

CHECKLIST TO ASSESS THE INFECTION PREVENTION AND WASTE MANAGEMENT PRACTICES AT NON COVID HOSPITALS

Date of the assessment: _____

Assessor's name and designation: _____

Name of Hospital: _____

Address: _____

Name of Nodal Officer (Infection Control Officer): _____

Contact Number: _____ Email ID: _____

Sl	Observation Points	Yes / No	If not implemented, mention reasons and action taken to address the issue
A	HOSPITAL INFECTION CONTROL COMMITTEE		
A.1	Is the Hospital Infection control committee functional(Earlier Infection control committee under the quality assurance) with members updated?		
A.2	Infection control audit is done regularly at the facility <ul style="list-style-type: none"> ● Collection of Samples for surfaces form critical and high-risk areas (LR and OTs) for microbiological surveillance ● Record keeping for HAI (Hospital Acquired infection) and analysis of HAI rates. ● Audit committee meeting regularly with presentation of audit report 		
B	SCREENING FACILITY		
B.1	Is there any separate designated screening area / space for everyone (all staff, patients and attendants) entering the hospital (preferably at the entrance) being used?		
B.2	Are the protocols ensured for screening ? <ul style="list-style-type: none"> ● The screening staff are trained ● The screening staff are adequately protected (Triple layer mask, gloves, sanitiser, 1metre spacing between patients, patients wear masks) ● The protocols are displayed 		

	<ul style="list-style-type: none"> • The screening person able to guide the suspected COVID patient for testing facility and counsel on the prevention of spread • Screening checklist being used by staff 		
C	FEVER CLINIC		
C.1	<p>Is there a separate fever clinic (away from the main working area of the Hospital) being functional for the purpose of screening SARI / ILI / suspected Covid-19 cases and persons coming from hotspot areas?</p> <p>Is the person asking and checking for the following?</p> <ol style="list-style-type: none"> a. Fever (infrared thermometer) b. Upper Respiratory Tract Infection c. Pneumonia (Hypoxia using pulse oximeter SPO2 < 90%, Respiratory Rate >30/min) 		
D	TRIAGE FACILITY		
D.1	<p>Is there a Triage area/Emergency area for the patients arriving at the hospital?</p> <p>Triage area: sitting area for patients; designated person in charge; separated by glass shield or sitting at a distance of at least 1 meter.</p>		
D.2	<p>Are the protocols ensured for triaging?</p> <ul style="list-style-type: none"> • All the designated persons wearing PPE (Triple layer mask and Gloves) • Are the designated persons separated by at least 1 meter /glass shield • The designated person doing the routine screening <ul style="list-style-type: none"> ○ Fever (infrared thermometer), ○ Upper Respiratory Tract Infection, ○ Pneumonia (RR, SpO2) • Person have the knowledge of what to do after Triage once a suspected case is identified? <ul style="list-style-type: none"> ○ suspect patient given a medical mask and directed to a separate area / isolation room ○ minimum distance of 1 metre being maintained between the suspected patient and other patients ○ instructions been given to all patients to maintain respiratory hygiene (<i>cover nose and mouth during coughing or sneezing with a tissue or flexed elbow for others</i>) 		

	○ Counselling on Respiratory and hand hygiene etiquette		
E	RECORDS AND REPORTING		
E.1	Is the reporting register kept at the Screening area , Fever clinic and Triage area to report SARI/ILI to IDSP surveillance.		
E.2	Records maintained on HAI data at SNCU, ICU, OT for Infection control Audit.		
E.3	Records on the vaccination of the medical staff (Hep B, TT)		
E.4	Records on the supply of PPE supply and consumption		
E.5	Minutes of meeting of Infection Control Audit		
E.6	Records on cleaning of water tank, services of drinking water filters		
F	CAPACITY OF WORKFORCE IN IPC		
F.1	Have all healthcare workers undergone training on Infection Prevention and Control? Check Training Record, Trainers in the facility, Regular disinfection of equipment		
F.2	Are the workers aware of common signs and symptoms, need for self-monitoring and prompt reporting of such symptoms? (installation of Arogya Setu App and knowledge on App use, regular self-assessment)		
F.3	Do all staff members (doctors and paramedics) know how to properly don and doff PPEs?		
F.4	Do the Cleaning staff trained on the Cleaning procedures and BMW		
G	ISOLATION WARD		
G.1	Is there a space / ward or room earmarked for suspected Covid-19 patients (awaiting test results) being identified/used? <ul style="list-style-type: none"> ● Isolation room / ward segregated from other patient areas ● Separate toilet for isolation ward not common to other patients ● Staff deployed here are not allowed to work in other areas of the hospital. 		
H	WASH		
H.1	Is functional hand washing stations and/or sanitizer dispensers available near the entrance & other important areas being used regularly? (Emergency room, labour room, OT, Dental		

