

प्रेषक,

अमित मोहन प्रसाद,
प्रमुख सचिव,
उत्तर प्रदेश शासन।

सेवा में,

समस्त मुख्य चिकित्साधिकारी,
उत्तर प्रदेश।

चिकित्सा अनुभाग-5

लखनऊ : दिनांक 27 अप्रैल, 2020

विषय-कोविड-19 से बचाव हेतु भारत सरकार एवं राज्य सरकार द्वारा निर्गत इन्फेक्शन प्रिवेन्शन एण्ड कन्ट्रोल (आई0पी0सी0) प्रोटोकॉल का समस्त सरकारी/निजी चिकित्सालयों द्वारा अनुपालन कराने के सम्बन्ध में।

महोदय,

उपर्युक्त विषय के संबंध में मुझे यह कहने का निदेश हुआ है कि स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के निर्देशानुसार प्रदेश के राजकीय एवं निजी चिकित्सालयों को कोविड-19 महामारी के बचाव, रोकथाम, निदान एवं उपचार हेतु क्वारेन्टाइन फैसिलिटी एवं डेडिकेटेड एल-1, एल-2 एवं एल-3 चिकित्सालय चिन्हित करते हुए आवश्यक स्वास्थ्य सेवायें प्रदान की जा रही हैं। इसके अतिरिक्त सामान्य एवं आपातकालीन चिकित्सा सुविधायें भी अन्य राजकीय एवं निजी चिकित्सा इकाइयों में प्रदान की जा रही हैं। कोविड-19 के दृष्टिगत चिकित्सालयों में विशेष सावधानियां बरतने की आवश्यकता है। इस सम्बन्ध में इन्फेक्शन प्रिवेन्शन एण्ड कन्ट्रोल प्रोटोकॉल तथा चिकित्सा इकाइयों के सहयोगात्मक पर्यवेक्षण एवं गैप एनालिसिस हेतु स्टैंडर्ड चेकलिस्ट विकसित की गई है (प्रति संलग्न)।

2- उपरोक्त के दृष्टिगत जनपद स्तर इन्फेक्शन प्रिवेन्शन एण्ड कन्ट्रोल (आई0पी0सी0) प्रोटोकॉल का अनुपालन सुनिश्चित किये जाने हेतु निम्नानुसार कमेटी का गठन किया जाना है:-

1. मुख्य चिकित्साधिकारी द्वारा नामित ए0सी0एम0ओ0 स्तर के अधिकारी - अध्यक्ष
2. जिला चिकित्सालय के नामित चिकित्साधिकारी - सदस्य
3. जिला महिला/जिला संयुक्त चिकित्सालय के नामित चिकित्साधिकारी - सदस्य
4. राष्ट्रीय स्वास्थ्य मिशन के जनपद क्वालिटी कन्सल्टेन्ट - सदस्य
5. जिला प्रदूषण नियंत्रण बोर्ड के एक नामित अधिकारी - सदस्य
6. जिला आई0एम0ए0 से नामित प्रतिनिधि - सदस्य
7. डब्लू0एच0ओ0 के जिला स्तरीय प्रतिनिधि - सदस्य
8. यूनीसेफ के जिला स्तरीय प्रतिनिधि - सदस्य

3- उक्त गठित कमेटी द्वारा जनपद के समस्त सरकारी एवं निजी चिकित्सालयों में भारत सरकार एवं राज्य सरकार द्वारा निर्गत इन्फेक्शन प्रिवेन्शन एवं कन्ट्रोल प्रोटोकॉल का अनुपालन सुनिश्चित कराया जाएगा। इसी क्रम में समस्त चिकित्सालयों द्वारा अपनी इकाई हेतु इन्फेक्शन प्रिवेन्शन एवं कन्ट्रोल के नोडल अधिकारी नामित करते हुये उनके नाम एवं दूरभाष नम्बर कमेटी को उपलब्ध कराना भी सुनिश्चित करें।

गठित कमेटी द्वारा निम्नलिखित कार्य सम्पादित की जायेंगी:-


1. कमेटी के द्वारा समस्त जनपदीय चिकित्सा इकाइयों के नोडल अधिकारियों इन्फेक्शन प्रिवेन्शन एण्ड कन्ट्रोल प्रोटोकॉल का प्रशिक्षण प्रदान करते हुये मास्टर ट्रेनर विकसित किये जायें।

2. उपरोक्त मास्टर ट्रेनर द्वारा अपने चिकित्सालयों के समस्त चिकित्सा कर्मियों को इन्फेक्शन प्रिवेन्शन एण्ड कन्ट्रोल प्रोटोकॉल का प्रशिक्षण दिया जायेगा। नोडल अधिकारी द्वारा अपनी चिकित्सा इकाई में प्रोटोकॉल का अनुपालन एवं लॉजिस्टिक्स की उपलब्धता सुनिश्चित कराई जायेगी।
3. कमेटी के द्वारा जनपदीय क्वालिटी एश्योरेन्स कन्सल्टेन्ट की सहायता से चिकित्सालयों में प्रोटोकॉल के अनुपालन की स्थिति का आकलन एवं गैप एनालिसिस की जायेगी, जिस हेतु निर्धारित चेकलिस्ट का प्रयोग किया जायेगा। चेकलिस्ट के आधार पर फीडबैक मुख्य चिकित्साधिकारी, मुख्य चिकित्सा अधीक्षक तथा प्रबन्धक, निजी चिकित्सालय, जिलाधिकारी एवं मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण को उपलब्ध कराया जायेगा। कमेटी के भ्रमण हेतु वाहन मुख्य चिकित्साधिकारी द्वारा उपलब्ध कराया जायेगा।
4. मण्डलीय अपर निदेशक चिकित्सा स्वास्थ्य एवं परिवार कल्याण समस्त जनपदों की रिपोर्ट मण्डलीय कार्यक्रम प्रबन्धक एन0एच0एम0/डिवीजनल कंसल्टेंट क्यू0ए0/पब्लिक हेल्थ के सहयोग से संकलित करवाकर मण्डलायुक्त के अवलोकनार्थ प्रस्तुत करेंगे।
5. शिथिलता बरतने वाले चिकित्सालयों के विरुद्ध प्रशासन के सहयोग से मुख्य चिकित्साधिकारी द्वारा नियमानुसार उचित कार्यवाही की जायेगी।

