



Hospital Preparedness & Isolation Facility Assessment Checklist - COVID19

I. GENERAL INFORMATION

| | | | |
|---|---|-------------------|-----|
| 1. Name of the healthcare facility (HCF) | | | |
| 2. Type | <input type="checkbox"/> Public <input type="checkbox"/> Private | | |
| 3. Category of HCF | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary | | |
| 4. Subcategory | <input type="checkbox"/> PHC <input type="checkbox"/> UPHC <input type="checkbox"/> CHC <input type="checkbox"/> Taluk/Sub-District Hospital <input type="checkbox"/> District Hospital <input type="checkbox"/> General Hospital <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Multi-Speciality Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Dispensary <input type="checkbox"/> Clinic | | |
| 5. Address of the health facility | | | |
| a) Block | | | |
| b) District | | | |
| c) State | | | |
| d) Email ID | | | |
| e) Contact no. | | | |
| 6. Name of Director/ Principal/Medical superintendent | | | |
| a) Email ID | | | |
| b) Contact no. | | | |
| 7. Name of RMO/Hospital In-charge | | | |
| a) Email ID | | | |
| b) Contact no | | | |
| 8. Total number of inpatient beds | | | |
| 9. Total number of ICU beds | | | |
| 10. Average number of OPD attendance per month | | | |
| 11. Average number of new admissions /months | | | |
| 12. Bed occupancy rate (Annual) | | | |
| 13. Total staff strength | Doctors – MBBS | | |
| | Doctors- AYUSH | | |
| | Clinical Specialists other than Intensivist/Pulmonologist | | |
| | Non-Clinical specialists other than Microbiologist | | |
| | Microbiologists | | |
| | Intensivists # | Pulmonologist # | Int |
| | Senior Resident # | Junior Resident # | SR |
| | Interns | | |
| | Nurses | | |
| | Lab technicians | | |
| | Pharmacists | | |
| Laboratory Technicians | | | |

| | |
|---|--|
| | Cleaning staff |
| | Ambulance drivers |
| 14. Does this HCF have a designated COVID 19 isolation facility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| II. HCF PREPAREDNESS TO MANAGE MAJOR EPIDEMICS & PANDEMICS | |
| 15. Core Emergency Response / Rapid Response Team for | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 16. Roles and responsibilities of RRT/ERT clearly defined? | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 17. Is there a contingency plan for covering for a core team | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 18. Monitoring and managing Health Care Personnel (HCP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Training for Healthcare Personnel (HCP) | |
| III. TRIAGE | |
| 20. Triage protocols available at the healthcare facility? | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 21. Availability of telemedicine facility as a way to provide | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 22. Is there specific waiting area for people with respiratory | |
| 23. Availability of designated ARI/COVID-19 triage area | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 24. Do they have non-contact Infra-Red thermometer available | |
| 25. Availability of signage directing to triage area and signage | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 26. Do they have dedicated/single examination rooms in Triage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Triage area has signs/alerts about respiratory etiquette and | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Does the HCF provide masks for patients with respiratory | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Triage staff trained on revised COVID19 case definition and | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Screening questionnaire and algorithm for triage available | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 31. Infrared thermometer available with the triage staff | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 32. Waste bins and access to cleaning/ disinfection supplies | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 33. Physical barriers (e.g., glass or plastic screens) at | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 34. Does the patient waiting area have cross ventilation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. Waiting area cleaned at least twice daily with 0.5% | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. Does the hospital have dedicated infrastructure for | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37. Type of isolation Facility | <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent |
| IV Isolation Facility | |
| 38. Is the isolation facility near OPD/IPD/other crowded area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 39. Screening rooms identified and available at the isolation | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 40. Is there separate entry to the isolation area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41. Dedicated space for staff to put on PPE while entering the | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 42. Is there separate exit for isolation area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43. Dedicated space for staff to take off PPE near exit? | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 44. Isolation facility is separate and has rooms/wards? | <input type="checkbox"/> Rooms <input type="checkbox"/> Wards |
| 45. Are washrooms available as 1 toilet per 20 persons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46. Number of beds in each isolation rooms/wards | |
| 47. Is the distance between two beds in isolation wards/rooms | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 48. Do the hospital have policy to segregate clinical staff (e.g. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 49. Whether PPEs available and located near point of use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 50. Whether the hospital limits the movement of patients in the | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 51. Are the known or suspected COVID19 patients placed on | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 52. If a patient leaves their room for medical purposes, are they | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 53. Do staff transporting the patient wear PPE? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 54. While transporting patients are specific routes used to | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 55. For a patient on Airborne Precautions, air pressure is | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 56. Are these isolation rooms/wards satisfying the criteria of | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 57. Is there Provision food in the isolation area? | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 58. Policy for leftover food waste management? | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started |
| 59. Is there an ICU facility attached to isolation area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60. Availability of cross ventilation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 61. Is there any designated area for sample collection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 62. Are they following standard precautions and PPE while | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 63. Does the facility have a written policy for sample collection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 64. Are these sample transported in triple packing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|--|-----------------------------|
| 65. Does the transportation package contain IATA DG code | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 66. Are they following standard precautions while transporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 67. Are the floors of isolation facility suitable for moping? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 68. Is drinking water available at isolation area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 69. Availability of management protocols for COVID19 | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 70. Is rotation roster of duty shift for staff posted at isolation | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 71. Is there any protocol for limiting the entry of visitors at | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 72. Availability of separate Thermometers BP apparatus with | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 73. Availability of discharge policy for COVID19 | <input type="checkbox"/> Available <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started | |

