# Hospital Preparedness & Infection Prevention and Control for COVID-19 in Non-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 |
|---|---|---|---|---|---|---|---|---|
| **II. HCF PREPAREDNESS TO MANAGE MAJOR EPIDEMICS & PANDEMICS** | | | | | | | | |
| 15. Does the hospital have SOP to manage emerging infectious diseases (EID) outbreaks in the HCF? | ☐ Available ☐ 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? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 17. Roles and responsibilities of RRT / ERT clearly defined | ☐ Available ☐ In progress ☐ Not started ☐ NA | | Low | | | | | |
| 17. a. Is there a contingency plan for covering for a core team member who is absent in the HCF? | ☐ Available ☐ In progress ☐ Not started ☐ 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? | ☐ Yes ☐ 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? | ☐ Yes ☐ No | | Low | | | | | |
| 19. Training for Healthcare Personnel (HCP); Education and job-specific training to HCP regarding: | | | | | | | | |
| a) Basic knowledge regarding transmission of COVID-19 | ☐ Completed ☐ In progress ☐ Not started | | Low | | | | | |
| b) Signs and symptoms of infection | ☐ Completed ☐ In progress ☐ Not started | | Low | | | | | |

| | Response options | Response/Compliance | Risk (high/medium/low) | Score | Proposed priority action | Timeline | Costs | Responsibility |
|---|---|---|---|---|---|---|---|---|
| c) Triage procedures (including patient placement ) | ☐ Completed☐ In progress ☐ Not started | | Low | | | | | |
| d) Safely collect clinical specimens for COVID-19 | ☐ Completed☐ In progress ☐ Not started ☐ NA | | Low | | | | | |
| e) Biomedical Waste management | ☐ Completed☐ In progress ☐ Not started | | Low | | | | | |
| f) Standard Precautions | ☐ Completed☐ In progress ☐ Not started | | Low | | | | | |
| g) Correct and consistant use of recommended PPE including donning and doffing | ☐ Completed☐ In progress ☐ Not started | | Low | | | | | |
| h) How and to whom suspected COVID-19 Case investigation forms (CIF) should be reported | ☐ Completed☐ In progress ☐ Not started | | Low | | | | | |
| 20. Is there any table top exercise/ mock drills conducted to assess the hospital preparedness? | ☐ Table top exercise ☐ Mock drill ☐ 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* | ☐ Available ☐ In progress ☐ 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) | ☐ Available ☐ In progress ☐ 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 | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 24. Is there specific waiting area for people with respiratory symptoms before/ during registration process? | ☐ Available ☐ Not Available | | Low | | | | | |
| 25. Availability of designated ARI/ILI/COVID-19 triage area in the OPD? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 26. Do they have non-contact infra-red thermometer available near the registration desk? | ☐ Available ☐ 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 | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 27. a. Triage area has signages/ posters about respiratory etiquette and hand hygiene | ☐ Available ☐ In progress ☐ 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) | ☐ Yes ☐ No | | Low | | | | | |
| 29. Does the HCF provide masks for patients with respiratory symptoms if they are not already wearing ? | ☐ Yes ☐ 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 | ☐ Yes ☐ No | | Low | | | | | |
| 31. Screening questionnaire/ COVID symptom screening algorithm for triage available with staff at the OPD? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 32. Hand washing station with soap and water installed and functional | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 33. Waste bins and access to cleaning/disinfection supplies available in Triage area | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |

| | Response options | Response/Compliance | Risk (high/medium/low) | Score | Proposed priority action | Timeline | Costs | Responsibility |
|---|---|---|---|---|---|---|---|---|
| 34. Alcohol based hand rub solution available in the Triage area | ☐ Available ☐ In progress ☐ 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? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 36. Does the patient waiting area have adequate ventilation? | ☐ Yes ☐ 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 | ☐ Yes ☐ No | | Low | | | | | |
| 38.Are there posters to reinforce hand washing, cough hygiene and use PPE at hand washing stations for staff? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 39.HCF staff aware of importance of? | | | | | | | | |
| a. Hand hygiene | ☐ Yes ☐ No | | Low | | | | | |
| b Cough etiquettes | ☐ Yes ☐ No | | Low | | | | | |
| c Usage of PPE based on risk | ☐ Yes ☐ No | | Low | | | | | |
| d. PPE Donning and Doffing | ☐ Yes ☐ No | | Low | | | | | |
| e. Distance isolation measures | ☐ Yes ☐ No | | Low | | | | | |
| f. Contact precaution measures | ☐ Yes ☐ No | | Low | | | | | |
| 40. COVID-19 laboratory testing facility available in this HCF? | ☐ Yes ☐ No | | Low | | | | | |
| 40. a. If yes Type of COVID-19 test done | ☐ Antigen (Rapid Test) ☐ PCR based ☐ Antibody based ☐ Others Please Specify | | Please specify other test here | | | | | |
| 41. Does the hospital have dedicated infrastructure for isolation facility? (If no, please skip to Section V) | ☐ Yes ☐ No ☐ NA | | Low | | | | | |
| 41. a. If Yes, type of isolation facility | ☐ Permanent ☐ Temporary | | Low | | | | | |
| Total (Maximum score 150) - COVID 19 Transmission Risk<br>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 |
| **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)? | ☐ Yes ☐ No | | Low | | | | | |
| 88. Are there any infection control SOP/guidelines/manual available? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 89.Are the HICC members trained in hospital preparedness & IPC for COVID-19? | ☐ Yes ☐ No ☐ NA | | Low | | | | | |
| 89.a. If Yes, Are HICC members actively engaged in training and monitoring of COVID-19 preparedness? | ☐ Yes ☐ No ☐ NA | | Low | | | | | |
| 90. Does the facility do any self-assessment of IPC core components – e.g. using WHO-IPCAF tool | ☐ Yes ☐ No ☐ NA | | Low | | | | | |
| 90.a: If Yes when was the last IPCAF assesement done? | | | | | | | | |
| 91.Is there any monitoring and evaluation (IPC audits and feedback) done for compliance to Standard Precautions and other recommended IPC practices? | ☐ Yes ☐ No ☐ NA | | Low | | | | | |

