among them.

The environmental health service identifies and helps design plan and implement environmental health focused community development projects to:

- address sustainable provision of basic needs and to improve standards of living by means of eliminating health threatening conditions in a particular community environment; and
- promote health and hygiene awareness and community education and upliftment.

### **5.4.1 Criteria**

**5.4.1.1 The environmental health personnel conduct community profiles to determine health needs.**

**5.4.1.2 The environmental health service works with the personnel of other health services, non-governmental organisations and local governmental structures to provide health education and build capacity within communities.**

**5.4.1.3 The environmental health service works to empower communities through training, technical advice and continuing support for undertaking and managing their own developmental projects, including water and sanitation.**

**5.4.1.4 The environmental health service provides information to schools on a healthy living environment.**

**5.4.1.5 The environmental health service informs communities about the relationships between diarrhoeal diseases and poor sanitation and water supplies.**

**5.4.1.6 The environmental health service advises the community on the disposal of wastes.**

**5.4.1.7 The environmental health service identifies informal food vendors and provides them with education on food hygiene.**

## **5.5 Disaster Management Assistance**

5.5.1 *The environmental health service participates in pro-active and re-active disaster management/containment activities regarding environmental health and consumer protection aspects.*

## **Standard Intent**

Some or all aspects of the environmental health service could be impacted upon in the event of a disaster. These include water and food safety hygienic sanitation and refuse accommodation nuisance abatement pests and disease vector control infection control mass disinfections quarantine measures and water borne (e.g. bilharzias) or water carried diseases (e.g. cholera) during floods or water washed diseases (e.g. skin infections during extreme droughts).

### **5.5.1 Criteria**

**5.5.1.1 The environmental health service participates in hazardous substances spillage containment operations.**

**5.5.1.2 The environmental health service facilitates and co-ordinates environmental health conditions during times of emergency (natural and unnatural).**

**5.5.1.3 The environmental health service monitors all environmental health aspects regarding the disposal of dead human bodies and animal carcasses.**

## **5.6 Building Control**

*5.6.1 The environmental health service participates in proper building control as required in applicable legislation.*

### **5.6.1 Criteria**

**5.6.1.1 There are written policies and procedures relating to the scrutiny and passing of building plans and monitoring of the erection of buildings from a health perspective.**

**5.6.1.2 There is evidence that environmental health practitioners keep registers of building plans as required.**

**5.6.1.3 There is evidence that environmental health practitioners take appropriate action against illegal buildings for environmental health contraventions.**

## **5.7 Waste Management**

*5.7.1 The environmental health service ensures a clean and safe environment.*

### **5.7.1 Criteria**

**5.7.1.1 The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding domestic and business refuse removal services.**



- 5.7.1.2**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding garden refuse removal services.**
- 5.7.1.3**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding street cleansing services.**
- 5.7.1.4**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding environment cleaning services.**
- 5.7.1.5**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding street bin provision and maintenance services.**
- 5.7.1.6**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding public conveniences provision and maintenance services.**
- 5.7.1.7**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding land fill sites.**
- 5.7.1.8**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding waste handling at recycling plants.**
- 5.7.1.9**      **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding health waste management services.**
- 5.7.1.10**     **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding the removal and disposal of unclaimed animal carcasses.**
- 5.7.1.11**     **The environmental health service monitors compliance in accordance with the Waste Management Act and other applicable laws and policies regarding illegal dumping.**

## **5.8            Water Quality Monitoring**

*5.8.1            The environmental health service monitors domestic water supplies and takes action where there are infringements of standards.*

### **5.8.1 Criteria**

**5.8.1.1        There are written policies and procedures relating to water sampling.**

- 5.8.1.2**      **The environmental health service inspects water sources, storage and treatment facilities for compliance with minimum standards.**
- 5.8.1.3**      **The environmental health service interprets the test results and takes the necessary actions where samples do not comply with minimum standards.**
- 5.8.1.4**      **The environmental health service liaises with the organization that deals with portable water where problems occur.**

5.8.2            *The environmental health service monitors fresh water sources.*

**5.8.2 Criteria**

- 5.8.2.1**      **There are written policies and procedures relating to water sampling.**
- 5.8.2.2**      **The environmental health service undertakes water sampling for water-borne diseases in accordance with set procedures, where appropriate.**
- 5.8.2.3**      **The environmental health service does inspections and sampling of industrial effluent plants to determine any irregularities, health hazards or discarding into river systems.**
- 5.8.2.4**      **The environmental health service liaises with the Department of Water Affairs and Water Utilities Corporation where problems occur.**