IV. INFECTION PREVENTION AND CONTROL PRACTICES

| | | |
|--|--|-----------------------------|
| 74. Does the hospital have Hospital Infection control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75. Are there any infection control protocols/guidelines | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 76. Functioning hand washing stations (including water, soap | | |
| 77. Does the facility have uninterrupted running water supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78. Is alcohol based hand sanitizer available at isolation area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 79. Are the staff following five movements of hand washing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 80. Are the staff following six steps of hand washing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 81. Is there posters to reinforce hand washing and PPE at hand | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |

VI. ENVIRONMENTAL CLEANING

| | | |
|--|--|-----------------------------|
| 82. Are objects and environmental surfaces in patient care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 83. Are they disinfected with an approved disinfectant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 84. Is there cleaning chart? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 85. Frequency of cleaning of high touch areas, Bed rails, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 86. Is there any housekeeping policy available at isolation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 87. Availability of terminal cleaning checklist | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 88. Availability of three bucket system | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 89. Are they following correct contact time for disinfection with | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 90. Are the staff following outward mopping technique | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 91. Availability of separate mops for each area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 92. Frequency of cleaning of isolation rooms? | | |
| 93. Frequency of cleaning of ambulatory areas? | | |
| 94. Frequency of cleaning of bathrooms of isolation areas? | | |
| 95. Staff wearing PPE while cleaning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Gloves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Apron | | |
| 96. Are the staff trained in housekeeping and infection control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 97. Doctors, nurses & cleaning staff available/ shift at isolation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 98. Barrier nursing practiced at isolation area in 1:1 ratio? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 99. Is there any policy for linen management for isolation | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 100. What is the frequency of changing linen in isolation rooms? | <input type="checkbox"/> Daily <input type="checkbox"/> Alternate Days <input type="checkbox"/> Weekly | |
| 101. Type of linen used | <input type="checkbox"/> Disposable <input type="checkbox"/> Reusable | |

VII. BIOMEDICAL WASTE MANAGEMENT (BMW)

| | | |
|---|--|-----------------------------|
| 102. Availability of SOP for BMW management? | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 103. Availability of agreement with CWTF | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 104. Are they following color codes bins in BMW management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 105. Is there sufficient quantity color coded bags available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 106. Are they disinfecting the waste before it is disposed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 107. Method of disposing biomedical wastes? | <input type="checkbox"/> CWTF <input type="checkbox"/> Deep burial <input type="checkbox"/> Incineration | |
| 108. Disposal of sharps as per the standard protocol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 109. Availability of biomedical waste trolley? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 110. Availability of dedicated BMW collection area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 111. BMW collected from isolation facility within 48hrs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VIII. ICU FACILITY

| | | |
|---|------------------------------|-----------------------------|
| 112. Are there any beds dedicated for COVID 19 infection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 113. If Yes, Number of beds dedicated to COVID 19 cases? | | |
| 114. Is the distance between beds in ICU more than 1 meter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 115. Is the oxygen supply is by cylinder or central connection? | | |

| | | |
|--|--|-----------------------------|
| 116.Are there any separate Ventilators, nebulizers, Infusion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 117.Adequate supply of masks, ET tubes, PPE kits available at | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 118.All ICU Staff received training in donning & doffing of PPE? | <input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 119.Are there separate area for donning & doffing of PPE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 120.Hand washing facility & hand sanitizer available at donning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| XII.OTHER ESSENTIAL SERVICES | | |
| 121.Is there strategy available for optimizing the PPE supply | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 122.Are there any stockout experience for PPEs in the las year. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 123.Designated ambulance facility for transporting patients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 124.list of contact numbers of ambulance drivers displayed at | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 125.Ambulance staff trained in wearing PPE & and other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 126.SOP for disinfecting ambulance after transporting | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 127.Written protocol available for disposing dead bodies of | <input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started | |
| 128.Is there enough availability of body bags? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 129.Are the staff trained in handling dead bodies and wearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |