BOARD NOTICE 673 OF 2024

Nursing Act, 2005 (Act No. 33 of 2005)

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA, IN TERMS OF THE NURSING ACT, 2005 (ACT NO. 33 OF 2005)

The South African nursing Council intends to, in terms of the Nursing Act, 2005 (Act No. 33 of 2005) set the standards for use in all health establishments in South Africa in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed Standard to the Registrar and CEO of the South African Nursing Council, Cecilia Makiwane building 602 Pretorius street, Pretoria, 0001,or email them to Standards@sanc.co.za , within three (3) months of publication of this Notice.

SCHEDULE

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

1. PREAMBLE

The South African Nursing Council (SANC) is a statutory body established in terms of the Nursing Act, 2005 (Act No. 33 of 2005) to set and maintain the standards of nursing education and practice in the Republic of South Africa. Nursing Practice Standards are authoritative statements of the duties that all nurse practitioners regardless of role, population, or specialty, are expected to perform competently. Standards define the key functions, activities, processes and structures required for nurse practitioners to be able to provide quality nursing services. The SANC has the responsibility in terms of the Act to serve and protect the public in matters involving nursing and midwifery services, and to uphold and maintain professional conduct, ethics, and practice standards. Although these standards are authoritative, they should be read with the Nursing Act, Scopes of Practice and any other legislative or policy documents and guidelines.

2.1. DEFINITIONS

"**act**" means the Nursing Act, 2005 (Act No. 33 of 2005).

"**code of ethics**" means the rules or standards governing the conduct of a person or the conduct of the members of a profession.

"**competence**" means level of performance demonstrating the effective application of knowledge, skills, judgement and personal attributes required to practise safely and ethically in a role and setting.

"**council**" means the South African Nursing Council.

"**clinical competence**" means the combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency, including adherence to ethical principles in clinical settings.

"**continuing Professional Development**" means a purposeful statutory process whereby practitioners registered with SANC, through personal commitment, engage in a range of learning activities to maintain and improve their knowledge, skills, attitudes and professional integrity to keep up to date with new science, innovation and health care developments; to enable them to practise safely, ethically, competently, and legally within their evolving scope of practice; and to provide quality care to the South African community.

"**critically ill**" means a health care user who has an actual or potentially life- threatening condition.

"**delegation** "means assignment of tasks to another practitioner by the accounting person or person in charge.

"**document validity**" means a legal document that is officially accepted, usually for a particular period of time.

"**general nurse**" means a person educated and competent to practice general nursing in the manner and to the level prescribed, who is capable of assuming responsibility and accountability for such practice and is registered as such in terms of the Nursing Act (Act No. 33 of 2005).

"**general nursing care**" means the promotion of health, the prevention of illness, the treatment of all health problems, rehabilitation of individuals and groups.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

"**general nursing unit**" means an area of nursing practice where the promotion of health, prevention of illness, treatment of all health problems, including rehabilitation is provided for individuals and groups.

"**health care unit**" means a subdivision of a health establishment.

"**health care personnel**" means health care providers and health care workers.

"**health care user**" means the person receiving treatment in a health establishment, including receiving blood or blood products, or using a health service, and if the person receiving treatment or using a health service.

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

"**health services management qualification**" means a qualification in Nursing Administration or Health Services Management of at least one-year duration and is registered as such by the Council.

"**In- service training**" means a professional training or staff development effort, where professionals are trained and discuss their work with others in their peer group.

"**nurse**" means a person registered in a category in terms of section 31(1) of the Nursing Act, 2005 (Act No. 33 of 2005).

"**nursing**" means a caring profession practised by a person registered under Section 31, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death.

"**clinic**" means any health establishment that provides mainly outpatient services and short stay care to the community.

"**nursing practice**" means the practice of nursing as defined in the Act and carried out within relevant scopes of practice of nurse practitioners

"**nursing Process**" means a systematic approach to patient-centred care that nurses use to perform clinical reasoning and make clinical judgments when providing patient care.

"**nursing unit**" nursing unit means any designated area in the health establishment that has been commissioned for providing care to health care users.

"**peer review**" means the evaluation of work by one or more persons with similar competencies using similar tools of measurement.

"**plan of care**" means a plan of care developed for healthcare users by nurse practitioners.

"**policy**" means an authoritative document that prescribes or directs the course of action in a health establishment.

"**primary health care centre**" means any health establishment that provides mainly outpatient services to the community.

"**registered nurse**" Any person registered in the categories in terms of the Nursing Act section 30 or 31.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

"standard" means authoritative statements by which the nursing profession describes the responsibility for which its practitioners are accountable. These statements are articulated and used by the profession in judging and evaluating the quality of nursing care provided and further describes the responsibilities for which its practitioners are accountable.