**5.9              Disposal of the Dead**

5.9.1            *The environmental health service monitors the proper and humane handling of corpses.*

**5.9.1 Criteria**

- 5.9.1.1**      **The environmental health service monitors the proper and humane burial of pauper and unclaimed corpses.**
- 5.9.1.2**      **The environmental health service monitors the proper disposal of the dead during disasters.**
- 5.9.1.3**      **The environmental health service monitors the process during exhumations and reburial of corpses to ensure proper and hygienic procedures and disinfection of the environment and equipment.**
- 5.9.1.4**      **The environmental health service routinely inspects places of burial to prevent health hazards.**
- 5.9.1.5**      **The environmental health service advises funeral parlours regarding the planning, layout and hygiene standards of premises to ensure that funeral undertakers comply with regulations.**

**5.9.1.6 The environmental health service registers funeral undertakers' premises in terms of legislation.**

## **5.10 Food Safety Control**

*5.10.1 The environmental health service monitors and promotes clean handling and preparation of food.*

### **Standard Intent**

The environmental health service monitors protection of the end-user through:

- food inspections at production, storage, distribution, transport and consumption points;
- the regulation of food premises in relation to hygiene and the prevention of health hazards through regular inspections
- the regulation of informal food services
- the control of food premises through the issue of certificates of compliance in terms of legislation
- monitoring the labelling, composition and standards of foodstuffs as prescribed in legislation
- ensuring that food is safe for human consumption.

### **5.10.1 Criteria**

**5.10.1.1 There are written policies and procedures relating to foodstuffs, i.e. the inspection of premises and food transport vehicles; the sampling, seizing and detention of foodstuffs.**

**5.10.1.2 The environmental health service inspects food premises in terms of relevant legislation.**

**5.10.1.3 The environmental health service anticipates and identifies the degree of food safety risks through inspections, investigations and sampling/monitoring procedures.**

**5.10.1.4 The environmental health service implements appropriate and necessary remedial actions and instructional programmes.**

**5.10.1.5 The environmental health service undertakes food sampling for bacteriological, chemical, and pesticide analyses.**

**5.10.1.6 The environmental health service takes surface swabs for bacteriological examination.**

**5.10.1.7 The environmental health service interprets the laboratory results against regulatory health standards.**

**5.10.1.8 The environmental health service discusses the laboratory results with the food manufacturers/distributors and issues warning notices or initiates prosecution, where a transgression has taken place.**

**5.10.1.9 The environmental health service ensures that all food handlers are adequately trained in food hygiene.**

**5.10.1.10 The environmental health service ensures that food premises comply with standards.**

**5.10.1.11 The environmental health service ensures the registration or issuing of licences of acceptability for food premises, including milking sheds, where this is required by legislation.**

## **5.11 Health Surveillance of Premises**

*5.11.1 The environmental health service monitors and promotes environmental health within the parameters of relevant legislation.*

### **5.11.1 Criteria**

**5.11.1.1 The environmental health service inspects premises in accordance with relevant legislation.**

**5.11.1.2 The environmental health service evaluates and submits reports for the registration of child care facilities, old age homes, offensive trades, fuel burning appliances.**

**5.11.1.3 The environmental health service performs general inspections of residential and business premises routinely and in response to environmental health-related complaints received.**

**5.11.1.4 The environmental health service identifies risks and appraises basic subsistence facilities according to approved guidelines.**

**5.11.1.5 The environmental health service undertakes routine and special investigations and monitoring at sundry facilities and settings, e.g. public toilets, parks, open spaces, camping sites and all other areas, particularly where activities may impact on environmental health.**

## **5.12 Communicable Diseases**

*5.12.1 The environmental health service undertakes monitoring and prevention measures for some notifiable medical conditions and certain communicable diseases.*

### **5.12.1 Criteria**

**5.12.1.1 The environmental health service identifies, investigates and monitors the outbreak of certain communicable disease.**

**5.12.1.2 The environmental health service institutes the necessary corrective and preventive environmental health measures.**

**5.12.1.3 The environmental health service participates in the development of necessary reaction teams in relation to local authority health measures.**