4- प्रशिक्षण का कार्य चरणबद्ध तरीके से किया जाएगा। प्रथम चरण में दिनांक 29.04.2020 को पूर्वान्ह में मण्डलीय मुख्यालय के जनपदों में कम से कम 10 निजी चिकित्सालयों एवं अन्य जनपदों में कम से कम 05 निजी चिकित्सालयों के नोडल अधिकारियों को प्रशिक्षण दिया जाएगा तथा दिनांक 30.04.2020 से उन चिकित्सालयों में पूर्ण सावधानी के साथ आकस्मिक एवं आवश्यक चिकित्सा सुविधा उपलब्ध करायी जाएगी। दिनांक 05.05.2020 तक जनपद के समस्त चिकित्सालयों का प्रशिक्षण सुनिश्चित कर लिया जाएगा। प्रस्तर-2 में उल्लिखित समिति का गठन कर आज ही आदेश की प्रति निदेशक, प्रशासन एवं शासन को उपलब्ध करा दी जाए।

कृपया उपरोक्त आदेश का कड़ाई से अनुपालन सुनिश्चित करें।


संलग्नक-यथोक्त।

भवदीय,

 (अमित मोहन प्रसाद)
 प्रमुख सचिव

संख्या- 977 (1) / पांच-5 / 2020 तददिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उ0प्र0।
2. प्रबन्ध निदेशक, उ0प्र0 मेडिकल सप्लाइज कार्पोरेशन, लखनऊ।
3. समस्त मण्डलायुक्त, उ0प्र0।
4. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, उ0प्र0।
5. महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उ0प्र0।
6. महानिदेशक, परिवार कल्याण, उ0प्र0।
7. समस्त जिलाधिकारी, उ0प्र0।
8. समस्त मण्डलीय अपर निदेशक, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
9. समस्त मुख्य चिकित्सा अधीक्षक/मण्डलीय/जिला संयुक्त/महिला चिकित्सालय, उ0प्र0।
10. राज्य प्रतिनिधि, डब्लू0एच0ओ0।
11. राज्य प्रतिनिधि, यूनीसेफ।
12. गार्ड फाईल।

आज्ञा से

 (वेद प्रकाश राय)
 अनु सचिव।

Guidelines for Infection Prevention and Control (IPC) practices in public and private hospitals

Scope of this document:

The document is intended for implementation of infection prevention and control (IPC) practices in both public and private hospitals.

Objectives:

Protection of health care workers, protection of patients and protection of community from COVID-19 infection

IPC strategies to prevent or limit infection transmission in health-care settings include the following

1. Standard precautions
 - a. Hand Hygiene
 - b. Respiratory Hygiene
 - c. Rational use of shoe cover, gown, mask, eye protection & gloves.
2. General precautions:
3. Bio Medical Waste Management
4. Laundry management
5. Monitor health of HCWs providing care to cases of ILI/Severe Acute Respiratory Infection (SARI)
6. Hospital Disinfection (Environmental)

Note:-

1. *All health care workers must know the mode & route of transmission of COVID-19 disease. They must be able to identify common symptoms of this disease and promptly segregate such patients.*
2. *All suspected / confirm cases of COVID-19 must be amply explained and emphasized importance of social distancing, respiratory & hand hygiene, Quarantine & Isolation at every opportunity.*

1. Standard precautions

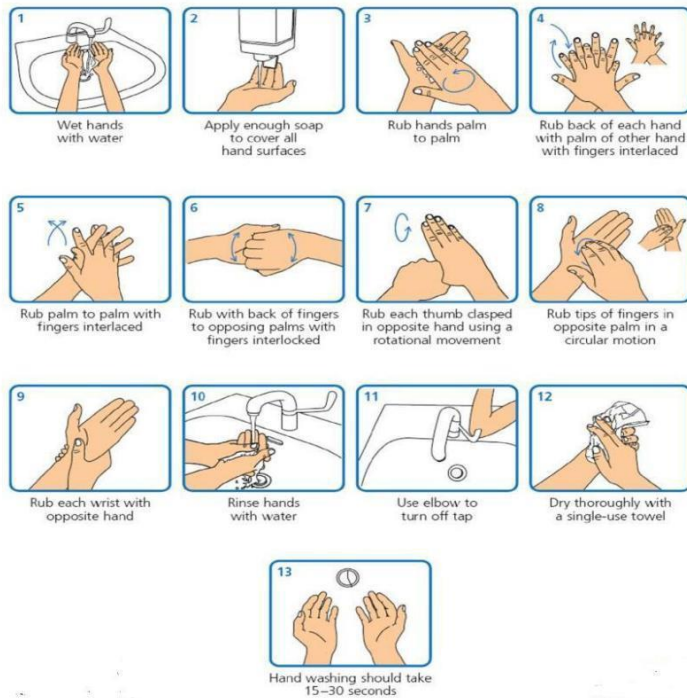
a. Hand Hygiene

Moments of Hand Hygiene



Steps of Hand Hygiene

Hand-washing technique with soap and water



b. Respiratory Hygiene

- Offer a medical/surgical mask for suspected 2019-nCoV acute respiratory disease case for those who can tolerate it. Others can use homemade triple layer cloth mask.
- Cover nose and mouth during coughing or sneezing with tissue or flexed elbow for others.
- Perform hand hygiene after contact with respiratory secretions.
- Used tissue paper & mask to be discarded in close bins and homemade mask to be washed with soap and warm water after use.

c. Rational use of shoe cover, gown, mask, eye protection & gloves (see attached table).