"shift leader" means a practitioner registered as a professional or general nurse or midwife assigned to oversee the efficient functioning of the nursing unit for a specific shift.

"safe" means protection from any hazard or harm.

"scope of practice" means the parameters within which a category of a nurse or a midwife may practise.

"speciality nursing" means a defined area of nursing practice which requires application of specified in-depth knowledge, expertise and skills that concentrate on a specific area of clinical nursing and requires registration as such with the SANC.

"speciality nursing unit" means an area of specialised nursing practice in a hospital or other health care delivery setting where specialised promotion of health, prevention of illness, treatment of all health problems, including rehabilitation, is provided for individuals and groups.

"standard operating procedure" means a document containing step by step instructions on how to perform a technical procedure or activity.

"standardised plan of care" means a generic care plan developed for specified conditions for nursing interventions.

"supervision" means any guidance provided by a nurse that conveys information on the theoretical knowledge and clinical techniques needed by a supervised nurse to enhance their professional practice and safeguard the quality of care.

2.2. ACRONYMS

Acronym	Description
ICT	Information and Communication Technology
QIP	Quality Improvement Plan
SANC	South African Nursing Council
SOP	Standard operating Procedures
CPD	Continuing Professional Development

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

3. SCOPE AND APPLICATION

Nursing Practice Standards are applicable for use in all health establishments in South Africa

4. PURPOSE OF THE NURSING PRACTICE STANDARDS

The purpose is to:

Regulate nursing practice and outline the minimum required standards of practice for nurse practitioners in the provision of nursing care.

5. OBJECTIVES OF THE NURSING PRACTICE STANDARDS

The objectives are to:

- Direct and maintain safe and competent clinical nursing practice.
- Improve the quality of nursing practice.
- Promote health care users' safety.
- Promote standardisation of nursing care provision.
- Facilitate improved health outcomes for health care users.

6. ARRANGEMENT OF THE STANDARDS

The standards are arranged according to chapters with subdomains, standards, criteria, and measures used for the verification of compliance to these standards. The standards consist of the following chapters:

- **Chapter 1: Nursing Leadership and Management**
- **Chapter 2: Resourcing of the Nursing Unit**
- **Chapter 3: Professional and Ethical Practice**
- **Chapter 4: Clinical care and patient safety**
- **Chapter 5: Continuing Professional Development (CPD) and Training**
- **Chapter 6: Research**

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

CHAPTER 1

1. Nursing Leadership and Management

Sub-domain	Standard	Criteria	Measures	
1.1 Oversight and accountability	1.1.1 The nursing management structure must have required qualifications to provide necessary oversight for efficient nursing service delivery.	1.1.1.1 The head of nursing in a health establishment must have appropriate qualifications, competencies, and experience.	1.1.1.1.1	Nursing Services in the health establishment is managed by a registered professional nurse with a qualification in health services management.
			1.1.1.1.2	Evidence of a qualification in health services management is available.
			1.1.1.1.3	Evidence of at least 5 or more years of nursing management experience.
			1.1.1.1.4	A job description which clearly outlines roles and responsibilities is available and signed.
			1.1.1.1.5	Current Performance management agreement is available and signed.
			1.1.1.1.6	Performance reviews are conducted in line with the policy.
		1.1.1.2 The head of nursing in a specialised health establishment must have appropriate qualifications, competencies and experience.	1.1.1.2.1	Nursing Services in a specialised health establishment is managed by a registered professional nurse with qualification in health services management.
			1.1.1.2.2	Evidence of a qualification in relevant speciality.
			1.1.1.2.3	Evidence of at least 5 or more years of nursing management experience.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

	1.1.1.2.4	A job description which clearly outlines roles and responsibilities, is available and signed.
	1.1.1.2.5	Current Performance agreement is available and signed.
	1.1.1.2.6	Performance reviews are conducted in line with the policy.
1.1.1.3 Specialised units must be managed by a registered nurse with appropriate competencies, qualifications, and experience.	1.1.1.3.1	The speciality unit is managed by a registered professional nurse with a qualification in health services management.
	1.1.1.3.2	Evidence of a qualification in relevant speciality is available.
	1.1.1.3.3	Evidence of at least 3 years of experience post obtaining the speciality qualification.
	1.1.1.3.4	A job description which clearly outlines roles and responsibilities is available and signed.
	1.1.1.3.5	Current performance agreement is available and signed.
	1.1.1.3.6	Performance reviews are conducted in line with the policy.
1.1.1.4 General unit must be managed by a registered nurse with appropriate competencies, qualifications and experience.	1.1.1.4.1	The general unit is managed by a registered general nurse with a qualification in health services management.
	1.1.1.4.2	Evidence of a qualification in health services management is available.
	1.1.1.4.3	Evidence of at least 3 years of general nursing experience.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

