

Hospital Preparedness & Infection Prevention and Control for COVID-19 in COVID facility

Assessment Checklist & Improvement Plan

Assessor Name		Phone Number		Email Address	Date	DD-MM-YYYY
Co- Assessor If applicable						

I. GENERAL INFORMATION

1. Name of the healthcare facility (HCF)		6. Name of Director/ Principal/ Medical superintendent		13. Total staff strength in the HCF #				
		a) Email ID		13. a. Doctors – MBBS #				
		b) Contact no.		13. b. Doctors- AYUSH #				
2. Type		7. Name of Hospital in-charge / RMO		13 a.1. Clinical specialist doctors #				
3. Category of HCF		a) Email ID		13. a.2. Non-clinical specialist doctors # (Microbiologists, Bio Chemists)				
3.a. Subcategory:		b) Contact no.		15.a.3 Paramedical and Support Staff #				
4. Does this hospital have a designated COVID-19 facility		8. Average number of OPD attendance (per month) #		1.1 Physician #		1.2 Pediatricians #		
5. Address of the health facility		9. Average number of new admissions (per month) #		1.3 Micro-biologists #		1.4 Pulmonologists #		1.5 Radiologist #
a) Block		10. Bed occupancy rate (Annual) -2019		1.6 Intensivists #		1.7 Junior Residents #		
b) District		10. Total # of inpatient beds		1.8 Senior Residents #		1.7 Interns #		
c) State		10.1 Of the total beds, how many are ICU beds?		3.1 Pharmacists #		3.2 Laboratory technicians #		3.3 Radiology Technicians
d) Email ID		11. Does the facility have a wall pipe network of medical gases?		3.4 Nurses #		3.5 Cleaning staff #		
e) Contact no.		12. Does the health facility has uninterrupted power supply		3.6 Lab technicians #		3.7 Ambulance drivers #		
f) PIN code				14. Does this hospital part of any quality assurance Programme/ Accreditation?				

Checklists	Response options	Response/ Compliance	Risk (high /medium/low)	Score	Proposed priority action	Timeline	Costs	Responsibility
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II. HCF PREPAREDNESS TO MANAGE MAJOR EPIDEMICS & PANDEMICS

15. Does the hospital have SOP to manage emerging infectious diseases (EID) outbreaks in the HCF?	<input type="checkbox"/> Available <input type="checkbox"/> Not Available		Low					
16. Does the hospital has a Core Emergency Response / Rapid Response Team (RRT) / Core team for outbreak management identified within the HCF?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
17. Roles and responsibilities of RRT / ERT clearly defined	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started <input type="checkbox"/> NA		Low					
17. a. Is there a contingency plan for covering for a core team member who is absent in the HCF?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started <input type="checkbox"/> NA		Low					
18. Monitoring and managing Health Care Personnel (HCP)								
18 a) Does the facility have the Central/State public health Advisories/procedures for monitoring and managing HCP with potential for exposure to COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
18. b) Does the facility have a process to conduct symptom and temperature checks prior to the start of duty shift for HCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
19. Training for Healthcare Personnel (HCP); Education and job-specific training to HCP regarding:								
a) Basic knowledge regarding transmission of COVID-19	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
b) Signs and symptoms of infection	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
c) Triage procedures (including patient placement)	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
d) Safely collect clinical specimens for COVID-19	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started <input type="checkbox"/> NA		Low					
e) Biomedical Waste management	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					