- Shoe cover should always be worn before entering the patient care area (Isolation ward etc.).
- If gowns are not fluid resistant, use a waterproof apron for procedures with expected high fluid volumes that might penetrate the gown.
- Keep hands away from face, limit surfaces touched
- Donning & Doffing procedures should be diligently & carefully followed

2. General precautions:

- Clinical triage of patients with influenza like illness (ILI) includes early recognition and immediate placement of patients in separate area from other patients (source control).
- Triage Station - offer mask, follow hand hygiene and respiratory etiquettes. Minimize the waiting time at triage station. A self-declaration form should be filled up for all suspected cases reporting to the hospital.
- All individuals, including family members, visitors and HCWs should follow respiratory and hand hygiene.
- Ensure availability of handwashing and clean toilet for patients and visitors
- In between examining patients strict hand hygiene to be followed by sanitizer/handrub or hand washing with soap and water.
- Place suspected patients with symptoms in adequately ventilated designated rooms to isolate them. When single rooms are not available, cohort suspected patients together with minimum distance between two beds to be one meter.
- Designated staff only should cater to these patients

- Maintain a record of all persons entering the patient’s room including all staff and visitors.
- **Aerosol generating procedures** have been associated with increased risk of transmission of coronaviruses such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation and bronchoscopy. Ensure that HCWs performing aerosol-generating procedures use PPE with particulate respirator at least as protective as a N95.
- Avoid the movement and transport of patients out of the room or area unless medically necessary.
- Use designated portable X-ray equipment and/or other important diagnostic equipment.
- Dialysis and ventilator units should follow standard infection prevention and control protocols. Disposable accessories should be disposed off after single use and reusable should be disinfected by standard procedures.

1. Out Patient Department (Respiratory Clinic / Separate screening area)*

S. No	Setting	Activity	Risk	Recommended PPE	Remarks
1	Triage area	Segregate patients with ILI symptoms and follow below guidelines	Moderate risk	N 95 mask Gloves	Patients to wear masks. Patients with SARI to be informed to IDSP unit and referred to designated unit/hospital for further management
2	Screening area / help desk / registration counter	Provide information to patients	Moderate risk	N 95 mask Gloves	
3	Temperature recording station	Record temperature with handheld thermal recorder	Moderate risk	N 95 mask Gloves	
4	Holding area/ waiting area	Nurses /paramedic interacting with patients	Moderate risk	N 95 mask Gloves	Minimum distance of one meter needs to be maintained

5	Doctors chamber	Clinical management (doctors/nurses)	Moderate risk	N 95 mask Gloves	No aerosol generating procedures should be allowed
6	Sanitary staff	Cleaning frequently touched surfaces / floor / cleaning linen	Moderate risk	N-95 mask Gloves	
7	Visitors accompanying young children and elderly	Support in navigating various service areas	Low risk	Triple layer medical mask	No other visitors should be allowed to accompany patients in OPD settings. Visitors thus allowed should practice hand hygiene

* All hospitals should identify a separate triage and holding area for patients with Influenza like illness. If there is no triage area / holding area for patients due to resource constraints, such hospitals will follow the above guidance for general OPD.

2. In-patient Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Individual isolation rooms / cohorted isolation rooms	Clinical management	High risk	PPE Kit	Patient masked. Patients stable. No aerosol generating activity.
2	ICU/ Critical care	Critical care management	High risk	N95 masks PPE Kit Full complement of PPE in case of SARI	Aerosol generating activities performed.
3	ICU /critical care	Dead body Packing and transport to mortuary	High risk	Full complement of PPE	
4	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Moderate risk	N-95 mask PPE Kit	
5	Other Non-COVID treatment	Attending to infectious and non-infectious patients	Risk as per assessed	As per hospital infection prevention and control practices	No possibility of exposure to COVID patients. They should not

	areas of hospital		profile of patients		venture into COVID-19
7	Caretaker accompanying the admitted patient	Taking care of the admitted patient	Low risk	Triple layer medical mask	The caretaker thus allowed should practice hand hygiene, maintain distance of 1 meter

3. Emergency Department

S.No	Setting	Activity	Risk	Recommended PPE	Remarks
1	Emergency	Attending emergency cases	Moderate risk	N 95 mask Gloves	When aerosol generating procedures are anticipated
		Attending to severely ill patients of SARI	High risk	Full complement of PPE	Aerosol generating activities performed.

3. Bio Medical Waste Management

Waste Management (As per recent guidelines of Central pollution control board)

- The surface or material known to be, or potentially be, contaminated by biological agents during laboratory operations must be correctly disinfected to control infectious risks.
- Proper processes for the identification and segregation of contaminated materials must be adopted before decontamination and/or disposal. The contaminated waste must be packaged in a leak proof manner, for transfer to decontamination capacity.
- As precaution double layered bags (using 2 bags) should be used for collection of waste from COVID-19 isolation wards so as to ensure adequate strength and no-leaks;

Category	Type of Bag/container	Type of waste	Treatment disposal options
Yellow	Non chlorinated color coded bags in colored bins	Human anatomical waste, Soiled waste, Expired or discarded medicines, Chemical waste and clinical lab waste.	Incineration / Deep burial

Red	Non chlorinated plastic bags in colored bins/containers	Contaminated plastic waste like tubing, bottles, urine bags, syringes (without needles) and gloves	Autoclave
White	Translucent, puncture, leak and tamper proof	Waste sharps including metals	Autoclave
Blue	Waterproof cardboard boxes / containers	Glassware waste	Autoclave

4. Laundry management

- All soiled clothing bedding and linen should be gathered without creating much motion / fluffing.
- Do not shake sheets when removing them from the bed.
- Always perform hand hygiene after handling soiled laundry items. Laundry should be disinfected in freshly prepared 1% bleaching solution and then transported to laundry in tightly sealed and labeled plastic bag.

5. Monitor health of HCWs providing care to cases of ILI/Severe Acute Respiratory Infection (SARI)

HCWs and housekeeping staff providing care to cases of COVID-19 cases shall be monitored daily for development of any symptoms as per the suspect case definition including charting of their temperature twice daily for 14 days after last exposure. If they develop any symptoms then standard protocol laid down for management of suspect case of COVID-19 shall be followed including RT-PCR testing.