		1.1.1.4.4	A job description which clearly outlines roles and responsibilities, is available and signed.
		1.1.1.4.5	Current performance agreement is available and signed.
		1.1.1.4.6	Performance reviews are conducted in line with the policy.
	1.1.1.5 The shift leader in a specialty unit must possess a qualification in the relevant speciality.	1.1.1.5.1	Evidence of a qualification in the relevant speciality is available.
		1.1.1.5.2	Evidence of at least 2 years' relevant practice experience in the specialty area is available.
		1.1.1.5.3	An updated job description which clearly outlines roles and responsibilities, is available and signed.
		1.1.1.5.4	Current performance agreement is available and signed.
		1.1.1.5.5	Performance reviews are conducted in line with the policy.
1.2 Legislation and policies for nursing practice	1.2.1 Nursing care provided complies with relevant legislative frameworks and policies.	1.2.1.1 Nursing care provided is in line with applicable regulatory frameworks and relevant policies.	1.2.1.1.1 CHECKLIST: Up to date nursing legislation is available. Instruction: Verify whether the documents listed below are available. The documents may be manual or electronic. There must be evidence that the document is communicated to staff. Score 1 if the document is available and 0 if not available.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

- Nursing Act, 2005 (Act No. 33 of 2005).
- Regulations relating to the Scope of Practice for nurses and midwives, R2127 of June 2022.
- Regulations relating to the Scope of Practice of persons who are Registered or Enrolled under the Nursing Act, R2598 of 30 November 1984.
- Regulations setting out the Acts or Omissions in respect of which the Council may take disciplinary steps, Govt, Notice No. R767 of October 2014.
- The SANC Code of Ethics for Nurses
- Regulations relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner Leading to Registration in the Category Auxiliary Nurse No, R. 169 of 8 March 2013.
- Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner Leading to Registration in the Category Staff Nurse, No. R. 171 8 March 2013

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

			• Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner leading to Registration in the Categories Professional Nurse and Midwife No. R. 174 8 March 2013: • Regulations relating to the approval and the minimum requirements for the education and training of a student leading to registration as a Nurse Specialist or a Midwife Specialist. No R. 635 of 5 June 2020:
		1.2.1.2 Nursing care provided is in line with applicable and relevant policies.	1.2.1.2.1 CHECKLIST: Up to date nursing practice policies and standard operating procedures applicable to the unit are available. Instruction: Verify whether the documents listed below are available. The documents may be manual or electronic. Score 1 if the document is available and 0 if not available.
		1.2.1.3 Nursing care provided is in line with applicable standard operating procedures.	1.2.1.3.1 There is evidence that relevant policies and standard operating procedures are communicated to health care personnel.
1.3 Hygiene and Cleanliness	1.3.1 A system to ensure nursing service areas meet basic hygiene requirements is available.	1.3.1.1 Nursing service areas must always be kept clean and hygienic.	1.3.1.1.1 Cleaning equipment relevant for the unit is available. CHECKLIST: a. detergents/ chemicals b. coded mops

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

c.   mobile cleaning buckets

d.   protective gloves

1.3.1.1.2   CHECKLIST: Cleaning personnel are trained on aspects listed below.

a.   Use of cleaning equipment.

b.   Use of cleaning materials.

c.   Use of disinfectants, including dilution.

d.   Use of detergents, including dilution

e.   Cleaning procedures.

f.   Implementation of infection prevention and control procedures, including, but not limited to, personal protective equipment to be worn.

1.3.1.1.3   Cleaning schedules are available and up to date.

1.3.1.1.4   Proof of damp dusting is available.

1.3.1.1.5   Cleaning and/or work completed is verified by the cleaning supervisor or delegated personnel.

Daily checklists are available reflecting the following areas are checked:

• Nursing service areas are clean.

• Nursing service areas are free from malodour.

• Health care personnel toilets are clean.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

				• Health care personnel toilets free from malodour. • Patient's toilets are clean. • Patient's toilets are free from malodour.
1.4	**Delegation of nursing duties**	1.4.1	The unit must ensure that delegation of duties to nurse practitioners must be in line with their Scopes of Practice.	1.4.1.1 There is a system to ensure that nursing care is delegated efficiently to promote the provision of safe nursing care.	1.4.1.1.1 A delegation book or file is available manual or electronic. 1.4.1.1.2 Evidence of daily allocation of duties is available. 1.4.1.1.3 Delegation of duties is in line with the Scopes of Practice of nursing personnel. 1.4.1.1.4 Nurses are allocated according to workload. 1.4.1.1.5 Acceptance of tasks allocated is documented and signed. 1.4.1.1.6 There is evidence of signing on completion of allocated duties.
1.5	**Risk management**	1.5.1	The nursing unit must have a system for continuous reporting, monitoring and mitigation of nursing care related risks.	1.5.1.1 Nursing care related risks are effectively managed in accordance with relevant guidelines.	1.5.1.1.1 A risk register is available. 1.5.1.1.2 Risk assessment related to nursing practice has been conducted. 1.5.1.1.3 Risk management plan related to nursing practice risks is available. 1.5.1.1.4 Risk mitigation plans are implemented for all nursing practice related risks. **Documented evidence is available.** 1.5.1.1.5 Evidence of participation in risk management meetings.

12

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

1.6	Patient Safety Incidents (PSI)	1.6.1	The nursing unit must have a system to safeguard users against the risks associated with unsafe and inappropriate care.	1.6.1.1	Health Care user safety incidences are effectively managed in accordance with relevant guidelines.	1.6.1.1.1	A policy for management of user safety incidents is available.
						1.6.1.1.2	A reporting system for user safety incidents is in place.
						1.6.1.1.3	User safety incidents register is available.
						1.6.1.1.4	User safety incidents are analysed.
						1.6.1.1.5	There is evidence of participation in user safety incidents meetings.
						1.6.1.1.6	Evidence of mitigation plans to address identified user safety incidents, are implemented.
						1.6.1.1.7	User safety incidents are reported to the relevant authority.
1.7	Occupational health and safety (OHS)	1.7.1	The nursing unit must comply with the requirements of the Occupational Health and Safety Act, 1993.	1.7.1.1	The nursing unit must have a system to protect health care personnel and users from workplace hazards.	1.7.1.1.1	The Occupational health and Safety Act. 1993(Act No 85 of 1993) is available.
						1.7.1.1.2	Healthcare personnel are orientated on the procedure to report Occupational Health and safety hazards.
						1.7.1.1.3	A reporting system for needlestick injuries and other incidents related to the failure of standard precautionary measures is available.
						1.7.1.1.4	A system of medical surveillance is implemented.
						1.7.1.1.5	Incidents/accidents and/or near misses are reported to the manager and the health and safety representative by the end of the

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

1.8	Quality nursing care	1.8.1	The nursing unit must have a quality management and improvement system in place, to support the provision of quality nursing services.	1.8.1.1	The nursing unit must develop and implement a quality management and improvement system.		shift or within 24 hours to the relevant authority.
						1.8.1.1.1	A quality management plan aligned to the overall quality improvement plan in the health establishment, is available.
						1.8.1.1.2	A quality improvement plan for each nursing unit is available.
						1.8.1.1.3	Evidence of implementation of the QIP is available.
						1.8.1.1.4	Evidence of participation in QIP meetings is available.
				1.8.1.2	The nursing unit must have a formal system for monitoring and evaluation of the nursing care provided.	1.8.1.2.1	A Standard Operating Procedure for conducting nursing audits is available.
						1.8.1.2.2	Nursing audits are conducted in line with the Standard Operating Procedure.
						1.8.1.2.3	The results of the audit demonstrate compliance with the scientific nursing process and associated policies.
						1.8.1.2.4	CHECKLIST: Nursing Audit checklist must involve assessment of Nurse's compliance with Patients' Rights Charter.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

		1.8.1.3 The nursing unit must establish a peer review system to evaluate compliance with Nursing Practice Standards.	1.8.1.3.1 Peer reviews are conducted bi-annually to evaluate compliance with nursing practice standards.
			1.8.1.3.2 There is evidence that gaps identified during peer review are addressed to improve nursing care provision.
1.9 Staff satisfaction surveys	1.9.1 The nursing unit must establish systems and processes to monitor and improve the staff wellbeing.	1.9.1.1 The nursing unit must ensure nurses are provided with mechanisms to give their views on nursing care provision.	1.9.1.1.1 A structured staff satisfaction survey is conducted as per policy.
			1.9.1.1.2 Outcome of structured staff satisfaction survey displayed and communicated to staff.
		1.9.1.2 The nursing unit must ensure nurses are provided with employee wellness programmes.	1.9.1.1.3 Gaps identified during the staff satisfaction surveys are addressed.
			1.9.1.1.4 SOP for employee assistance programme is available.
			1.9.1.1.5 There is documented evidence that nurses are referred for employee wellness programmes.
			1.9.1.1.6 There is evidence that debriefing sessions are conducted post traumatic incidences.
1.10 Health care users' experience of nursing care provision	1.10.1 Complaints and compliment management system for health care users is available.	1.10.1.1 The nursing unit must provide health care users with information relating to complaints, compliments and suggestions management system.	1.10.1.1.1 A system to provide users with information on complaints, compliments and suggestions management procedure is available.
			1.10.1.1.2 Complaints are managed in accordance with the timelines documented in the national guidelines or Health establishment policy (for private sector).

