

Self-assessment checklist for Non-COVID Health Facilities for Infection Prevention and Control during COVID-19 Pandemic, Odisha

(This checklist to be filled up by the In –charge of the health facility along with the Infection Control Officer of the same Health Facility. The duly filled and signed checklist to be submitted to CDM&PHO every month and a copy of the same to be archived for further verification)

Name of the Facility:

Address:

Facility is Maintained by : Govt. / Private/PPP

Type of Hospital: General Hospitals/ Multi-Speciality/ Super Speciality/ Other

Name of In-charge of the Facility:

Designation

Email ID:

Name of Infection Control Officer:

Designation

Email ID:

Facilities Available: OPD/ Day Care/ IPD/OT/ICU/Emergency Services

Section A. Readiness of Health Facility for Infection Prevention and Control Practices

Sl. No	Variables	Yes/ No	Remark
1	Is there a functional Infection Control Committee exists in the facility (Assess the documents and records)		
2	Is there a Nodal officer (Infection control officer) identified to handle matters related to hospital associated infection (HAIS) / any COVID related situation		
3	Is the Nodal officer has received trainings on COVID and Infection Prevention and Control related to COVID-19 management		
4	Is the Nodal officer aware of sign and symptom for which the staffs will be taken to isolation immediately		
5	Is the Nodal officer aware regarding high risk exposure of health care worker and steps to be taken for such incidents		
6	Is there practice of Post-exposure quarantine for Health care workers working in COVID Hospitals		
7	Is there any protocol of documentation on any high-risk exposure of Health care workers and steps to be taken		
8	Are all Doctors and health care workers oriented /trained on IPC pertaining COVID and handling suspected/ confirmed cases		
9	Are all Support staffs/ sanitary workers oriented /trained on IPC pertaining COVID and handling suspected/ confirmed cases		
10	Is concerned staffs are trained to Handle dead bodies of suspected/confirmed cases in ICU and mortuary		
11	Awareness & practices of Health Workers regarding hand wash & Respiratory etiquettes		

12	Are staff members (doctors & paramedics) know how to properly donning and doffing of PPEs		
13	Health care workers are aware of appropriate use of PPE in different places of Hospital		
14	Health care workers are aware of appropriate use of PPE for Aerosol precautions (intubation, non-invasive ventilation, tracheostomy, CPR, bronchoscopy, collection of NP/OP swabs and autopsy etc.)		
15	All Doctors and Health care workers are aware of Rational use of PPE		
16	Are PPEs available in adequate quantity for next 30 days		
17	Is there regular IPC awareness orientation for Health care workers (preferably on weekly basis)		

Section B. Infrastructure set up for Infection, Prevention and Control

Sl. No	Variables	Yes/ No	Remark
1	Is there practice of triage/ segregation of patients before patients entering to the Hospital		
2	Is there regular thermal screening practices in place for all patients and visitors		
	Is there Hand wash centres at outside premises (liquid soap/ alcohol based sanitizer as applicable)		
3	Is Social distancing norms are in place and in practice at the registration counter, waiting area and other such places		
4	Are the patients / inmates / visitors practicing respiratory etiquettes (covering the cough with tissue paper or folded elbow)		
5	Are there Hand wash centres at inside premises such as reception, triage, screening, laboratory, wards and ICU (liquid soap/ alcohol-based sanitizer as applicable)		
6	Are patient beds separated / placed at least 1 meter apart in all IPDs		
7	Is the work flow of Doctors, staff and patients designed in such a way that clean and dirty areas do not intermingle		
8	Are donning and doffing areas are identified, and donning duffing is practised as and when required		
9	Is there identified "Flu clinic" preferably away from normal patient flow and separated from routine OPD area?		
10	Are Doctors and Health workers using PPE as prescribed Infection Prevention and Control (IPC) norms at the Flu clinic?		
11	Is the Referral transportation system in place for suspected/ confirmed cases (BLS Ambulance)		
12	Is the Ambulance disinfection protocol in place in view of transportation of suspected COVID cases		
13	Are there Lab testing facilities for COVID-19 in the facility		
14	Are there provision of other basic lab diagnostic procedures		

15	Are all patients / inmates / visitors wearing masks / gloves as prescribed norms		
16	Are the separate wards / rooms for confirmed as well as suspect patients well ventilated		
17	Is the Health worker using the appropriate PPE and following the standard norms during the aerosol generating procedure		
18	Are Mopping of the Floors, lifts, railings etc. at least three times a day		
19	Display of prescribed IEC material on Hand washing, Use of Mask/PPE and Respiratory etiquettes at waiting rooms, registration counters etc.		

