

# Check List for Facility Accreditation

## Application & Details Update

To be completed and faxed to 08660 75166 or e-mail to [info@saoc.org.za](mailto:info@saoc.org.za)

<b>Facility Name</b>			
<b>BHF Number</b>			
<b>Contact Person</b>			
<b>Contact Detail</b>			
<b>Purpose</b>	<b>Application (Y/N)</b>		<b>Update (Y/N)</b>

### Section 1

#### 1 Patient Area

1.1	Maximum number of Doctors consulting at one time	
1.2	Number of consulting rooms <i>(At least one examination/consultation room per doctor)</i>	
1.3	Number of chairs in waiting area <i>(2-3 chairs per doctor/ room, with at least 6 chairs)</i>	

#### 2 Treatment Area

2.1	Number of chairs	
2.2	Number of beds <i>(Min 2 appropriate chairs and / or beds per doctor)</i>	
2.3	Number of Oncology trained nurses <i>(Max 4 patient positions per suitably qualified/experienced oncology nurse)</i>	
2.4	Space for drip stands & monitors (Y/N)	
2.5	Oxygen point / cylinder (Y/N)	
2.6	On-site emergency trolley & drugs (Y/N)	
2.7	Defibrillator, Ambubag, airway and suction (Y/N)	

<b>3 Chemotherapy, Storage and Mixing</b>		
3.1	Secure areas for room temperature storage (Y/N)	
3.2	Separate area for non-chemotherapy drugs (Y/N)	
3.3	On-site refrigeration with alarm (Y/N)	
3.4	Mixing area - laminar flow type hood (Y/N)	
3.5	Disposal of vials, syringes and sharps (Y/N)	
3.6	Separate areas for chemotherapy drug storage (Y/N) <i>(Chemotherapy storage and mixing must be done in a separate area)</i>	

<b>4 Service Facilities</b>		
4.1	Clean supplies area/ cupboard / trolley (Y/N)	
4.2	Dirty area/store with Sluice/Cleaner's room (Y/N)	
4.3	Rest room or rest area for staff (Y/N)	
4.4	Adequate storage space (Y/N)	

<b>5 Staff Qualifications</b>		
5.1	Highest Doctors' Qualification <i>(If required, relevant documentation could be attached)</i>	
5.2	Doctors' Oncology Experience <i>(If required, relevant documentation could be attached)</i>	
5.3	Highest Nursing Qualifications <i>(If required, relevant documentation could be attached)</i>	
5.4	Oncology Nursing Experience <i>(If required, relevant documentation could be attached)</i>	

<b>6 Laboratory Access</b>		
6.1	Laboratory access blood counts (Y/N)	
6.2	Laboratory access biochemical tests (Y/N)	
6.3	Typical turnaround times <i>(measurement timeously with results are available prior to chemotherapy)</i>	

<b>7 Emergency Procedures</b>		
7.1	Doctor availability - on-site (Y/N)	
7.2	Doctor availability - off-site response time	
7.3	Alternate Doctor arrangements	

<b>8 Office and Administrative Procedures</b>		
8.1	Patient records – on-site (Y/N)	
8.2	Patient notes done per cycle – (Y/N)	
8.3	Patient records regarding dosage, route and drugs (Y/N)	
8.4	Patient records regarding supportive care (Y/N)	
8.5	Doctor review of laboratory tests (Y/N)	

<b>9 Additional Comments and Notes</b>		

## Section 2

Simply indicate whether these are documented and available Yes or No

### Chemotherapy Policies, Procedures and Protocols

<b>Policies</b>	
Safe Handling Of Cytotoxic Drugs (Y/N)	
Chemotherapy Preparation (Y/N)	
Administration Guidelines of Chemotherapy (Y/N)	
Storage and Mixing (Y/N)	
Schedule 5, 6 & 7 Drugs (Y/N)	
Emergency Trolley Usage (Y/N)	
Managing Of Anaphylactic Reactions (Y/N)	
Informed Consent (Y/N)	
Counseling Services (Y/N)	
Infection Control Guidelines (Y/N)	
Waste Disposal Policy (Y/N)	
Needle Prick Injuries (Y/N)	
Occupational Preventive Medicine (Y/N)	
Management of High Risk Patients (Y/N)	

<b>Procedures</b>	
Infusions/Injections (Y/N)	
Porta-Cath (Y/N)	
Chemotherapy in Hospital (Y/N)	

<b>Protocols</b>

Anti-Emetics (Y/N)	
Specific Drug Combinations (Y/N)	
Management of Common Side Effects (Y/N)	
Management of Haematological Problems (Y/N)	
Pain Management (Y/N)	
Oncological Emergencies (Y/N)	
Unregistered Drugs (Y/N)	

<b>Forms</b>	
Chemotherapy Treatment Sheet (Y/N)	
Chemotherapy Infusional Time Sheet (Y/N)	
Nursing Assessment Of New Patients (Y/N)	
Nursing Process Follow Up Forms (Y/N)	
Schedule 5, 6 & 7 Drugs (Y/N)	
Chemotherapy Drug Register (Y/N)	
Emergency Trolley Check Forms (Y/N)	

## Contact Detail

**South African Oncology Consortium**  
**PO Box 10053**  
**Centurion, 0046**

**Falcon Office Park**  
**Suite 11, Block 3**  
**142 South Street**  
**Centurion**

Telephone: 012 667 2067  
 Facsimile: 08660 75166  
 E-mail [info@saoc.org.za](mailto:info@saoc.org.za)

**SAOC administers the accreditation program on behalf of the South African Society of Clinical and Radiation Oncologists (SASCRO) and the South African Society of Medical Oncologists (SASMO).**

## Confirmation

**Completed and Submitted by**

*(Name & Designation in Facility)*

**Date**

**Signature**

*(electronic is acceptable)*