HEALTH PROFESSIONS COUNCIL OF ZAMBIA

COMPLIANCE MONITORING ASSESSMENT TOOL FOR SAMPLE COLLECTION CENTRE

| Facility Name | | | Catch pop |
|------------------|-------|----------|--------------|
| Physical Address | | | District |
| Postal Address | | Phone No | Imprest |
| HPCZ No | Class | Date | Nationality: |
| Inspectors 1 | | 2 | 3 |
| | | | |

1. Introduction

2. Objectives

3. Scope of service

| Categories | | | | Services | | | | | | | | |
|------------|------------------------|---|---|----------|--|--|--|--|--|--|--|--|
| Simple Lab | RDT-Malaria | DT-Malaria Urinalysis Pregnancy HIV antibody | | | | | | | | | | |
| Tests | RPR | Blood sugar | Blood sugar Heamoque Hepatitis B Sag | | | | | | | | | |
| | Other serological test | Other serological tests (Specify) | | | | | | | | | | |
| | Specimen collection | | | | | | | | | | | |
| Other Lab | malaria microscopy | CD4 testing Chemistry Full Blood Count Grouping | | | | | | | | | | |
| test | TB- Microscopic | ESR | ESR Sickling test Microscopy Culture & sensitivit | | | | | | | | | |

4. Human Resource

a) Staffing Level

| S/N | Name | Profession | HPCZ/ GNC # | Position | F/Time | P/Time | NRC | Nationality |
|-----|------|------------|----------------|----------|--------|--------|-----|-------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |

b) Staffing Level

| Profession | F | ull Time | Par | t Time | Profession | Fu | ll Time | Pa | rt Time |
|---------------------|------|-----------|------|-----------|----------------------|------|-----------|------|-----------|
| | Need | Available | Need | Available | | Need | Available | Need | Available |
| Biomed Scientist | | | | | Receptionist/Cashier | | | | |
| Biomed Technologist | | | | | Data Clerks | | | | |
| Biomed Technician | | | | | Cleaners – Indoor | | | | |
| Reg. Nurse | | | | | Cleaners – Outdoor | | | | |
| Enrolled Nurse | | | | | Watchman | | | | |
| Phlebotomist | | | | | | | | | |
| | | | | | | | | | |

5. Standard 1: Legal Establishment, Leadership and Governance

| Assessment | | | ent Criteria | | | | | Scor | e |
|---------------|---|---|--|--------|-------|---------------------|--|------|-----|
| Area | (scoring criteria : Met = | :2, Pa | rtially Met | = 1 a | nd N | [ot Met = 0) | | 2 | 1 0 |
| Facility | Valid Annual License from HPCZ avail | able a | and displaye | d | | | | | |
| Staff files | Sample 4 Files and check the followin | g: | | Y | Ν | Comment | | | |
| | Appointment Letter/ Contract | | | | | | | | |
| | Photocopy of Professional and Academ | ic Qu | alification | | | | | | |
| | Photocopy of NRC/Passport | | | | | | | | |
| | Valid work permit (Applicable to non-c | itizen | es) | | | | | | |
| | Valid Practicing Licence | | | | | | | | |
| | Job Descriptions on file & distributed to | o staff | | | | | | | |
| | Evidence of staff performance Appraisa | idence of staff performance Appraisal available | | | | | | | |
| | Disciplinarily/Awards records where ap | plicat | ole | | | | | | |
| Staff levels | Practitioners arefor the scope of set | rvice | | | | | | | |
| Training | Records of CPD/Workshops | | CPD/Trainir | ng Pla | an | | | | |
| Leave | Leave schedule (Booking log) |] | Records of I | Leave | take | | | | |
| Dress Code | Official Id's won appropriately | | Staff adhere | d to v | vork | | | | |
| Disciplinary | Discipline code available |] | Records of d | liscip | linar | y cases and actions | | | |
| | HPCZ Code of ethics available | | GNC Code | | | | | | |
| Governance | Evidence of business registration | | Evidence of | | | | | | |
| | Updated ZRA Annual returns | | Updated PA | | | | | | |
| | Valid fire certification | | Valid Busin | | | | | | |
| | Waste management Contract | | | | | IAPSA returns | | | |
| Strategy | Latest strategic plan available | | Vision statement documented/displayed | | | | | | |
| management | Latest action plan available | | Mission statement documented/displayed | | | | | | |
| | Review of progress on plans | | | | | mented/displayed | | | |
| | Approved Organogram displayed |] | Evidence of | mana | agem | ent meeting | | | |
| Achieved Scor | re / Total Applicable Score | | | | | | | | 18 |