Section C. Bio-Medical Waste Management

Sl. No	Variables	Yes/ No	Remark
1	Are separate colour coded bins/bags/containers available in rooms, wards, corridors etc. to segregate waste as per BMW Rules, 2016 as amended and CPCB guidelines for implementation of BMW Management Rules?		
2	Are the Health workers aware of disposal of various bio-medical waste in different colour coded bins?		
3	Are all articles like swab, syringes, IV set, PPE etc. being discarded in yellow bag /Are all sharps like needle etc. are being collected in puncture proof container and then being discarded in yellow bag?		
4	Is waste from all over the hospital carried in trolleys to a central demarcated area for segregation and disinfection?		
5	Does the janitorial/ group-D staff transporting, segregating and disinfecting waste by using appropriate PPE?		
6	Is the disinfected waste taken out for disposal by the identified agency on a daily basis and disposed off properly? (check log)		
7	Are all rooms, wards, corridors etc. cleaned and disinfected thoroughly and frequently with freshly prepared Hypochlorite solution/ other appropriate disinfectant?		
8	Are all commonly touched surfaces (door, handles, taps, lift buttons etc.) disinfected thoroughly at least once every 3 hours through freshly prepared Hypochlorite solution		
9	Are there display of IEC related to Bio-medical waste management regarding recent Bio-medical norms		
10	Are the Sanitary workers are aware of preparation of 1% Hypochlorite solutions for dis-infection?		

Section D. Surveillance

Sl. No	Variables	Yes/No	Remark
1	If the health facility involved in ILI/ SARI surveillance		
2	Are all doctors/ health staffs oriented regarding ILI/ SARI surveillance		
3	Are all doctors/ health staffs aware regarding case definition of ILI/ SARI cases		

4	Is there any ILI/SARI cases reported in last one week from this health facility / (No.of ILI case__, No.of SARI case__)		
5	Any display of case definition(ILI/SARI) with the health facility		
6	Reporting any such case coming to hospital		

Overall COVID-19 Risk Assessment in Health Facility

COVID-19 Risk among Health Care workers

	Doctors	Nurses	Para-Medics	Support Staffs
Total Staffs				
Vulnerable				
Exposed				
Tested for COVID-19				
Tested Positive				
Remarks				

COVID-19 Detection among OPD and IPD patients

	Doctors	Nurses	Para-Medics	Support Staffs
Total number of outpatient registered in last month				
Total number of patients mobilized to Flu Clinic				
No of suspected COVID cases tested				
No of cases tested positive from In Patients				
No of staffs accidentally exposed to COVID-19 cases				

Health Facility Infrastructure and facility Related risk (Based above observations)

Sl. No	Variables	Yes/No	Remark
1	Proper social distancing practice is possible within the premises of the Health Facility		
2	Triage and screening of patients in view of COVID is established and adequately functioning		
3	Flu clinic is established and adequately functioning as per prescribed norms		
4	Doctors, Nurses and other health care workers were adequately (>90%) trained / oriented on Infection Prevention and Control		
5	Strict adherence of use of masks, gloves and appropriate PPE at appropriate places as per prescribed norms by all Doctors and Health care workers		
6	Adequate measures are taken by the Health Facility to reduce/ minimize visitors/ patient attendants		
7	Regular monitoring of the Health Care workers for		

	exposure status and development to symptoms related to COVID-19		
8	Adequate use of mask by patients and visitors within the health facility.		
9	Proper identification and Reporting of ILI/SARI cases to District IDSP unit in time		
10	Adequate sanitization (3 hrly.) of frequently touchable surfaces like lifts, handles, railings etc. are in practice		
11	Appropriate Bio-Medical Waste Management procedures are followed		
12	Adequate regular training (at least weekly basis) of Health care workers on Infection Prevention and Control (IPC)		

Major Challenges for IPC in the Health Facility

Signature

Signature

Infection Control Officer

In-Charge

Office of CDM&PHO

Date of receipt _____,

Measures Taken _____,

Signature of CDM&PHO

Checklist for Rapid-assessment of Infection, Prevention and Control Practices in COVID Hospitals, Odisha

Name of the Facility:

Facility is Maintained by : Govt. / Private/PPP

Address:

Name of Nodal Medical Officer/ In-charge of the Facility:

Designation :

Contact Number :

Name of Authorised Medical Officer (AMO):

Contact Number:

Observer/s

1. Name

Designation

Inst./Org.

2. Name

Designation

Inst./Org.