6. Hospital disinfection (Environmental)

General instructions: Use appropriate protective gear while carrying out cleaning and disinfection works

- Wear heavy duty/disposable gloves, disposable long-sleeved gowns, eye goggles or a face shield, and a medical mask
- Avoid touching the nose and mouth
- Disposable gloves should be removed and discarded if they become soiled or damaged, and wear a new pair

- All other disposable protective gear should be removed and discarded after cleaning activities are completed according to the guidelines
- Where possible, seal off areas where the confirmed case has visited, before carrying out cleaning and disinfection

Cleaning and disinfection of different hospital areas

Table 1: Cleaning of triage area / OPD

S.No	Triage Area	Disinfection method	Process and frequency
1	General cleaning of floor	Detergent & water mop followed by 1% hypochlorite solution using triple buckets cleaning	Mop floors with water and detergent (Do not pour the water.) Note: Should be done every 4-6 hourly (or depending on the load)
2	Table, lockers, cupboard, benches, barrier railings, chair	Damp dusting followed by wiping with H ₂ O ₂ / 70% alcohol-based preparation	Damp mopping with water and detergent, followed by disinfection with hydrogen peroxide disinfectant wipes Remove any marks under arms and seat. Note: Should be done every 6 hourly
3	Telephone/ CUG	Alcohol based Rub	Wipe with Alcohol based rub wipes. Note: Should be done every 4 hourly
4	Light switch	Damp dusting followed by H ₂ O ₂ disinfectant / 70% alcohol-based preparation	Light switches to be cleaned of dust, spots and finger marks. Clean with a damp cloth (never wet) and detergent. Wipe with Hydrogen peroxide disinfectant wipes Note: Should be done every 6 hourly
5.	Stethoscope BP cuff	Alcohol based Rub	Wipe with Alcohol based wipes. Note: Should be done after every use.

Table 2: Cleaning of ward

S NO.	Area	Disinfection Method	Process and frequency
1	Floor	Damp mopping followed by mopping with 1% hypochlorite solution	<p>Sweep with the damp mop to remove surface dust. Prepare cleaning solution using detergent with warm water. Use the three-bucket technique for mopping the floor one bucket with plain water and one with the detergent solution</p> <ul style="list-style-type: none"> • First mop the area with the water and detergent solution. • After mopping clean the mop in plain water and squeeze it. • Mop area again using 1% hypochlorite solution after drying the area • In between mopping if solution or water is dirty change it frequently • Mop the floor starting at the far corner of the room and work towards the door. <p>Clean articles between cleaning. Note: Mopping should be done 6-8 hours</p>
2	Ceilings and side walls	Damp mopping followed by mopping with 1% hypochlorite solution	<p>Damp dusting with a long Handled tool for the walls and ceiling done with very little moisture.</p> <p>Damp dusting should be done in straight lines that overlap one another using 1% hypochlorite solution. Note: Should be done once every 8 hours</p>
3	Table, Lockers, cupboard, benches, Barrier railings, Chair, refrigerator	Damp dusting followed by disinfectant with 70% alcohol-based preparation.	<p>Damp mopping with Warm water and detergent, followed by disinfection</p> <p>Remove any marks under arms and seat. Note: Should be done every 8 hourly.</p>

4	Ventilator (exterior), Infusion pump, USG machine, Telephone computer, keyboard, printer, Bed side monitor, ECG probes	70% alcohol-based preparation	Wipe with 70% alcohol-based preparation on frequent basis
6	Light switch	Damp dusting followed by disinfectant.	Light switches to be cleaned of dust, spots and finger marks. Clean with a damp cloth (never wet) and detergent. Note: Should be done every 4-6 hourly
7	Doors and door knobs external surface of water cooler, AC, Fridge & Air Cooler	Damp dusting followed by disinfectant with 70% alcohol-based preparation or 1% hypochlorite solution.	Damp mopping with Warm water and detergent, followed by disinfection: Door knobs and other frequently touched surfaces should be cleaned 6 hourly followed by disinfection
8	Stethoscope, Pulse oximeter	Alcohol based Rub	Wipe with Alcohol based rub Note: Should be done after every use.
9	Thermometer	Alcohol based hand rubs	Wipe with Alcohol based rubs / wipes • Store in individual holder inverted • Preferably one thermometer for each patient if Infrared thermometer is not available.
10	Injection and dressing trolley	Detergent and water mopping followed by Alcohol based hand rubs	Damp mopping with Warm water and detergent, followed by disinfection Alcohol wipes Note: Should be done every 8 hourly.
11	Refrigerator in patient room	Detergent and water absorbent paper	Empty the fridge and store things appropriately. Defrost, Clean with detergent. Dry it properly Note: Weekly or patient is discharged

12	Window or Split AC (indoor unit)	Detergent and water. 1% hypochlorite solution.	Clean filter frequently with detergent, water & 1% hypochlorite solution.
13	Room Cooler	Change water 12 hourly and treat with 1% hypochlorite solution.	Damp dusting and tank cleaning.
14	Lift	Surface & switches cleaning by 1% hypochlorite solution or 70% alcohol based preparation.	8 hourly or more often if used frequently
15	Stretcher, trolley, Wheel Chair & benches	Surface & switches cleaning by 1% hypochlorite solution or 70% alcohol based preparation.	6 hourly & after every use by COVID-19 patient or after any suspected contamination
16	Ambulance	Surface cleaning by 1% hypochlorite solution or 70% alcohol based preparation.	After every use by COVID-19 or SARI patient.

Table 3: Cleaning of toilet

S. No.	Ward	Disinfection method	Process and frequency
1	Showers area Taps and fittings	Warm water Detergent powder Nylon Scrubber	Thoroughly scrub the floors / tiles with warm water and detergent. <ul style="list-style-type: none"> Wipe over taps and fittings with a damp cloth, detergent and dried after cleaning Care should be taken to clean the underside of taps and fittings.
2	Toilet pot / commode	Sodium hypochlorite 1% / Soap powder / long handle angular brush	Inside of toilet pot/commode: Scrub with the recommended agents and the long handle angular brush Outside: Clean with recommended agents; use a nylon scrubber
3	Toilet floor	Soap powder and scrubbing brush/ nylon broom	Scrub floor with soap powder and the scrubbing brush <ul style="list-style-type: none"> Wash with water Use sodium hypochlorite 1% dilution

Table 4: Protocol for spill management

Sl. No	Spill management	Disinfection method	Process and frequency
1	All patient care areas/ Laboratory	Spill care kit - Sodium hypochlorite (1%), Absorbent paper Gloves Forceps Yellow bag Mop and Hot water	<ol style="list-style-type: none"> Wear full PPE Remove if any broken pieces of glass and sharps, using a pair of forceps. Pour sodium hypochlorite (1%) and cover with absorbent paper. Wait for 20 minutes. Cover the spill with absorbent paper Clean up and discard absorbent paper into yellow infectious waste bin. Mop the area with detergent and hot water.