f) Standard Precautions	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
g) Correct and consistant use of recommended PPE including donning and doffing	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
h) How and to whom suspected COVID-19 Case investigation forms (CIF) should be reported	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
20. Is there any table top exercise/ mock drills conducted to assess the hospital preparedness?	<input type="checkbox"/> Table top exercise <input type="checkbox"/> Mock drill <input type="checkbox"/> Not started this activity	Low						
Total (Maximum Score 80)- COVID 19 Transmission Risk Low Risk (Score ≥ 60), Medium Risk (Score 40-59), High Risk (Score <40)			High	0				
III. TRIAGE	Response options	Response/ Compliance	Risk (high/medium /low)	Score	Proposed priority action	Timeline	Costs	Responsibility
21. Triage* protocols available at the healthcare facility *Practice of sorting patients into categories of priority for treatment	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
22. Dedicated telephone number (Hotline) available (Hotline number is where patients can call to notify the facility that they are seeking care due to respiratory symptoms)	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
23. Telemedicine facility available in the HCF to provide clinical support for non-emergency medical care thus limiting patient's visit to HCF	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
24. Is there specific waiting area for people with respiratory symptoms before/ during registration process?	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	Low						
25. Availability of designated ARI/ILI/COVID-19 triage area in the OPD?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
26. Do they have non-contact infra-red thermometer available near the registration desk?	<input type="checkbox"/> Available <input type="checkbox"/> Not Available	Low						
27. Availability of signage directing to triage area and signage to instruct patients to alert staff if they have symptoms of COVID-19	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
27. a. Triage area has signages/ posters about respiratory etiquette and hand hygiene	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
28. Do they have dedicated examination room in the Triage area (should have one patient examined at a time in a room)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low						
29. Does the HCF provide masks for patients with respiratory symptoms if they are not already wearing ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low						
30. Triage staff trained on latest version of the COVID-19 case definition and updated list of signs and symptoms to identify suspected cases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low						
31. Screening questionnaire/ COVID symptom screening algorithm for triage available with staff at the OPD?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
32. Hand washing station with soap and water installed and functional	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
33. Waste bins and access to cleaning/disinfection supplies available in Triage area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
34. Alcohol based hand rub solution available in the Triage area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
35. Physical barriers (e.g., glass or plastic screens) at reception areas available to limit close contact between staff and potentially infectious patients?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started	Low						
36. Does the patient waiting area have adequate ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low						
37. Waiting area cleaned at least twice daily with 0.5% hypochlorite solution (or) 70% alcohol for surfaces that do not tolerate chlorine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low						

38. Are there posters to reinforce hand washing, cough hygiene and use PPE at hand washing stations for staff?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
39. HCF staff aware of importance of?								
a. Hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
b. Cough etiquettes	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
c. Usage of PPE based on risk	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
d. PPE Donning and Doffing	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
e. Distance isolation measures	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
f. Contact precaution measures	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
40. COVID-19 laboratory testing facility available in this HCF?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
40. a. If yes Type of COVID-19 test done	<input type="checkbox"/> Antigen (Rapid Test) <input type="checkbox"/> PCR based <input type="checkbox"/> Antibody based <input type="checkbox"/> Others Please Specify		Please specify other tests here					
41. Does the hospital have dedicated infrastructure for isolation facility? (If no, please skip to Section V)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Low					
41. a. If Yes, type of isolation facility	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		Low					
Total (Maximum score 150) - COVID 19 Transmission Risk Low Risk (Score ≥ 112.5), Medium Risk (Score 75 - 112), High Risk (Score <75)			High	0				
IV Isolation Facility (Please Skip this section if there is no Isolation area in the Hospital)	Response options	Response/Compliance	Risk (high/medium /low)	Score	Proposed priority action	Timeline	Costs	Responsibility
43. Is there an isolation facility for COVID-19 cases in this hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
43. a. If Yes, whether the isolation facility away from OPD/IPD/other crowded area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
44. Screening rooms identified and available at the isolation area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
45. Is there separate entry to the isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
45. a. Are there sinages near entry and exit way to the isolation area for health care providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
46. Dedicated space for staff to put on PPE while entering the isolated area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
47. Is there separate exit in isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
48. Is dedicated space available for staff to take off PPE near exit?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
49. Are functional hand washing stations available at entry and exit of isolation area for HCP? (including water, soap and paper towel) / ABHR	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
50. Isolation facility is separate and has rooms/wards	<input type="checkbox"/> Rooms <input type="checkbox"/> Wards <input type="checkbox"/> Both		Low					
51. Are washrooms available? Dedicated toilets should be provided; if not possible. Provide a minimum of one toilet for 5 persons – separate for males and females (based on NBC 2016 and NPHS 2012 for general hospitals)	<input type="checkbox"/> Separate toilet for each patient <input type="checkbox"/> One toilet / every 5 patient <input type="checkbox"/> One toilet per > 5 patients <input type="checkbox"/> Toilet available outside isolation room		Low					
52. Number of beds in each isolation rooms/wards	#							
53. Is the distance between two beds in isolation wards/rooms more than 1 meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
54. HCF has policy to designate/cohort clinical staff (e.g. Doctors, nurses) for care of COVID19 cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
55. Whether PPEs available and located near point of use in isolation area								
a. Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
b. Gowns	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					