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

1.10.1.1.3	A health care user experience of care surveys is conducted annually and/ or in line with policy of the health establishment.
1.10.1.1.4	Outcome of experience of care surveys conducted annually and /or as per the policy of the institution, is displayed.
1.10.1.1.5	Results of the surveys are used to make improvements in nursing care provision.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

CHAPTER 2

2. Resourcing of the Nursing Unit

Subdomain	Standard	Criteria	Measures	
2.1 Human Resource	2.1.1 The nursing unit must have systems in place to manage health care personnel in line with relevant legislation, policies, and guidelines.	2.1.1.1 The nursing unit must implement a human resource plan that meet the needs of the health establishment.	2.1.1.1.1	A human resource plan is available.
			2.1.1.1.2	Recruitment of Health care personnel is in line with human resource plan.
		2.1.1.2 The nursing unit must implement an approved staffing plan.	2.1.1.1.3	The nursing unit staff has relevant qualifications to provide efficient nursing service delivery.
			2.1.1.1.4	The nursing unit has the required number and skills mix of health care personnel to meet the needs of the unit.
			2.1.1.1.5	There is evidence of workload distribution and appropriate staff allocation.
	2.1.2 The nursing unit must develop and implement performance management and development system.	2.1.2.1 The nursing unit must have a performance management and development system in place.	2.1.2.1.1	Human resource development policy is available.
			2.1.2.1.2	Job descriptions which clearly outline roles and responsibilities is available and signed.
			2.1.2.1.3	Current performance agreements for all staff are available and signed.
			2.1.2.1.4	Performance reviews are conducted in line with the policy.
			2.1.2.1.5	A human resource development plan is available.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

	2.1.3 The nursing unit must ensure that nurses maintain their registration with the South African Nursing Council.	2.1.3.1 The nursing unit must have a system to monitor that nurses maintain their professional registration with the SANC on an annual basis.	2.1.3.1.1 Health care providers have evidence of current registration with the SANC.
	2.1.4 The nursing unit must provide mandatory orientation for all health care personnel appointed in the unit.	2.1.4.1 The nursing unit has a system to develop and implement an orientation programme for nursing staff.	2.1.4.1.1 The unit's orientation plan is available.
			2.1.4.1.2 The Nursing unit provides induction/orientation to all new health care personnel.
			2.1.4.1.3 Evidence of attendance with the date, topic covered and signatures by staff receiving orientation is available.
2.2 Medicines and medical supplies	2.2.1 The nursing unit must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.	2.2.1.1 The nursing unit must ensure the availability of medicines and medical supplies for the delivery of services.	2.2.1.1.1 Protocols for management of medicines and medical supplies are available.
			2.2.1.1.2 Medicines required for the unit must be available.
			2.2.1.1.3 Medical supplies required for the unit must be available.
			2.2.1.1.4 Ordering of medical supplies is done in line with relevant Standard Operating Procedure.
			2.2.1.1.5 Storage of medical supplies is done in line with relevant Standard Operating Procedure
			2.2.1.1.6 The nursing unit has access to medicines for emergency after hours.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

		2.2.1.1.7	CHECKLIST: Medicine is given as prescribed.
			a. Relevant signature
			b. Practice number
			c. Dose frequency
			d. Route
			e. Date
			f. Signature with designation
		2.2.1.1.8	Standard Operating Procedures for prescribing, ordering, dispensing and administration of medicines are available.
		2.2.1.1.9	Standard Operating Procedures for storage of medicines are available
	2.1.2.2 The nursing unit must implement and maintain a stock control system for medicine and medical supplies.	2.2.1.2.1	The nursing units implement stock control systems for medicine and medical supplies.
		2.2.1.2.2	There is evidence that FIFO / FEFO principles are implemented.
2.3 **Supply of linen**	2.3.1 Nursing unit must ensure that linen is available for nursing care provision.	2.3.1.1 The nursing unit must have a system in place to ensure that there is enough supply of linen.	
		2.3.1.1.1	The unit manager has determined the linen requirements for the unit.
		2.3.1.1.2	The nursing unit has an adequate supply of linen and patients clothing.
		2.3.1.1.3	CHECKLIST: Interview 3 patients
2.4 **Equipment**	2.4.1 The nursing unit must ensure that the equipment required is available and functional.	2.4.1.1 The nursing unit must have a system to ensure that Essential and functional equipment is available.	
		2.4.1.1.1	Essential and functional equipment is available.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