COVID-19 CHECKLIST FOR MONITORING AND SUPPORTIVE SUPERVISION
Dedicated COVID Health Centre DCHC/L1 facility

Name of hospital:

Category: Dedicated COVID Health Center(DCHC)/L1 facility

Address:

District:

Division:

State:

Type of Facility-Public/Private:

Type of Hospital-MC/DH/SDH/GH/Others(Please specify):

District Nodal Office-

Name-

Designation-

Contact number

Email

Facility Nodal officer-

Name -

Designation-

Contact number -

Whether entire hospital/ Block(s) within hospital is dedicated? (Tick as Applicable)

Whether the facility is functional/being made functional (for COVID)? (Tick as Applicable)

Numbers/Quantity of :

- Isolation Beds :
 - Isolation Beds for Confirmed Cases - _____ Separate Area - Yes/No
 - Isolation Beds for Suspect Cases - _____ Separate Area - Yes/No
- O₂ supported Beds :
 - No. of Beds Supported with Central Supply : _____
 - No. of Beds Supported with Bed-side Cylinder/ O₂ concentrator : _____
- Suction Machine/Centralized Suction point
- Pulse Oxymeter/Monitor
- O₂ Manifold (Yes/No)
- Nebulizer Machine
- Thermal Scanner
- PPEs
- Spill/Mercury spill kit
- Apron/Lab coat(for clinicians)
- Waste management bins & polybag
- Heavy Duty gloves & Gumboot (for waste handlers)
- N95 masks
- Three bucket for Mopping
- 1%Hpochlorite Solution(lit)
- Alcohol based hand rub(lit)
- Liquid Soap(lit)
- Others disinfectants with quantity

S No	Particulars	Indicator	Assessment	Remarks
1.	GENERAL			
A	In case of dedicated block, does it have a separate entry/exit?		Y / N	
B	Whether the facility has admitted COVID patients?		Y / N	
C	If answer to B is yes, whether other hospitals identified for shifting of non COVID patients?		Y / N	
2	INFRASTRUCTURE			
A	Designated Emergency Area with provision for: <ul style="list-style-type: none"> • Holding and Screening • Triage and treatment 	With adequate space for physical distancing	Y / N	
B	Whether wards for confirmed cases have:	a. 1meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
C	Whether wards for Suspect cases have:	a. 1meter space between beds	Y / N	

S No	Particulars	Indicator	Assessment	Remarks
		b. Negative Pressure	Y / N	
D	Availability of 24/7 Electricity & Water supply, with back up		Y / N	
E	Hand washing facility		Y / N	
F	Hot water facility		Y/N	
G	Number of separate toilets for patients of all genders	12 per 100 beds		
H	Whether there is a dedicated space for parking and disinfecting ambulances?		Y / N	
I	Provision of Isolation ward for confirmed and suspected COVID patient		Y/N	
J	Availability of shoes rack(restriction of external foot wear in the ward)		Y/N	
3	DRUGS			
A	Availability of Essential Drugs for treatment of COVID patients as per protocols.	HCQ	Y / N	
		Antivirals	Y / N	
		Azithromycin	Y / N	
		Others	Y / N	
4	SUPPORT SERVICES (Availability of/linkages with)			
A	Laboratory and diagnostics services	Routine laboratory tests for co-morbidities	Y / N	
B	Availability of VTM / Swabs for sample collection		Y / N	
C	Facility for disinfection & sterilization of patient linen & equipment	CSSD	Y / N	
		Mechanized Laundry	Y / N	
D	Dietary Services	-	Y / N	
E	Blood bank / Storage Unit	-	Y / N	
F	Radiology	X-Ray - Static	Y / N	
		X- Ray - Mobile	Y / N	
		Ultrasound	Y / N	
G	Ambulance services	Available or linked	Y / N	
H	Availability of Medical Gas Pipelines for:	Medical Air	Y / N	
		Suction	Y / N	
		Oxygen	Y / N	
I	Oxygen Source Capacity (mention numbers with buffer stock)			
a)	Generation Plant Capacity (m ³)(liters divided by 1000 equals m ³)			
b)	Liquid Oxygen Tank (m ³)			
c)	Manifold with Cylinder– 1. No of type D (7 m ³) cylinders connected 2. No of type D (7 m ³) backup cylinders			
d)	Availability of O ₂ Cylinder (excluding Manifold Cylinders)			
	Number of Cylinder D type (7 m ³)			
	Number of Cylinder B type (1.5 m ³)			
e)	Number of bed side concentrators			
J	AMC/CMC/Calibration for equipment as per requirement	Manifold & Other sources of oxygen supply	Y / N	
		Ventilators	Y / N	
		Other critical equipment.	Y / N	
5	INFECTION PREVENTION AND CONTROL			
A	COVID Infection Control Committee Constituted and regular monitoring at the facility		Y / N	
B	COVID treatment guideline communicated and implemented		Y/N	
C	Regular Medical Checkup and Quarantine of staff as per guideline		Y/N	