c. Face masks	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
d. Goggles/ Face shields	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
f. 95 respirators	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
56. Whether hospital limits movement of patients within the isolation room and outside isolation except for critical need?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
57. Are suspected/confirmed COVID19 patients placed on contact and droplet precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
58. If a patient leaves their room/ward for medical consultation, do they wear a face mask?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
59. Do staff transporting the patient wear PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
60. While transporting patients E.g. Radiology, surgical interventions etc., are specific routes used to minimize contact with other patients and staff? e.g. separate lift, corridor etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
61. Patient transportation communicated in advance to the staff who is going to receive the patient. E.g. Radiology, interventions etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
62. For a patient on Airborne Precautions, is air pressure monitored daily with visual indicators? (e.g. smoke tubes, flutter strips, regardless of presence of differential pressure manometers)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
63. Are these isolation rooms/wards satisfying the criteria of negative pressure? (applicable if an aerosol generating procedure is performed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
64. Is there provision of food in the isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
65. Policy for leftover food waste management available as per updated CPCB guidelines?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low				
66. Is there an Airborne infection isolation room (AIIR) available in the HCF	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
67. If AIIR Available, whether air changes (ACH) per hour monitored and maintained at > 6 ACH for old isolation rooms and > 12 ACH in new and renovated rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
68. Is there an ICU facility attached to isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
69. Is there natural / mechanical cross ventilation in the isolation area	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
70. Is there a designated area for specimen collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
71. Are they following standard precautions and PPE while collecting specimen inside isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
72. Does the facility have a written policy for sample collection and transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
73. Are these samples transported in triple packaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
74. Does the transportation package contain IATA DGR code (UN3373)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
75. Are they following standard precautions while transporting the sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
76. Are the floors of isolation facility suitable for mopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
77. Is drinking water available at isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
78. Availability of updated clinical management protocols for COVID-19	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low				
79. Is rotation roster of duty shift for staff posted at isolation facility?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low				
80. Is there any protocol for limiting the entry of visitors at isolation area?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low				
81. Availability of separate/dedicated thermometers, BP apparatus (with adult & pediatric cuffs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
82. Dedicated pulse-oximeter probes available for COVID patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
83. Dedicated oxygen masks available for individual patients in need?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				

84. Discharge policy for COVID 19 available in the health facility which is in line with updated MoHFW guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
85. Doctors, nurses & cleaning staff available for each shift at isolation area are screened for symptoms pre shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
86. Barrier nursing practiced at isolation area in 1:1 ratio?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					