6. Standard 2: Minimum Infrastructure Requirement

| Assessment Area (Room) | Assessment Criteria (scoring criteria : Met =2, Partially Met = 1 and Not Met = 0) | | | | | | | | |
|---|---|---|---|---------------|--|---|--|--|--|
| | Specification | Y | N | Comment if No | | 0 | | | |
| Reception | | | | | | | | | |
| Phlebotomy rooms | | | | | | | | | |
| Toilets | | | | | | | | | |
| Achieved Score / Total Applicable Score | | | | | | | | | |

| Artificial ventilation Artificial lighting Artificial lighting Outdoor sanitary bin No littering of rubbish Drainage system nerator or waste Rubbish pit if incinerator | | | | | | | | |
|--|---|---|---|--|--|--|--|--|
| | 2 | 1 | 0 | | | | | |
| | Γ | | | | | | | |
| l staff | | | | | | | | |
| pair with the following well maintained? | | | | | | | | |
| Windows Doors Floors Roof | | | | | | | | |
| natural ventilation Artificial ventilation (Air conditioner/fan) | | | | | | | | |
| e natural lighting Artificial lighting avironment Outdoor sanitary bin No littering of rubbish | | | | | | | | |
| bish | | | | | | | | |
| Drainage system | | | | | | | | |
| Rubbish pit if incinerator Rubbish pit Secured | | | | | | | | |
| | | | | | | | | |
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| ion | | | | | | | | |
| equip | | | | | | | | |
| rogram | | | | | | | | |
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| | | | | | | | | |
| lone | | | | | | | | |
| one | | | | | | | | |
| Ventilation Adequate natural ventilation Artificial ventilation (Air conditioner/fan) Lighting Adequate natural lighting Artificial lighting Surrounding Clean environment Outdoor sanitary bin No littering of rubbish Ground maintenance Drainage system Waste Disposal Incinerator or waste Rubbish pit if incinerator Rubbish pit Secured | | | | | | | | |

7. Standard 3: Environment, Health & Safety

8. Standard 4: Sanitary Facilities

| Assessment Area | | (scoring | As criteria : Met : | | | Criteria ly Met = 1 a | nd N | $\text{fot } \mathbf{Met} = 0)$ | | ore 1/0 | | | |
|--------------------|---------------|------------------|---|-------|----------|--------------------------|----------------------|---------------------------------|--|------------|--|--|--|
| Male | Toilet | Clean state | Clean state Running water Lighting Hand washing signage | | | | | | | | | | |
| Sanitary | | Good state of in | Good state of infrastructure Adequate Natural ventilation | | | | | | | | | | |
| Female | Toilet | Clean state | Running w | | Lighting | | Hand washing signage | | | | | | |
| Sanitary | | Good state of ir | nfrastructure | | Nat | ural ventilati | on | Sanitary bin | | | | | |
| Staff | Toilet | Clean state | Running w | vater | | Lighting | | Hand washing signage | | | | | |
| Sanitary | | Good state of ir | Good state of infrastructure Natural ventilation Sanitary bin | | | | | | | | | | |
| Achieved Sco | ore / Total 4 | Applicable Score | | | | | | | | 6 | | | |

9. Standard 5: Patient focus and Feedback

| Assessment Area | | Assessment Criteria et =2, Partially Met = 1 and Not Met = 0) | 2 | Score | | | | | | | |
|--------------------|---|---|---|-------|--|--|--|--|--|--|--|
| Patient | Appropriate Sign posts | Safe water for drinking provided | | | | | | | | | |
| Focus | Adequate waiting area | | | | | | | | | | |
| | Adequate IEC materials HPCZ Approved patient charter System for collecting patient feedback (suggestion boxes/complaint register) Image: Complaint register | | | | | | | | | | |
| Patient | System for collecting patient feedback | em for collecting patient feedback (suggestion boxes/complaint register) | | | | | | | | | |
| feedback | System for collecting feedback from r | em for collecting feedback from referral facility (referral form with feedback) | | | | | | | | | |
| Confidential | Adequate screens available | Facility has written consent form | | | | | | | | | |
| ity | Availability of the following guideline | es from HPCZ; | | | | | | | | | |
| &Consentin | Guidelines on Patient Consent | Guidelines on Patient Confidentiality | | | | | | | | | |
| g | Guidelines on Patient's record | Guidelines on Patient's record Guidelines on Pervasive Incentives | | | | | | | | | |
| Achieved Sco | Achieved Score / Total Applicable Score | | | | | | | | | | |