S No	Particulars	Indicator	Assessment	Remarks
D	Culture Surveillance (Bed/Ward/Equipment)		Y/N	
E	Waste management(Segregation, Collection & Transportation) and disinfection of waste as per guideline		Y/N	
F	Waste Management bins(covered)Trolleys(closed), demarcated storage area with handwashing facility and consumables(non-chlorinated polybag) for management of biomedical waste& ETP (Effluent Treatment Plant)		Y/N	
G	All waste daily lifted by CWTF van		Y/N	
6	HUMAN RESOURCES		Numbers	
A	Doctors including specialists available	Physician		
		Any other (please specify)		
		GDMO		
B	Nurses available			
C	Technicians (Lab, Radiology, Dialysis) available	Laboratory		
		Radiology		
D	Dedicated Staff accommodation and transport available		Y / N	
E	Are service providers using PPE as per protocols?		Y / N	
7	CAPACITY BUILDING			
i.	All personnel trained on COVID-19 management.		Y / N	
ii.	Moment & Steps of Hand Washing		Y/N	
iii.	Wearing and Removing of PPE		Y/N	
iv.	Standard Precautions		Y/N	
v.	Spill/Mercury spill management		Y/N	
vi.	Preparation of 1% Hypochlorite solution		Y/N	
vii.	Decontamination/Disinfection of surfaces(operating,examination,floors,walls,table,dressing table),Instruments/Equipment,O ₂ cylinder,Ambulance etc		Y/N	
viii.	Autoclaving/Chemical sterilization/High level disinfections of instrument as per protocols		Y/N	
ix.	Waste management (General & Bio-Medical)		Y/Y	
x.	Clinicians trained on ventilator management/CPR		Y / N	
xi.	Staff trained on sample collection, packaging, storage and transportation		Y / N	
xii.	Doctors, nurses and support staff trained on IPC.		Y / N	
xiii.	Unidirectional Mopping			
8	Availability of protocols			
i.	Treatment		Y / N	
ii.	IPC		Y / N	
iii.	Rational use of PPE		Y / N	
iv.	Moment & 6-step of Hand washing		Y/N	
v.	Disinfection/Autoclaving protocols		Y/N	
vi.	Sample collection, collection/lab testing		Y / N	
vii.	Spill/Mercury spill management Kit			
viii.	Handling Dead Bodies/ Mortuary		Y / N	
ix.	Safety awareness regarding COVID		Y/N	
x.	Bio-Medical & General waste work instruction(segregation,handling & transportation)			
9	Data Management & Reporting			
A	Total No. of Admission till Date (Cumulative)			
B	Total No. of Discharge till Date (Cumulative)			
C	Total No. of Positive Case till Date (Cumulative)			
D	Total No. of Negative till Date (Cumulative)			
E	Whether reporting COVID patients data regularly to DSO		Y / N	
F	Availability of Broadband Internet connectivity + Computers + DEOs		Y / N	
Name and Designation of SSV Team Member:				
Date of SSV:				

**COVID-19 CHECKLIST FOR MONITORING AND SUPPORTIVE SUPERVISION
Dedicated COVID Hospital (DCH)/L2 facility**

Name of hospital:

Category: Dedicated COVID Hospital (DCH)/L2 facility

Address:

District:

Division:

State:

Type of Facility-Public/Private:

Type of Hospital-MC/DH/SDH/GH/Others(Please specify):

District Nodal Office-

Name-

Designation-

Contact number

Email

Facility Nodal officer-

Name -

Designation-

Contact number -

Whether entire hospital/ Block(s) within hospital is dedicated? (Tick as Applicable)

Whether the facility is functional/being made functional (for COVID)? (Tick as Applicable)

Numbers/Quantity of :

- Isolation Beds (excluding ICUs):
 - Isolation Beds for Confirmed Cases - _____ Separate Area - Yes/No
 - Isolation Beds for Suspect Cases - _____ Separate Area - Yes/No
- O₂ supported Beds :
 - No. of Beds Supported with Central Supply : _____
 - No. of Beds Supported with Bed-side Cylinder/ O₂ concentrator : _____
- ICU Beds
- Ventilators
- Suction Machine/Centralized Suction point
- Pulse Oxymeter/Monitor
- O₂ Manifold (Yes/No)
- Nebulizer Machine
- Thermal Scanner
- PPEs
- Spill/Mercury spill kit
- Apron/Lab coat(for clinicians)
- Waste management bins & polybag
- Heavy Duty gloves & Gumboot (for waste handlers)
- N95 masks
- Three bucket for Mopping
- 1%Hpochlorite Solution(lit)
- Alcohol based hand rub(lit)
- Liquid Soap(lit)
- Others disinfectants with quantity

S No	Particulars	Indicator	Assessment	Remarks
1.	GENERAL			
A	In case of dedicated block, does it have a separate entry/exit?		Y / N	
B	Whether the facility has admitted COVID patients?		Y / N	
C	If answer to B is yes, whether other hospitals identified for shifting of non COVID patients?		Y / N	
2	INFRASTRUCTURE			
A	Designated Emergency Area with provision for: <ul style="list-style-type: none"> • Holding and Screening • Triage and treatment 	With adequate space for physical distancing	Y / N	
B	Whether ICU has:	a. 2meter space between beds	Y / N	
		b. Ventilators for each bed	Y / N	
		c. Air Handling	Y / N	

S No	Particulars	Indicator	Assessment	Remarks
		Unit in the room		
		d. If AHU n/a, Negative Pressure?	Y / N	
C	Whether wards for confirmed cases have:	a. 1 meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
D	Whether wards for Suspect cases have:	a. 1 meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
E	Availability of 24/7 Electricity & Water supply, with back up		Y / N	
F	Hand washing facility		Y / N	
G	Number of separate toilets for patients of all genders	12 per 100 beds		
H	Whether there is a dedicated space for parking and disinfecting ambulances?		Y / N	
I	Provision of Isolation ward for confirmed and suspected COVID patient		Y/N	
J	Availability of shoes rack (restriction of external foot wear in the ward)		Y/N	
3	DRUGS			
A	Availability of Essential Drugs for treatment of COVID patients as per protocols.	HCQ	Y / N	
		Antivirals	Y / N	
		Azithromycin	Y / N	
		Others	Y / N	
4	SUPPORT SERVICES (Availability of/linkages with)			
A	Laboratory and diagnostics services	Routine laboratory tests for co-morbidities	Y / N	
B	Availability of VTM / Swabs for sample collection		Y / N	
C	Facility for disinfection & sterilization of patient linen & equipment	CSSD	Y / N	
		Mechanized Laundry	Y / N	
D	Dietary Services	-	Y / N	
E	Blood bank / Storage Unit	-	Y / N	
F	Radiology	X-Ray - Static	Y / N	
		X-Ray - Mobile	Y / N	
		Ultrasound	Y / N	
		CT Scan	Y / N	
G	Ambulance services	Available or linked	Y / N	
H	Availability of Medical Gas Pipelines for:	Medical Air	Y / N	
		Suction	Y / N	
		Oxygen	Y / N	
I	Oxygen Source Capacity (mention numbers with buffer stock)			
a)	Generation Plant Capacity (m ³) (liters divided by 1000 equals m ³)			
b)	Liquid Oxygen Tank (m ³)			
c)	Manifold with Cylinder–			
	1. No of type D (7 m ³) cylinders connected			
	2. No of type D (7 m ³) backup cylinders			
d)	Availability of O ₂ Cylinder (excluding Manifold Cylinders)			
	Number of Cylinder D type (7 m ³)			
	Number of Cylinder B type (1.5 m ³)			
e)	Number of bed side concentrators			
J	AMC/CMC/Calibration for equipment as per requirement	Manifold & Other sources of oxygen supply	Y / N	
		Ventilators	Y / N	