Total (Maximum score 240)- COVID 19 Transmission Risk Low Risk (Score ≥180), Medium Risk (Score 120-180), High Risk (Score <120)	High	0					
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V. INFECTION PREVENTION AND CONTROL PRACTICES	Response options	Response/Compliance	Risk (high/medium/low)	Score	Proposed priority action	Timeline	Costs	Responsibility
87. Does the hospital have Hospital Infection Control Committee (HICC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
88. Are there any infection control SOP/guidelines/manual available?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
89. Are the HICC members trained in hospital preparedness & IPC for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Low					
89.a. If Yes, Are HICC members actively engaged in training and monitoring of COVID-19 preparedness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Low					
90. Does the facility do any self-assessment of IPC core components – e.g. using WHO-IPCAF tool	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Low					
90.a: If Yes when was the last IPCAF assessment done?								
91. Is there any monitoring and evaluation (IPC audits and feedback) done for compliance to Standard Precautions and other recommended IPC practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Low					
91.a. If Yes, How frequently audits are conducted? (No scoring)	<input type="checkbox"/> Monthly <input type="checkbox"/> weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> 6 monthly <input type="checkbox"/> Annually <input type="checkbox"/> Surprise audits <input type="checkbox"/> Other_Please elaborate							
91.b. What is the surveillance system used to identify COVID-19 cases among inpatients	<input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> No surveillance		Low					
91.c. What is the surveillance system used to identify COVID-19 cases among healthcare workers	<input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> No surveillance		Low					
92. List 3 initiatives taken by the HICC in coordination with hospital administrators to address the IPC gaps in preventing healthcare associated COVID -19?	Practice 1: Practice 2: Practice 3:							
93. Is there any policy on limiting visitor movement inside the health facility? (Preventing / limiting attenders to enter into inpatient wards and ICUs)	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started <input type="checkbox"/> NA		Low					
94. Is there any ongoing surveillance in HCF for healthcare associated infections (SSI, BSI, UTI, CLABSI, CAUTI, VAE)	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started <input type="checkbox"/> NA		Low					
94. a. If Yes, is there any targeted IPC activity done based on HAI surveillance data?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started <input type="checkbox"/> NA		Low					
95. Are the staff following WHO 5 moments of hand Hygiene? (1. Before touching patient, 2. Before clean/aseptic procedure, 3. After body fluid exposure risk 4. After touching patient 5. After Touching patient surroundings)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not aware of WHO's 5 moments		Low					
96. Are there posters displayed to reinforce 5 moments of hand hygiene and PPE use near hand washing stations?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
Total (Maximum Score 60)- COVID 19 Transmission Risk Low Risk (Score ≥ 45), Medium Risk (Score 30-44%), High Risk (Score <30)	High	0						
VI. ENVIRONMENTAL CLEANING (Please verify using SOPs available and discussion with the cleaning staff how and when it is done)	Response options	Response/Compliance	Risk (High/Medium/ Low)	Score	Proposed priority action	Timeline	Costs	Responsibility

97. Are objects/environmental surfaces in patient care areas that are touched frequently cleaned? (e.g. bed rails, overbed table, bedside commode, lavatory surfaces)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
97. a. If Yes then how frequently? Please refer to https://www.who.int/publications/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19	# Times in a day cleaned							
98. Are they disinfected with an approved disinfectant after cleaning? (at least daily and when visibly soiled)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
99. Is there a cleaning checklist available and filled regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
100. Is there any housekeeping policy available for isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
101. Availability of terminal cleaning checklist, (once the patient gets discharged/died) available and filled?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
102. Availability of three bucket system	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
103. Are the cleaning staff following outward mopping technique? (Clean to the dirty area)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
104. Availability of separate mops for each area	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
105. Are they following correct contact time for disinfection with hypochlorite solution?								
105. a. 1 minutes for non-porous surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
105. b. 10 minutes for porous surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
106. Frequency of cleaning & disinfecting in patient rooms/ward, Please refer to Refer. https://www.who.int/publications/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19	# times cleaned		Low					
107. Frequency of cleaning & disinfecting ambulatory areas. Please refer to https://www.who.int/publications/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19	# times cleaned		Low					
108. Frequency of cleaning of bathrooms/toilets of in patients areas	# times cleaned		Low					
109. Staff wearing PPE while cleaning floors and surfaces								
109. a. non-medical Utility gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
109. b. Masks	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
109. c. Apron	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
110. Are the cleaning staff trained in housekeeping and infection control practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
111. Is there any policy for linen management for in this facility?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
112. Does soiled linen of patients get changed immediately in the wards and ICUs ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
113. Type of linen used	<input type="checkbox"/> Disposable <input type="checkbox"/> Reusable <input type="checkbox"/> Both							
114. Linens are machine washed with detergent in hot water (60-90°C) or soaked in hot water with soap, then in 0.05% chlorine, rinsed with clean water and dried in sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
Total (Maximum score 100) - COVID 19 Transmission Risk Low Risk (Score ≥ 75), Medium Risk (Score 50-75), High Risk (Score <50)			High	0				
VII. BIOMEDICAL WASTE MANAGEMENT (BMWWM)	Response options	Response/Compliance	Risk (High/Medium/ Low)	Score	Proposed priority action	Timeline	Costs	Responsibility
115. Availability of SOP for BMW management	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
116. Availability of agreement with CWTF. Please Note some rural hospitals in remote areas may not have a Common Bio Medical Waste Treatment Facility(CWTF) for biomedical waste treatment.	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started <input type="checkbox"/> NA		Low					
116.a. Method of disposing biomedical wastes (No Scoring). In remote rural areas where there is no common biomedical waste treatment facility Deep burial and Incineration are permitted as per CPCB guidelines.	<input type="checkbox"/> CWTF <input type="checkbox"/> Deep burial <input type="checkbox"/> Incineration							
117. Are they using color coded bins for BMW segregation and disposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
118. Enough quantities of color coded bags available?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					