| Question | Response options | Response/Compliance | Risk (High/Medium/Low) | Score | Proposed priority action | Timeline | Costs | Responsibility |
|---|---|---|---|---|---|---|---|---|
| 91.a. If Yes, How frequently audits are conducted? (No scoring) | ☐ Monthly ☐ weekly ☐ Quarterly ☐ 6 monthly ☐ Anually ☐ Surprice audits ☐ Other_ Please elaborate | | | | | | | |
| 91.b What is the surveillance system used to identify COVID-19 cases among inpatients | ☐ Active ☐ Passive ☐ No surveillance | | Low | | | | | |
| 91.c What is the surveillance system used to identify COVID-19 cases among healthcare workers | ☐ Active ☐ Passive ☐ 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) | ☐ Available ☐ In progress ☐ Not started ☐ NA | | Low | | | | | |
| 94. Is here any ongoing surveillance in HCF for healthcare associated infections (SSI, BSI, UTI, CLABSI, CAUTI,VAE) | ☐ Available ☐ In progress ☐ Not started ☐ NA | | Low | | | | | |
| 94. a. If Yes, is there any targeted IPC activity done based on HAI surveillance data? | ☐ Available ☐ In progress ☐ Not started ☐ 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) | ☐ Always ☐ Sometimes ☐ 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? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| **Total (Maximum Score 60)- COVID 19 Transmission Risk** <br> **Low Risk (Score ≥ 45), Medium Risk (Score 30-44%), High Risk (Score <30)** | | | **High** | 0 | | | | |
| **VI. ENVIRONMENTAL CLEANING** <br> **(Please verify using SOPs available and dicussion 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) | ☐ Yes ☐ No | | Low | | | | | |
| 97. a.If Yes then how frequenty? Please refer to https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-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) | ☐ Yes ☐ No | | Low | | | | | |
| 99. Is there a cleaning checklist available and filled regularly? | ☐ Yes ☐ No | | Low | | | | | |
| 100. Is there any housekeeping policy available for isolation area? | ☐ Yes ☐ No | | Low | | | | | |
| 101. Availability of terminal cleaning checklist, (once the patient gets discharged/died) available and filled? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 102. Availability of three bucket system | ☐ Yes ☐ No | | Low | | | | | |
| 103. Are the cleaning staff following outward mopping technique? (Clean to the dirty area) | ☐ Yes ☐ No | | Low | | | | | |
| 104. Availability of separate mops for each area | ☐ Yes ☐ No | | Low | | | | | |
| 105. Are they following correct contact time for disinfection with hypochlorite solution? | | | | | | | | |
| 105. a. 1 minutes for non-porous surfaces | ☐ Yes ☐ No | | Low | | | | | |
| 105. b. 10 minutes for porous surfaces | ☐ Yes ☐ No | | Low | | | | | |