S No	Particulars	Indicator	Assessment	Remarks
		Other critical equipment.	Y / N	
5	INFECTION PREVENTION AND CONTROL			
A	COVID Infection Control Committee Constituted and regular monitoring at the facility		Y / N	
B	COVID treatment guideline communicated and implemented		Y/N	
C	Regular Medical Checkup and Quarantine of staff as per guideline		Y/N	
D	Culture Surveillance (Bed/Ward/Equipment)		Y/N	
E	Waste management(Segregation, Collection & Transportation) and disinfection of waste as per guideline		Y/N	
F	Waste Management bins(covered)Trolleys(closed), demarcated storage area with handwashing facility and consumables(non-chlorinated polybag) for management of biomedical waste& ETP (Effluent Treatment Plant)		Y/N	
G	All waste daily lifted by CWTF van		Y/N	
6	HUMAN RESOURCES		Numbers	
A	Doctors including specialists available	Physician Anesthetist Surgeon Any other (please specify) GDMO		
B	Nurses available			
C	Technicians (Lab, Radiology, Dialysis) available	Laboratory Radiology Dialysis		
D	Dedicated Staff accommodation and transport available		Y / N	
E	Are service providers using PPE as per protocols?		Y / N	
7	CAPACITY BUILDING			
i.	All personnel trained on COVID-19 management.		Y / N	
ii.	Moment & Steps of Hand Washing		Y/N	
iii.	Wearing and Removing of PPE		Y/N	
iv.	Standard Precautions		Y/N	
v.	Spill/Mercury spill management		Y/N	
vi.	Preparation of 1% Hypochlorite solution		Y/N	
vii.	Decontamination/Disinfection of surfaces(operating,examination,floors,walls,table,dressing table),Instruments/Equipment,O ₂ cylinder,Ambulance etc		Y/N	
viii.	Autoclaving/Chemical sterilization/High level disinfections of instrument as per protocols		Y/N	
ix.	Waste management (General & Bio-Medical)		Y/Y	
x.	Clinicians trained on ventilator management/CPR		Y / N	
xi.	Staff trained on sample collection, packaging, storage and transportation		Y / N	
xii.	Doctors, nurses and support staff trained on IPC.		Y / N	
xiii.	Unidirectional Mopping		Y/N	
8	Availability of protocols			
i.	Treatment		Y / N	
ii.	Ventilator management		Y / N	
iii.	IPC		Y / N	
iv.	Rational use of PPE		Y / N	
v.	Moment & 6-step of Hand washing		Y/N	
vi.	Disinfection/Autoclaving protocols		Y/N	
vii.	Sample collection, collection/lab testing		Y / N	
viii.	Spill/Mercury spill management		Y/N	
ix.	Handling Dead Bodies/ Mortuary		Y / N	

S No	Particulars	Indicator	Assessment	Remarks
x.	Safety awareness regarding COVID		Y/N	
xi.	Bio-Medical work instruction(segregation,handling & transportation)		Y/N	
9	Data Management & Reporting			
A	Total No. of Admission till Date (Cumulative)			
B	Total No. of Discharge till Date (Cumulative)			
C	Total No. of Positive Case till Date (Cumulative)			
D	Total No. of Negative till Date (Cumulative)			
E	Whether reporting COVID patients data regularly to DSO		Y / N	
B	Availability of Broadband Internet connectivity + Computers + DEOs		Y / N	
Name and Designation of SSV Team Member:				
Date of SSV:				

COVID-19 CHECKLIST FOR MONITORING AND SUPPORTIVE SUPERVISION

Private facilities

Name of hospital:

Category: Clinic/Polyclinic/Nursing Home/Multi speciality Hospital

Address:

District:

Division:

State:

Facility Nodal officer-

Name -

Designation-

Contact number -

Whether entire hospital/ Block(s) within hospital is dedicated for COVID care/non-COVID (Tick as Applicable)

Whether the facility is functional/being made functional (for COVID)/NA (Tick as Applicable)

Numbers/Quantity of:

- Isolation Beds (excluding ICUs):
 - Isolation Beds for Confirmed Cases - _____ Separate Area - Yes/No
 - Isolation Beds for Suspect Cases - _____ Separate Area - Yes/No
- O₂ supported Beds :
 - No. of Beds Supported with Central Supply : _____
 - No. of Beds Supported with Bed-side Cylinder/ O₂ concentrator : _____
- ICU Beds
- Ventilators
- Suction Machine/Centralized Suction point
- Pulse Oxymeter/Monitor
- O₂ Manifold (Yes/No)
- Nebulizer Machine
- Thermal Scanner
- PPEs
- Spill/Mercury spill kit
- Apron/Lab coat(for clinicians)
- Waste management bins & polybag
- Heavy Duty gloves & Gumboot (for waste handlers)
- N95 masks
- Three bucket system for Mopping
- 1% Hypochlorite Solution(lit)
- Alcohol based hand rub (lit)
- Liquid Soap(lit)
- Others disinfectants with quantity

S No	Particulars	Indicator	Assessment	Remarks
1.	GENERAL			
A	In case of dedicated block, does it have a separate entry/exit?		Y / N	
B	Whether the facility has admitted COVID patients?		Y / N	
C	If answer to B is yes, whether other hospitals identified for shifting of non COVID patients?		Y / N	
2	INFRASTRUCTURE			
A	Designated Emergency Area with provision for: <ul style="list-style-type: none"> • Holding and Screening • Triage and treatment 	With adequate space for physical distancing	Y / N	
B	Whether ICU has:	a. 2 meter space between beds	Y / N	
		b. Ventilators for each bed	Y / N	
		c. Air Handling Unit in the room	Y / N	
		d. If AHU n/a, Negative Pressure?	Y / N	
C	Whether wards for confirmed cases have:	a. 1meter space between beds	Y / N	