Person Interviewed

a. Name _____ Designation _____

b. Name _____ Designation _____

Staff Details

Doctors:

Specialist:

Nurses:

Paramedics:

Support Staff:

Utilization of Facility:

Total COVID confirmed Patients _____, (In Ward _____, In ICU _____)

Patients with O₂ support _____ Ventilator support _____

Section A. Readiness of Health facility and Awareness for IPC

Sl. No	Variables	Yes/ No	Remark
1	Is there a Nodal officer (Infection control officer) identified to handle matters related to hospital associated infection any COVID related situation(HAIS)		
2	Is the Nodal officer aware regarding high risk exposure of health care worker and steps to be taken for such incidents		
3	Is there practice of Post-exposure quarantine for Health care workers working in COVID Hospitals		
4	Is the Nodal officer aware of sign and symptom for which the staffs will be taken to isolation immediately		
5	Is there any protocol of documentation on any high risk exposure of Health care workers and steps to be taken		
6	Are all Doctors and health care workers oriented /trained on IPC pertaining COVID and handling suspected/ confirmed cases		
7	Are all Support staffs/ sanitary workers orientation /training on IPC pertaining COVID and handling suspected/ confirmed cases		
8	Is concerned staffs trained to Handle dead bodies of suspected/confirmed cases in ICU and mortuary		

9	Is there awareness & practices of Health Workers on hand wash & Respiratory etiquettes		
10	Are staff members (doctors & paramedics) knows how to properly don and doff of PPEs		
11	Is there awareness on Social distancing among health workers		
12	Are Health care workers are aware of appropriate use of PPE in different places of Hospital		
13	Are Health care workers are aware of appropriate use of PPE for Aerosol precautions (intubation, non-invasive ventilation, tracheostomy, CPR, bronchoscopy, collection of NP/OP swabs and autopsy etc.)		
14	Are all Doctors and Health care workers aware of Rational use of PPE		
15	Are PPEs available adequate in quantity		
16	Is there any IPC Awareness programme/ refresher training done by the Hospital authority in last one month		

Section B. Practices of Infection Prevention and Control

Sl. No	Variables	Yes/No	Remarks
1	Is there practice of triage/ segregation of patients before patients entering to the Hospital		
2	Is there regular thermal screening practices in place		
3	Is there designated Holding and Examination area		
4	Are the visitors using mask during visit to the facility		
5	Is there Hand wash centres at outside premises (liquid soap/ alcohol based sanitizer as applicable)		
6	Are there Hand wash centres at inside premises such as reception, triage, screening, laboratory, wards and ICU (liquid soap/ alcohol based sanitizer as applicable)		
7	Are there separate space/rooms available to isolate suspected/confirmed COVID cases		
8	Are patient beds separated / placed at least 1 meter apart		
9	Is the work flow of Doctors, staffs and patients designed in such a way that clean and dirty areas do not intermingle		
10	Are donning and doffing areas kept separate for each floor		
11	Is the Referral transportation system in place for suspected/ confirmed cases (BLS Ambulance)		
12	Is the Ambulance disinfection takes place at a designated area and after each patient transfer		
13	Are there Lab testing facilities for COVID-19 available		
14	Are there provision of other basic lab diagnostic procedures available		
15	Is designated portable X-ray equipment being used for X ray of patients?		
16	Are all patients / inmates / visitors wearing masks / gloves as per prescribed norms		
17	Are patients / inmates / visitors practicing respiratory etiquettes (covering the cough with tissue paper or folded elbow)		
18	Are the wards / rooms for confirmed as well as suspect patients well ventilated		

19	Is the Health worker using the appropriate PPE and following the standard norms during the aerosol generating procedure		
20	Are Mopping of the Floors, lifts, railings etc. at least three times a day		

Section C. Practices of Bio-Medical Waste Management

Sl. No	Variables	Yes/ No	Remark
1	Are separate colour coded bins/bags/containers available in rooms, wards, corridors etc. to segregate waste as per BMWM Rules, 2016 as amended and CPCB guidelines for implementation of BMW Management Rules?		
2	Are the Health workers aware of disposal of various bio-medical waste in different colour coded bins?		
3	Are all articles like swab, syringes, IV set, PPE etc. being discarded in yellow bag, all sharps like needle etc. are being collected in puncture proof container and then being discarded in yellow bag?		
4	Is waste from all over the hospital carried in trolleys to a central demarcated area for segregation and disinfection?		
5	Does the janitorial / group-D are using appropriate PPE during staff transporting, segregating and disinfecting waste		
6	Is the disinfected waste taken out for disposal by the identified agency on a daily basis and disposed off properly? (check log)		
7	Are all rooms, wards, corridors etc. cleaned, disinfected thoroughly and frequently with freshly prepared Hypochlorite solution/ other appropriate disinfectant?		
8	Are all commonly touched surfaces (door, handles, taps, lift buttons etc.) thoroughly disinfected with freshly prepared Hypochlorite solution at least once every 3 hours		
9	Are there display of IEC related to Bio-medical waste management regarding recent Bio-medical norms		
10	Are the Sanitary workers aware of preparation of 1% Hypochlorite solutions for disinfection?		

Major Challenges for IPC in the Health Facility

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Key Recommendation

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Share the checklist to: Director Public Health dph.orissa@gmail.com / Dr Kaushik Mishra kaushikmishra1965@gmail.com / Dr Nihar Ray srbhubaneswar@npsuindia.org