	2.4.1.2 The nursing unit must have a system to maintain equipment as per manufacturer's instructions.	2.4.1.2.1	Healthcare personnel have been trained on the use of relevant equipment.
		2.4.1.2.2	Medical equipment is maintained and serviced as per manufactures instructions.
		2.4.1.2.3	Non-functional and/or faulty equipment must be reported or condemned.
		2.4.1.2.4	Evidence of reporting and follow up of faulty equipment and condemning of non-functional equipment is available.
		2.4.1.2.5	Evidence of compliance and adherence to the manufacturer's instructions of use (e.g., plugged in, calibrated, cleaned after use, good storage etc.
		2.4.1.2.6	CHECKLIST: Functional essential equipment for the unit is available.
2.5 Asset management	2.5.1 The nursing unit must ensure that the assets are managed in compliance with the asset management protocols.	2.5.1.1 The nursing unit must have a system to ensure that all equipment is accounted for, and disposal of equipment is in line with relevant protocols.	2.5.1.1.1 An updated Inventory register is available.
			2.5.1.1.2 The inventory register is checked as per policy.
			2.5.1.1.3 Evidence of Inventory of all equipment in the unit is available as per policy.
			2.5.1.1.4 Equipment movement book is available and up to date.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

CHAPTER 3

3. Professional and Ethical Practice

Subdomain	Standard	Criteria	Measures	
3.1 Professional image	3.1.1 The nursing unit must have a system to monitor compliance with prescribed uniform.	3.1.1.1 The nursing unit must develop, implement, and monitor compliance to the uniform policy.	3.1.1.1.1	Uniform policy for the institution is available.
			3.1.1.1.2	There is evidence that the uniform policy was communicated to nurses.
			3.1.1.1.3	Nurses on duty wear uniform as prescribed.
			3.1.1.1.4	Adherence to uniform policy is monitored.
			3.1.1.1.5	Nurses must always have official identification tags that are visibly worn as part of the uniform.
	3.1.2 The nursing unit must have a system to monitor compliance to distinguishing device regulations.	3.1.2.1 The distinguishing devices must be worn as prescribed by SANC.	3.1.2.1.1	The distinguishing devices regulation is available.
			3.1.2.1.2	Evidence supporting that the regulations were communicated to the nurses, is available.
			3.1.2.1.3	Nurses on duty wear correct distinguishing devices as prescribed for each category.
			3.1.2.1.4	There is evidence that the nursing unit monitors adherence to the distinguishing device regulations.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

3.2	**Code of conduct**		
	3.2.1 The Nursing unit must ensure compliance with SANC Code of Ethics for Nurses.	3.2.1.1 The nursing unit must have systems to implement and monitor compliance to SANC Code of Ethics.	3.2.1.1.1 The SANC Code of Ethics for Nurses is available in the unit.
			3.2.1.1.2 There is documented evidence that nursing staff have read the code of ethics.
			3.2.1.1.3 Updated in-service training plan is available.
			3.2.1.1.4 In-service training plan includes advocacy. Interview 3 Nurses, **Checklist**
			3.2.1.1.5 In service training to capacitate nurses on their advocacy role has been conducted in the past 12 months.
	3.2.2 The nursing unit must ensure that nurses fulfil their patient advocacy role.	3.2.2.1 The nurses must perform their patient advocacy role in line with the scope of Practice Regulations.	3.2.2.1.1 Three nurses are interviewed to verify whether in -service training on their patient advocacy role has been conducted in the past 12 months (Checklist).
			3.2.2.1.2 Patient Record Audit demonstrates that nurses are fulfilling their advocacy role for patients.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

	3.2.3.1	The nursing unit must have a system to monitor staff punctuality and absenteeism in accordance with SOPs.	3.2.3.1.1	A manual or electronic logging system is available for nurses to use when commencing and ending duties.
3.2.3 Staff punctuality and absenteeism must be monitored and managed.			3.2.3.1.2	There is evidence that measures are implemented to manage staff punctuality.
			3.2.3.1.3	There is evidence that measures are implemented to manage staff absenteeism.