	clinics, ENT clinics, Ophthalmology, injection rooms)		
H.2	Is the use of masks, sanitisers, hand washing, and social distancing ensured within the hospital being functional?		
H.3	Is there adequate stock of all PPE available? (check stock registers). Also, check for rational use.		
H.4	Are donning and doffing areas kept separate		
	Is the close contact of suspected person counselled on wearing mask, Handwashing, use of Mask, knowledge of signs and symptoms, where to report once any symptom develop, home quarantine		
H.5	24X7 Water availability at the facility <ul style="list-style-type: none"> • Drinking water available with disposable cups • Water tank cleaned every 3 months 		
H.6	Toilets functional and clean <ul style="list-style-type: none"> • All toilets are functional with running water 24X7 • Functional hand washing area with soap 		
I	BMW MANAGEMENT		
I.1	Are separate colour coded bins/bags/containers available in rooms, wards, corridors etc to segregate waste as per BMW rules being used?		
I.2	<ul style="list-style-type: none"> • Are all articles like swab, syringes, IV set, PPE etc being discarded in yellow bag. • All sharps like needles etc are being collected in puncture proof container and then being discarded in yellow bag. 		
I.3	Is waste from all over the hospital carried in trolleys to a central demarcated area for segregation and disinfection?		
I.4	Do the janitorial staff transporting, segregating and disinfecting waste use appropriate PPE?		
I.5	Is the disinfected waste taken out for disposal by the identified agency on a daily basis and disposed off properly? (check log)		
I.6	Is freshly prepared Hypochlorite solution (1% or more) used for disinfection purposes? (check log)		
I.7	Are all commonly touched surfaces (door handles, taps, lift buttons etc) disinfected thoroughly at least once every 3 hours? (check log)		
I.8	Are all rooms, wards, corridors etc cleaned and disinfected thoroughly and frequently (at least once every 8 hours)? (check log)		
J	IEC		

J.1	IEC Protocols displayed in all the concerned areas		
K	AMBULANCE SERVICES		
K.1	Is there a mechanism for providing information to ambulance service providers once a suspected/confirmed COVID patient (transported); identified during screening?		
K.2	Is the ambulance staff orientated on how to disinfect once suspected/confirmed COVID patient transported as per GoI guidelines?		
L	IP PRACTICES BY STAFF		
L.1	Are all patients / inmates wearing masks at all times?		
L.2	Is sample collection and other aerosol generating procedures taking place in an adequately ventilated room? *		
L.3	Sample Collection, Storage and Transport: 1. HCWs who collect specimens wearing a particulate respirator** 2. HCWs who collect specimens using other appropriate PPE (eye protection, long-sleeved gown, gloves)? All personnel who transport specimens are trained in safe handling practices and spill decontamination procedures (As per Hospital Policy)?		
L.4	For high risk areas like triage, fever clinics, aerosol generating procedures like Emergency room, labour room, OT, Dental clinics, ENT clinics, Ophthalmology, injection rooms, Specimen collection areas are the HCWs using recommended PPE with particulate respirator? **		
L.5	Are those HCW who are dealing with suspected / confirmed Covid-19 cases administered chemoprophylaxis under medical supervision and as per guidelines? Are those HCWs who are exposed quarantined and tested as per guidelines? Is there any documentation?		
L.6	Are the number of HCWs, family members and visitors in contact with a suspect case limited? Is a record being maintained?		
L.7	Facility ensures standard practices for sterilisation and disinfection of instruments and equipment-Autoclave facility		
M	DIRTY UTILITY AREA & LAUNDRY SERVICES		
M.1	Is laundry / linen handling precautions and hygiene being maintained (esp. for suspected cases):		

	<ol style="list-style-type: none"> 1. All soiled clothing bedding and linen gathered without creating much motion / fluffing. 2. No shaking of sheets when removing them from the bed. 3. Hand hygiene being carried out after handling soiled laundry items. 4. Laundry is disinfected in freshly prepared 1% bleach and then transported to laundry in tightly sealed and labelled plastic bag. 		
N	MORTUARY		
N.1	Are dead body management protocols for suspected / confirmed Covid-19 patients in place and staff trained?		
N.2	Necessary PPE equipment and Dead body handling kit available.		

- ** With natural ventilation with at least 160 l/s/patient air flow or negative pressure rooms with at least 12 air changes per hour (ACH) and controlled direction of air flow when using mechanical ventilation*
- *** at least as protective as a NIOSH-certified N95, EU FFP2 or equivalent. User performing a seal check while putting on a disposable particulate respirator.*