| Item | Response options | Response/ Compliance | Risk (High/ Medium/ Low) | Score | Proposed priority action | Timeline | Costs | Responsibility |
|---|---|---|---|---|---|---|---|---|
| 106. Frequency of cleaning & disinfecting in patient rooms/ward, Please refer to Refer https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19 | # times cleaned | | Low | | | | | |
| 107. Frequency of cleaning & disinfecting ambulatory areas. Please refer to https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-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 | ☐ Yes ☐ No | | Low | | | | | |
| 109. b. Masks | ☐ Yes ☐ No | | Low | | | | | |
| 109. c. Apron | ☐ Yes ☐ No | | Low | | | | | |
| 110. Are the cleaning staff trained in housekeeping and infection control practices? | ☐ Yes ☐ No | | Low | | | | | |
| 111. Is there any policy for linen management for in this facility? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 112. Does soiled linen of patients get changed immediately in the wards and ICUs ? | ☐ Yes ☐ No | | Low | | | | | |
| 113. Type of linen used | ☐ Disposable ☐ Reusable ☐ Both | | | | | | | |
| 114. Linens are machine washed with detergent in hot water (60-90$^0$C) or soaked in hot water with soap, then in 0.05% chlorine, rinsed with clean water and dried in sunlight? | ☐ Yes ☐ 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 (BMWM)** | **Response options** | **Response/ Compliance** | **Risk (High/ Medium/ Low)** | **Score** | **Proposed priority action** | **Timeline** | **Costs** | **Responsibility** |
| 115. Availability of SOP for BMW management | ☐ Available ☐ In progress ☐ 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. | ☐ Available ☐ In progress ☐ Not started ☐ 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. | ☐ CWTF ☐ Deep burial ☐ Incineration | | | | | | | |
| 117. Are they using color coded bins for BMW segregation and disposal? | ☐ Yes ☐ No | | Low | | | | | |
| 118. Enough quantities of color coded bags available? | ☐ Yes ☐ No | | Low | | | | | |
| 119. Spill management protocols available and adhered? | ☐ Yes ☐ No | | Low | | | | | |
| 120. Are they disinfecting the waste before it is disposed? | ☐ Yes ☐ No | | Low | | | | | |
| 121. PPE: Goggles and Face Shields, Gloves disposed in Red Bag | ☐ Yes ☐ No | | Low | | | | | |
| 122. PPE: Mask, gown, respirator,disposed in Yellow Bag | ☐ Yes ☐ No | | Low | | | | | |
| 123. Availability of biomedical waste trolley | ☐ Yes ☐ No | | Low | | | | | |
| 124. Staff collecting BMW is equipped with adequate PPES (Heavy duty gloves, mask etc.) | ☐ Yes ☐ No | | Low | | | | | |
| 125. Availability of dedicated BMW collection and temporary storage area in the facility? | ☐ Yes ☐ No | | Low | | | | | |
| 126. BMW collected from health facility within 48hrs? | ☐ Yes ☐ No | | Low | | | | | |
| **Total (Maximum score 60) - COVID 19 Transmission Risk** **Low Risk (Score ≥ 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? | ☐ Yes ☐ 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? | ☐ Yes ☐ 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? | ☐ Yes ☐ No | | Low | | | | | |
| 132.Is there a centralised piped supply of Oxygen in ICUs? | ☐ Yes ☐ No | | Low | | | | | |
| 133.Does the ICU maintain negative pressure? | ☐ Yes ☐ No | | Low | | | | | |
| 134.Are there adequate "Ambu bags" available for ICU patients | ☐ Yes ☐ No | | Low | | | | | |
| 135. Adequate supply of masks, ET tubes,PPE kits available in the ICU | ☐ Yes ☐ No | | Low | | | | | |
| 136. All ICU staff trained in donning & doffing of PPE | ☐ Yes ☐ No | | Low | | | | | |
| 137. Is there a separate area for donning & doffing of PPE? | ☐ Yes ☐ No | | Low | | | | | |
| 138. Hand washing facility and or hand sanitizer available at donning & doffing areas | ☐ Yes ☐ No | | Low | | | | | |
| **Total (Maximum Score 50) - COVID 19 Transmission Risk** <br> **Low Risk (Score ≥ 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 uninterupted supply of PPE? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 140. Were any PPE stockouts experienced in the past 6 months? | ☐ Yes ☐ No | | Low | | | | | |
| 140. a. If Yes please eloborate the situation and action taken | | | | | | | | |
| 141. Were any disinfectant stockout experienced in the past 6 months? | ☐ Yes ☐ No | | Low | | | | | |
| 141. a. If Yes please eloborate the situation and action taken | | | | | | | | |
| 142 Designated ambulance facility for transporting patients from isolation area to other HCF/ Referal COVID Hospitals? | ☐ Yes ☐ No | | Low | | | | | |
| 143. List of contact numbers of ambulance drivers displayed at OPD, isolation ward and ICU for ready reference? | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 144. Healthcare worker transporting the patient trained in wearing PPE & and other Infection control practices | ☐ Yes ☐ No | | Low | | | | | |
| 145. SOP for disinfecting ambulance after transporting confirmed case/dead body | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 146. Written protocol available for handling dead bodies of confirmed COVID-19 cases (MoHFW) | ☐ Available ☐ In progress ☐ Not started | | Low | | | | | |
| 147. Are enough body bags available in the health facility? | ☐ Yes ☐ 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? | ☐ Yes ☐ No | | Low | | | | | |
| 149.Does the staff handling dead bodies receive training on MoHFW- NCDC Guidelines on COVID-19 dead body management? | ☐ Yes ☐ No | | Low | | | | | |
| 150. Does the staff handling the dead body wear PPE as recommended by MoHFW? | ☐ Yes ☐ No | | Low | | | | | |

| Total (Maximum Score 60) - COVID 19 Transmission Risk<br>Low Risk (Score ≥ 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: | |