CHAPTER 4

4. Clinical care and patient safety

Subdomain	Standard	Criteria	Measures	
4.1 Clinical Nursing management	4.1.1 The nursing unit must establish and maintain clinical nursing management systems, structures, and procedures.	4.1.1.1 The nursing unit must have updated Policies and Standard Operating procedures (SOPs) directing the implementation of the nursing process.	4.1.1.1.1	Updated Policies for nursing interventions relevant for the unit are available.
			4.1.1.1.2	Updated SOP interventions relevant for the unit are available.
			4.1.1.1.3	There is evidence that health care personnel are trained on policies and SOPs) relevant for the unit.
			4.1.1.1.4	There is evidence that policies and SOPs directing implementation of clinical nursing management, are communicated to the nursing staff.

23

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

		4.1.1.1.5	There is evidence of the implementation of policies and SOPs relevant to the nursing unit.
	4.1.1.2 The nursing unit must participate in relevant forums that discuss clinical nursing practices/process.	4.1.1.2.1	There is evidence that the health establishment participates in relevant forums to discuss nursing practice process: Forums are not limited to the ones indicated below: • Maternal mortality meetings, Morbidity and mortality meetings. • Quality Assurance meetings. • Occupational Health & Safety • Infection Prevention & Control meetings. • Disaster Management meetings.
		4.1.1.2.2	Attendance Registers / Minutes are available as evidence of compliance.
4.2 Emergency care	4.2.1 The nursing unit must have systems in place to guide and manage emergency care for patients/users.	4.2.1.1 Emergency care must be provided in line with emergency care management protocols.	4.2.1.1.1 SOPs for emergency care management relevant to the unit are available.
			4.2.1.1.2 Emergency trolley equipment and material relevant is available, functional and not expired (Checklist)
			4.2.1.1.3 The emergency trolley is checked in accordance with approved SOP.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

		4.2.1.1.4	Nurse practitioners are able to demonstrate how emergency equipment is used.
		4.2.1.1.5	There is evidence of comprehensive handover of emergency patients in between shifts.
		4.2.1.1.6	Nurses are trained in providing basic life support.
		4.2.1.1.7	Emergency mock drills are conducted at least bi-annually.
4.3 Infection prevention and control	4.3.1 The nursing unit must establish and maintain an environment, which minimises the risk of infection to users, personnel, and visitors.	4.3.1.1 The nursing unit must minimise the risk of transmission of health care associated infections.	4.3.1.1.1 Hand washing facilities are available in nursing service areas.
			4.3.1.1.2 Hand hygiene audits are conducted and managed effectively.
		4.3.1.2 The nursing unit must implement an Infection Prevention and Control Programme.	4.3.1.2.1 The Infection Prevention and Control Policy is available.
			4.3.1.2.2 The Infection Prevention and Control Programme is available.
			4.3.1.2.3 SOPs for infection prevention and control are available.
			4.3.1.2.4 SOPs for infection prevention and control are communicated to the staff.
			4.3.1.2.5 There is evidence that staff is trained on infection prevention and control practice.
4.4 User Identification	4.4.1 The nursing unit must establish systems to identify health care users correctly.	4.4.1.1 There must be systems in place to facilitate user identification.	4.4.1.1.1 A policy on health care user identification is available.
			4.4.1.1.2 SOPs on health care user identification is available.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

				4.4.1.1.3	All users in the nursing units are identified in line with the SOP.
4.5	**Personal Protective Equipment (PPE)**	**4.5.1**	The nursing unit must implement a system for mandatory provision of Personal Protective Equipment.	4.5.1.1	Relevant Personal Protective Equipment is available.
		4.5.1.1	The nurses in the nursing unit must be provided with Personal Protective Equipment.	4.5.1.1.2	Nurses wear relevant Personal Protective Equipment as per Infection Prevention and Control guidelines.
4.6	**Nursing care plans**	**4.6.1**	The unit must ensure that individualised and integrated nursing care plans are developed and implemented for all health care users.	4.6.1.1.1	There is evidence of assessment of individual health care needs.
		4.6.1.1	Individualised nursing care plans must be developed and implemented to ensure comprehensive nursing care.	4.6.1.1.2	Nursing care plans are developed based on the individual needs of the patient.
				4.6.1.1.3	There is evidence that nursing care plans are implemented using the nursing process approach.
				4.6.1.1.4	Nursing care is delegated to competent nurse practitioners according to their Scopes of Practice.
				4.6.1.1.5	There is proof that an evidence-based approach is used, in the implementation of nursing care.
				4.6.1.1.6	Complete and comprehensive nursing interventions are recorded timeously for individual healthcare users.
				4.6.1.1.7	There is evidence that nursing care plans are evaluated twice per shift.
4.7	**Nursing Care Supervision**	**4.7.1**	Nursing care provided must be monitored/	4.7.1.1	The shift leader/ supervisor must conduct a review of	4.7.1.1.1	Evidence of shift leader's review of nursing care provided is available.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