119. Spill management protocols available and adhered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
120. Are they disinfecting the waste before it is disposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
121. PPE: Goggles and Face Shields, Gloves disposed in Red Bag	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
122. PPE: Mask, gown, respirator, disposed in Yellow Bag	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
123. Availability of biomedical waste trolley	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
124. Staff collecting BMW is equipped with adequate PPES (Heavy duty gloves, mask etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
125. Availability of dedicated BMW collection and temporary storage area in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
126. BMW collected from health facility within 48hrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					

Total (Maximum score 60) - COVID 19 Transmission Risk

Low Risk (Score \geq 45), Medium Risk (Score 30-44%), High Risk (Score <30)

High

0

VIII. ICU FACILITY	Response options	Response/Compliance	Risk (High/Medium/ Low)	Score	proposed priority action	Timeline	Costs	Responsibility
127. Are there beds dedicated for confirmed COVID-19 cases in the ICU? (If Non COVID Facility, select NA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
127. a. If yes, number of beds dedicated to COVID -19 cases?	#							
128. Are there any beds dedicated for suspected COVID-19 cases in the ICU?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
128. a. If yes, number of beds dedicated for suspected COVID19 cases? (Suspected and confirmed cases should not be kept together in the same ICU)	#							
129. Total number of functional ventilators available in the hospital?	#							
130. Of the available ventilators, how many can be dedicated to COVID-19 patients?	#							
131. Is the distance between beds in ICU more than 1 meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
132. Is there a centralised piped supply of Oxygen in ICUs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
133. Does the ICU maintain negative pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
134. Are there adequate "Ambu bags" available for ICU patients	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
135. Adequate supply of masks, ET tubes,PPE kits available in the ICU	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
136. All ICU staff trained in donning & doffing of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
137. Is there a separate area for donning & doffing of PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
138. Hand washing facility and or hand sanitizer available at donning & doffing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					

Total (Maximum Score 50) - COVID 19 Transmission Risk

Low Risk (Score \geq 37.5), Medium Risk (Score 25-37), High Risk (Score <25)

High

0

IX. OTHER ESSENTIAL SERVICES	Response options	Response/Compliance	Risk (High/Medium/ Low)	Score	Proposed priority action	Timeline	Costs	Responsibility
139. Is there a mechanisms of Inventory management to ensure uninterrupted supply of PPE?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
140. Were any PPE stockouts experienced in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
140. a. If Yes please elaborate the situation and action taken								
141. Were any disinfectant stockout experienced in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
141. a. If Yes please elaborate the situation and action taken								
142 Designated ambulance facility for transporting patients from isolation area to other HCF/ Referral COVID Hospitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
143. List of contact numbers of ambulance drivers displayed at OPD, isolation ward and ICU for ready reference?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
144. Healthcare worker transporting the patient trained in wearing PPE & and other Infection control practices	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low					
145. SOP for disinfecting ambulance after transporting confirmed case/dead body	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					
146. Written protocol available for handling dead bodies of confirmed COVID-19 cases (MoHFW)	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started		Low					

147. Are enough body bags available in the health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
148. Are there written protocols available in the health facility for autopsy for medico-legal cases based on ICMR guidelines on Medico-legal autopsy for COVID-19 cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
149. Does the staff handling dead bodies receive training on MoHFW- NCDC Guidelines on COVID-19 dead body management?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
150. Does the staff handling the dead body wear PPE as recommended by MoHFW?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Low				
Total (Maximum Score 60) - COVID 19 Transmission Risk Low Risk (Score \geq 45), Medium Risk (Score 30-44), High Risk (Score <30)		High	0				

Proposed key priority action points for each section

Baseline Risk

I.		Not Scored
II.		High
III.		High
V.		High
VI.		High
VII.		High
VIII.		High
IX.		High

Remarks:

	Signature Designation: Head/ In Charge of HCF Date:	
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