| Assessment | | | Assessm | ent | Crit | eria | | S | core | e |
|--------------|--------------------------|---|-----------------------------------|----------|-------|-----------------------------------|--|---|------|----|
| Area | (scori | ng c | eriteria : Met =2, Pa | rtia | lly N | Iet = 1 and Not Met = 0) | | 2 | 1 | 0 |
| Ventilation | Adequate natural vent | tilati | ion | | Ar | tificial ventilation (Aircon/fan) | | | | |
| Lighting | Adequate natural light | ting | | | Ad | equate artificial lighting | | | | |
| Paper base | Adequate shelves/cab | inet | s | | Re | cords lockable and secure | | | | |
| data | Adequate Section for | arch | niving | | Ac | tive & inactive files separated | | | | |
| Electronic | System password prot | tecte | ed | | Ac | cess is restricted | | | | |
| data | System for buck up of | f rec | cords user rights clearly defined | | | | | | | |
| Generation | Health facility mainta | alth facility maintains patients records for minimum of 5 years before disposal | | | | | | | | |
| and Storage | Facility captures suffi | cien | t patient contact info | ormation | | | | | | |
| Practices | Age | | Patient ID No. | | | Emergency Contact person | | | | |
| | Sex | | Patients phone No. | | | Phone for contact person | | | | |
| | Patients Name | | Address | | | | | | | |
| Managing | SOP for Data manage | mer | nt | | Mo | onthly report to next level done | | | | |
| Health | Assigned responsibilit | ty fo | or HMIS | | Ap | propriate data equipment | | | | |
| Information | Specimen Register | | | | | | | | | |
| (HMIS) | | | | | | | | | | |
| Achieved Sco | ore / Total Applicable S | Scor | ·e | | | | | | 1 | 12 |

10. Standard 6: Generation, Storage and management of Records

11. Standard 7: Specimen Collection Services

a. Staffing

| Assessment | | Ass | essme | nt Criteria | | | | Score | | | | | | |
|--------------|--------------------|--|-------|-------------|--|----------------|--|-------|--|--|--|--|--|--|
| Area | (scor | (scoring criteria : Score =2, Partially Score = 1 and Not Score = 0) | | | | | | | | | | | | |
| Licences | Valid practicing l | Valid practicing license for medical Lab Personnel available and displayed | | | | | | | | | | | | |
| Staff levels | Adequate staff | Lab Scientist | | Lab Tech | | Lab Assistants | | | | | | | | |
| | | Phlebotomy Nurse | | Cleaners | | Security Guard | | | | | | | | |

b. Infrastructure

| Assessment | | | ••• | | | | Criteria | | | 0 | | | Score 2/1/0 |
|-------------------|-----------|--|------------------|-------|-------------------|-------|---------------|------|--------------|-------|-------|--|-------------|
| Area | | (| scoring crite | na : | \pm Score =2, P | artia | IIy Score = . | I an | a Not Scor | e = 0 |) | | 2/1/0 |
| Number of | | | the specimen | | | | | R | eception | | | | |
| rooms | Cap 295 | (Flo | oor area not le | ss tł | nan 8.4 m2, H | loriz | ontal | Р | hlebotomy F | Roon | n | | |
| | dimensio | imensions not less 2.1m and Height not less than 2.6m Toilet | | | | | | | | | | | |
| State of building | The Lab | "he Lab is in good state of repair with the following well maintained? | | | | | | | | | | | |
| | Doors | | Windows | | Fixtures | | Floors | | Roof | | Walls | | |
| | No evide | ence | of linkages in | the | e Ceiling | | | | | | | | |
| Layout | Size & la | iyot | t organized w | ith | workstations | posit | ioned for opt | tima | ıl workflow. | | | | |
| | Patient w | /aiti | ng and specim | nen | collection are | as di | stinctly sepa | rate | from one ar | nothe | er. | | |
| Ventilation | Adequate | dequate natural ventilation Artificial ventilation (Aircon/fan) | | | | | | | | | | | |
| Lighting | Adequate | e art | ificial lighting | 5 | | | Artificial li | ghti | ing | | | | |

c. Standard Operating Procedures

| Assessment | Assessment Criteria | | | | | | | |
|------------|--|---|---------------------------------------|--|--|--|--|--|
| Area | (scoring criteria : Score =2, Partially Score = 1 and Not Score = 0) | | | | | | | |
| Available | Quality Manual | Specimen collection | Specimen processing | | | | | |
| SOPs | Safe waste disposal | Results transmission | Inventory management | | | | | |
| | Specimen Transport | Specimen Storage | Specimen Rejection | | | | | |
| | Confidentiality and | nd Resolution of complaints Identification of | | | | | | |
| | conduct undertaking procedure | | referral labs | | | | | |
| | Document Control | Phlebotomy Procedure | Safety Manual | | | | | |
| | PEP Procedure | Infection Prevention | | | | | | |
| | | Personnel policies | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Orientation Training | | Competence | | | | | |
| Read | All Staff have read | Some have read | None has read | | | | | |
| Up to date | All SOPs | Some SOPs | None | | | | | |