- 5.12.1.4** The environmental health service promotes health and hygiene aimed at the prevention of environmental conditions that lead to communicable diseases.
- 5.12.1.5** The environmental health service gathers, analyses and distributes epidemiological data and information.
- 5.12.1.6** There is an appropriate system in place for the prompt reporting of notifiable medical conditions.
- 5.13** Diverse Tasks
- 5.13.1 *The environmental health service undertakes diverse tasks related to environmental health issues.*
- 5.13.1 Criteria**
- 5.13.1.1.** The environmental health service undertakes routine monitoring and special investigations, where required with regard to food poisoning.
- 5.13.1.2** The environmental health service undertakes routine monitoring and special investigations, where required with regard to keeping of animals.
- 5.13.1.3** The environmental health service undertakes routine monitoring and special investigations, where required with regard to vector control.
- 5.13.1.4** The environmental health service undertakes routine monitoring and special investigations, where required with regard to handling of poisonous and hazardous substances.
- 5.13.1.5** The environmental health service undertakes routine monitoring and special investigations, where required with regard to signage of sensitive areas to warn the community of environmental health hazards.
- 5.13.1.6** The environmental health service undertakes routine monitoring and special investigations, where required with regard to informal settlements.
- 5.13.1.7** The environmental health service undertakes routine monitoring and special investigations, where required with regard to air pollution.
- 5.13.1.8** The environmental health service undertakes routine monitoring and special investigations, where required with regard to informal trading.
- 5.13.1.9** The environmental health service undertakes routine monitoring and special investigations, where required with regard to smoking of tobacco products.

- 5.13.1.10 The environmental health service undertakes routine monitoring and special investigations, where required with regard to noise pollution.**
- 5.13.1.11 The environmental health service undertakes routine monitoring and special investigations, where required with regard to environmental nuisances.**

## **SE 6 QUALITY MANAGEMENT AND IMPROVEMENT**

### OVERVIEW OF QUALITY MANAGEMENT AND IMPROVEMENT

A comprehensive environmental health approach to quality management and improvement includes the following processes:

- planning for improvement in quality
- monitoring how well processes work through indicator data collection
- analysing the data, and
- implementing and sustaining changes that result in improvement.

These processes when performed well provide the framework for the service and its leaders to achieve a commitment to provide quality service in a safe, well-managed environment. Managers, support personnel and others can apply these standards to their daily work to understand how processes can be more efficient and resources used more wisely.

The framework presented in these standards is suitable for a wide variety of structured programmes, and less formal approaches to quality management and improvement.

## **Standards**

### **6.1 Quality Management and Improvement**

6.1.1 *A formalised proactive quality improvement approach is maintained in the environmental health service.*

#### **Standard Intent**

It is the responsibility of the management of the service to ensure that standards are set throughout the service. Within each department or service, it is the responsibility of managers to ensure that standards are set for the particular department. Departmental managers use available data and information to identify priority areas for quality monitoring and improvement.

The following will be evaluated:

- problems identified in this service for which quality improvement activities were initiated
- the processes put in place to resolve the problems
- the identification of indicators to measure improvement
- the tool(s) used to evaluate these indicators
- the monitoring of these indicators and corrective steps taken when goals were not achieved
- graphed and/or tabled results, as appropriate.

#### **6.1.1 Criteria**

**6.1.1.1 There are formalised quality improvement processes for the service that have been developed and agreed upon by the personnel of the service.**

**6.1.1.2 Indicators of performance are identified to evaluate the quality of the service.**

**6.1.1.3 The quality improvement cycle includes the monitoring and evaluation of the standards set and the remedial action implemented.**

**6.1.1.4 A documentation audit system is in place.**

6.1.2 *Improvement in quality is achieved and sustained.*

#### **Standard Intent**

The organisation uses the information from data analysis to identify potential improvements or reduce (or prevent) adverse events. Routine monitoring data, as well as data from intensive assessments, contribute to an understanding of where improvement should be planned, and what priority should be given to the improvement.

The organisation uses appropriate resources and involves those individuals, disciplines, and departments closest to the activities to be improved. Responsibility for planning and carrying out improvement is assigned to individuals or to a team. Any needed training is provided and information management or other resources



are made available.

Once planned, data are collected during a test period to demonstrate that the planned change was actually an improvement. To ensure that the improvement is sustained, monitoring data are then collected for, ongoing analysis. Effective changes are incorporated into standard operating procedures and any necessary staff education is carried out. The organisation documents those improvements achieved and sustained, as part of its quality management and improvement processes.

### **6.1.2 Criteria**

**6.1.2.1 The organisation documents the improvements achieved and sustained.**

**6.1.2.2 This information leads to the development of processes to ensure that quality is sustained.**