				4.7.1.1.2	There is evidence that nursing care is supervised by the shift leader twice per shift to minimise clinical risks and ensure patient safety.
		reviewed by shift leader/supervisor.	nursing care provided at least twice per shift.		
4.8	**Waste management**	4.8.1 The nursing unit must ensure that waste is handled, stored, and disposed of safely in accordance with waste management protocols	4.8.1.1 The nursing unit must have appropriate system for waste management	4.8.1.1.1	The unit has appropriate containers for waste (general, medical waste and sharps).
				4.8.1.1.2	There is evidence of correct segregation of waste.
				4.8.1.1.3	The waste containers must have colour coded lining bags.
				4.8.1.1.4	There is evidence of correct disposal of waste.
				4.8.1.1.5	Human tissue disposal in compliance with the human tissue Act.
4.9	**Records management**	4.9.1 The nursing unit must create and maintain a system to record the nursing care provided.	4.9.1.1 The nursing unit must have a system of creating and maintaining concise, complete and accurate records for nursing care provided.	4.9.1.1.1	SOP for records management and Archiving is available.
				4.9.1.1.2	Complete and accurate records are kept for all nursing interventions in the unit.
				4.9.1.1.3	Date and time of entries.
				4.9.1.1.4	Legibility of handwriting on records.
				4.9.1.1.5	Signatures and designations.
			4.9.1.2 The nursing unit must ensure confidentiality of health records.	4.9.1.2.1	Evidence of safe keeping of records.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

CHAPTER 5

5. Continuing Professional Development (CPD) & Training

SUBDOMAIN	Standard	Criteria	Measures	
5.1 Continuing Professional development (CPD) for nurses and midwives	5.1.1 The nursing unit must implement the SANC's CPD system for all nurses and midwives, to aspire towards the achievement of professional standards of excellence.	5.1.1.1 A CPD programme must be implemented to promote lifelong learning, safe, ethical and professional growth of nurse practitioners.	5.1.1.1.1	The SANC CPD framework is available.
			5.1.1.1.2	The SANC CPD framework is communicated to the nursing staff.
			5.1.1.1.3	The SANC CPD forms are available.
			5.1.1.1.4	The SANC CPD process is communicated to the nursing staff.
			5.1.1.1.5	The SANC CPD process must be implemented in all the units.
		5.1.1.2 The HE must have a CPD champion to coordinate all CPD activities.	5.1.1.2.1	Evidence of the availability of a CPD champion is available.
			5.1.1.2.2	Evidence of the availability and accessibility of CPD activities in all units.
			5.1.1.2.3	Staff learning needs (skills audit) are determined using a defined process.
			5.1.1.2.4	Evidence of the implementation of a CPD monitoring system is available.
			5.1.1.2.5	Evidence of the implementation of a CPD compliance improvement plan.
5.2 Training	5.2.1 The nursing unit must have a comprehensive training and development programme.	5.2.1.1 The HE must have a system to ensure that in-service training is provided so that nurses remain up-to-date and relevant with current trends in nursing practice.	5.2.1.1.1	An in-service training plan for staff is available in the unit.
			5.2.1.1.2	There is evidence that training is based on learning needs identified.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

5.2.1.1.3	A record of attendance of training is kept.	
5.2.1.1.4	Record of CPD points accumulated as per CPD Grid in the CPD Framework is available.	
	NB: Sample three	

CHAPTER 6

6. Research

Sub domain	Standard	Criteria	Measures
6.1 Research	6.1.1 The nursing unit must establish and maintain systems to promote research.	6.1.1.1 The HE must have a system to ensure that there is compliance with the health establishment's policies and protocols where research projects are being conducted.	6.1.1.1.1 An updated research policy is available. 6.1.1.1.2 Evidence of permission granted on all requests to conduct research is available.
		6.1.1.2 The HE must have a system to implement evidence-based practice.	6.1.1.2.1 There is evidence that nurses take part in research activities that generate evidence. 6.1.1.2.2 Evidence based approach is used in nursing practice.

NURSING PRACTICE STANDARDS FOR USE IN ALL HEALTH ESTABLISHMENTS IN SOUTH AFRICA

7. TRANSITIONAL ARRANGEMENTS

Nurse Practitioners without relevant postgraduate qualifications are required to obtain such qualifications within five (5) years of promulgation of these regulations.

8. GENERAL PROVISIONS

8.1. Short title and commencement

These standards shall be called the Nursing Practice Standards for use in all health establishments in South Africa and come into operation on the date of publication in Government Gazette.