| Assessment | | Assessment Criteria | | | | | | Score | |
|--------------------------|--|---------------------|-------|---|---------|-----------|------|--------------|-------|
| Area | (scoring criteria : Score =2, Partially Score = 1 and Not Score = 0) | | | | | | | | 2/1/0 |
| Equipment | Adequate Benches | Centrifuge | | Specimen Fridge | | idge | | | |
| | Standard Pipettes | Storage cabin | ets | | | Screens | | | |
| | Fridge Thermometer | Room Therm | omete | r | | Adequat | e Fr | idges | |
| | Tables | Collection Ch | nairs | | | Timer | | | |
| | Couch | Foot Step | | | | Chairs | | | |
| | Cooler boxes | | | | | | | | |
| Protective | Non-Latex Gloves | Goggles | | Face ma | ask/sh | ield | | Lab coats | |
| equipment | Latex Exam gloves | | | | | | | | |
| | Equipment register | | | Equipment service schedule | | | | | |
| Equipment | Competent equipment se personnel/Company | rvice | | Equipment installed per operator's manuals & uniquely labeled | | | | | |
| Equipment maintenance | non-functioning equipme | ent isolated | | Lab e | quipn | nent inve | ntor | y up to date | |
| maintenance | Is equipment routinely se | | | Manufacturer's operator manuals | | | | | |
| | schedule by qualified and competent | | | | able to | o staff | | | |
| | Is equipment (pipettes, e | lectronic balances) | calib | rated | | | | | |

d. Laboratory Equipment and supplies

e. Laboratory Supplies

| Assessment Area | Assessment Criteria (scoring criteria : Score =2, Partially Score = 1 and Not Score = 0) | | | | | | | |
|--------------------|---|-----------------------|----------------------|--------------------------|--|--|--|--|
| Specimen | Vacutainer tubes | | | | | | | |
| Containers | Plain with Clot | Sodium Fluoride- | Lithium Heparin- | Sodium Citrate- | | | | |
| | Activator-red | Grey | Green | Blue | | | | |
| | EDTA-Purple | SST II- Yellow | | | | | | |
| | | Other c | ontainers | | | | | |
| | Blood culture | Stool containers | Microscope slides | Spatula | | | | |
| | Culture swabsDry swabs withoutwith mediamedia | | Universal containers | Sterile urine containers | | | | |
| Other supplies | Syringes/Needle | Paper/hand towel | Disinfectants/JIK | Stains- Malaria | | | | |
| | Vacutainers needles | Vacutainer holders | Slide holder | Capillary Tubes | | | | |
| | Liquid Soap | Pipettes tips | Methylated spirit | Cotton wool | | | | |
| | Alcohol Swabs | Gauze | Lancets | Ziplock bags | | | | |
| | Toniquets | Alcohol Hand rub | | | | | | |
| Stationery | Sample registers | Result registers | Consent forms | Complaints form | | | | |
| | Lab request | Specimen Rejection | Specimen | Communication | | | | |
| | forms | Form | rejection register | log | | | | |
| | Complaints log | Corrective action log | Adverse event log | Transportation checklist | | | | |

f. Laboratory Practices

| Assessment | A | sses | smen | t Criteria | | | Score | |
|----------------------------|--|----------------------|--------|---------------------------------------|-------|----------------|-------|--|
| Area | (scoring criteria : Score =2, Partially Score = 1 and Not Score = 0) | | | | | | | |
| Laboratory | Evidence of adherence to SOPs for all procedures conducted | | | | | | | |
| audit | All samples collected by qualified lab | perso | onnel | | | | | |
| (Practices) | All samples appropriately recorded all | in th | ne reg | gisters | | | | |
| | Date collected | Tim | e col | lected/received | | Test requested | | |
| | Patient Name | | | quested | | Name/Initials | | |
| | Patient ID Number | Method of collection | | | | Signature | | |
| | Lab personnel ensures Readable handwriting | | | | | | | |
| Storage | Functional Air conditioner (stores) | | | Essential laboratory supplies list | | | | |
| practices of | Adequate shelves/cabinets for reagent | S | | Adequate pellets for reagents storage | | | | |
| Lab reagents & supplies | Bin (stock control) cards available | | | All bin cards up | to da | te | | |
| w supplies | Inventory is organized on "FEFO-First Expired First Out' or "FIFO-First In First Out" | | | | | | | |
| | Clearly marked section for expired lal | oorat | ory r | eagents/supplies | | | | |
| | Allied products (diagnostic reagents & flammable substance) stored properly/separate | | | | | | | |
| | No expired laboratory supplies/reagents found displayed on the fridge or shelf for use | | | | | | | |
| Receiving and | Supplies traced to delivery notes | | | Supplies traced to | o sup | ply vouchers | | |
| ordering | Supplies traced to GRNs | | | Appropriate order | ring | system used | | |

g. Quality Control

| Assessment | Assessment Criteria (scoring criteria : Score =2, Partially Score = 1 and Not Score = 0) | | | | | | |
|--------------|---|--------------------------|--------------|---|---|-------|--|
| Area | | | , P a | | 2 | 2/1/0 | |
| Quality | Availability | of QA/QC SOPs | | Evidence of external QC | | | |
| Control & | Evidence of | internal QC | | Calibration of lab equipment up to date | | | |
| Assurance | No expired reagents/supplies used | | | Are test turnaround times established | | | |
| Testing Room | Room 1 | Functional thermometer | | Updated room temperature charts | | | |
| Temperature | Room 2 | Functional thermometer | | Updated room temperature charts | | | |
| Fridge | Fridge 1 | Functional thermometer | | Updated fridge temperature charts | | | |
| e | Fridge 2 | Functional thermometer | | Updated fridge temperature charts | | | |
| Temperature | Fridge 3 | Functional thermometer | | Updated fridge temperature charts | | | |
| Corrective | System for 1 | resolution of incidences | | Procedure for resolution of complaints | | | |
| Action | | ction forms available | | Are complaint record form available | | | |
| Action | Incidences a | re investigate/resolved | | Complaints are investigate/resolved | | | |

h. Other Laboratory Safety Measures

| Assessment | | Assessment Criteria | | | | | | Score | | |
|---|-----------------------|--|--------------------|---|-------------|--------------------|----------------|----------------------|--|--|
| Area | (scoring | (scoring criteria : Score =2, Partially Score = 1 and Not Score = 0) | | | | | | 2/1/0 | | |
| Sanitation | Running water | | Hand wa | Hand washing signage | | | Signage | Signage in all rooms | | |
| Waste | Collection room sep | arate | | Bin liners - Red Staff have access to PEP | | e access to PEP | | | | |
| management | Recommended Peda | ıl bin | Bin liners - Black | | | Adherence to waste | | | | |
| | 2 Pedal Bins | | | Sharps b | OX | | management SOP | | | |
| Fire Safety | Functional Fire extin | nguish | ner | | Fire exting | guisl | her servicing | g up to date | | |
| Power supply | Electricity Available | Electricity Available Backup power supply | | | | | | | | |
| Achieved Score / Total Applicable Score | | | | | | | | 56 | | |

12. Summary of scores for all Standard

| Standard No. | Standard Description | Achieved Score | Applicable standards Scores | Total available Scores |
|-----------------|---|-------------------|-----------------------------------|---------------------------|
| Standard 1 | Legal Establishment, Leadership and Governance | | 18 | 18 |
| Standard 2 | Minimum Infrastructure requirements | | 6 | 6 |
| Standard 3 | Environment, Health & Safety | | 22 | 22 |
| Standard 4 | Sanitary Facilities | | 6 | 6 |
| Standard 5 | Specimen Collection Services | | 56 | 56 |
| Standard 6 | Patient focus and Feedback | | 6 | 6 |
| Standard 7 | Generation, Storage and management of Records | | 12 | 12 |
| Total scores | | | 126 | 126 |
| Т | $ptal Score = \frac{Total Score}{Expected Score} =$ | x | 100 = | _% |

13. Risk Grading

| Score | Risk Level Identified | Colour Code | | Tick (/) | Comment |
|-----------|----------------------------------|-------------|--|-----------------|---------|
| 100% | No risk of harm identified | Green | | | |
| 75 - 100% | Relative risk of harm Identified | Yellow | | | |
| 50-75 % | Moderate risk of harm identified | Orange | | | |
| < 50 % | High risk of harm identified | Red | | | |

14. Summary of Major Inspection Findings and Recommendations

| S/N | Major Findings | Recommendations |
|-----|----------------|-----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

15. Conclusion

16. Inspection Team

| S/N | Name | Station | Station | Signature |
|-----|------|---------|---------|-----------|
| 1 | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| | | | | |

17. Signature of Facility Representative0

| S/N | Name | Positon | Signature |
|-----|------|---------|-----------|
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |

18. Facility Official Stamp (where available)