S No	Particulars	Indicator	Assessment	Remarks
		b. Negative Pressure	Y / N	
D	Whether wards for Suspect cases have:	a. 1 meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
E	Availability of 24/7 Electricity & Water supply, with back up		Y / N	
F	Hand washing facility		Y / N	
G	Number of separate toilets for patients of all genders	12 per 100 beds		
H	Whether there is a dedicated space for parking and disinfecting ambulances?		Y / N	
I	Provision of Isolation ward for confirmed and suspected COVID patient		Y/N	
J	Availability of shoes rack(restriction of external foot wear in the ward)		Y/N	
3	DRUGS			
A	Availability of Essential Drugs for treatment of COVID patients as per protocols.	HCQ	Y / N	
		Antivirals	Y / N	
		Azithromycin	Y / N	
		Others	Y / N	
4	SUPPORT SERVICES (Availability of/linkages with)			
A	Laboratory and diagnostics services	Routine laboratory tests for co-morbidities	Y / N	
B	Availability of VTM / Swabs for sample collection		Y / N	
C	Facility for disinfection & sterilization of patient linen & equipment	CSSD	Y / N	
		Mechanized Laundry	Y / N	
D	Dietary Services	-	Y / N	
E	Blood bank / Storage Unit	-	Y / N	
F	Radiology	X-Ray - Static	Y / N	
		X-Ray - Mobile	Y / N	
		Ultrasound	Y / N	
		CT Scan	Y / N	
G	Ambulance services	Available or linked	Y / N	
H	Availability of Medical Gas Pipelines for:	Medical Air	Y / N	
		Suction	Y / N	
		Oxygen	Y / N	
I	Oxygen Source Capacity (mention numbers with buffer stock)			
a)	Generation Plant Capacity (m ³)(liters divided by 1000 equals m ³)			
b)	Liquid Oxygen Tank (m ³)			
c)	Manifold with Cylinder– 1. No of type D (7 m ³) cylinders connected 2. No of type D (7 m ³) backup cylinders			
d)	Availability of O ₂ Cylinder (excluding Manifold Cylinders)			
	Number of Cylinder D type (7 m ³)			
	Number of Cylinder B type (1.5 m ³)			
e)	Number of bed side concentrators			
J	AMC/CMC/Calibration for equipment as per requirement	Manifold & Other sources of oxygen supply	Y / N	
		Ventilators	Y / N	
		Other critical equipment.	Y / N	
5	INFECTION PREVENTION AND CONTROL			
A	COVID Infection Control Committee Constituted and regular monitoring at the facility		Y / N	

S No	Particulars	Indicator	Assessment	Remarks
B	COVID treatment guideline communicated and implemented		Y/N	
C	Regular Medical Checkup and Quarantine of staff as per guideline		Y/N	
D	Culture Surveillance (Bed/Ward/Equipment)		Y/N	
E	Waste management(Segregation, Collection & Transportation) and disinfection of waste as per guideline		Y/N	
F	Waste Management bins(covered)Trolleys(closed), demarcated storage area with handwashing facility and consumables(non-chlorinated polybag) for management of biomedical waste& ETP (Effluent Treatment Plant)		Y/N	
G	All waste daily lifted by CWTF van		Y/N	
6	HUMAN RESOURCES		Numbers	
A	Doctors including specialists available	Physician		
		Anesthetist		
		Surgeon		
		Any other (please specify)		
		GDMO		
B	Nurses available			
C	Technicians (Lab, Radiology, Dialysis) available	Laboratory		
		Radiology		
		Dialysis		
D	Dedicated Staff accommodation and transport available		Y / N	
E	Are service providers using PPE as per protocols?		Y / N	
7	CAPACITY BUILDING			
i.	All personnel trained on COVID-19 management.		Y / N	
ii.	Moment & Steps of Hand Washing		Y/N	
iii.	Wearing and Removing of PPE		Y/N	
iv.	Standard Precautions		Y/N	
v.	Spill/Mercury spill management		Y/N	
vi.	Preparation of 1% Hypochlorite solution		Y/N	
vii.	Decontamination/Disinfection of surfaces (operating, examination, floors, walls, table, dressing table), Instruments/Equipment, O ₂ cylinder, Ambulance etc		Y/N	
viii.	Autoclaving/Chemical sterilization/High level disinfections of instrument as per protocols		Y/N	
ix.	Waste management (General & Bio-Medical)		Y/Y	
x.	Clinicians trained on ventilator management/CPR		Y / N	
xi.	Staff trained on sample collection, packaging, storage and transportation		Y / N	
xii.	Doctors, nurses and support staff trained on IPC.		Y / N	
xiii.	Unidirectional Mopping		Y/N	
8	Availability of protocols			
i.	Treatment		Y / N	
ii.	Ventilator management		Y / N	
iii.	IPC		Y / N	
iv.	Rational use of PPE		Y / N	
v.	Moment & 6-step of Hand washing		Y/N	
vi.	Disinfection/Autoclaving protocols		Y/N	
vii.	Sample collection, collection/lab testing		Y / N	
viii.	Spill/Mercury spill management		Y/N	
ix.	Handling Dead Bodies/ Mortuary		Y / N	
x.	Safety awareness regarding COVID		Y / N	
xi.	Bio-Medical work instruction (segregation, handling & transportation)		Y/N	
9	Data Management & Reporting			
A	Total No. of Admission till Date (Cumulative)			
B	Total No. of Discharge till Date (Cumulative)			

S No	Particulars	Indicator	Assessment	Remarks
C	Total No. of Positive Case till Date (Cumulative)			
D	Total No. of Negative till Date (Cumulative)			
E	Whether reporting COVID patients data regularly to DSO		Y / N	
B	Availability of Broadband Internet connectivity + Computers + DEOs		Y / N	
Name and Designation of SSV Team Member:				
Date of SSV:				

COVID-19 CHECKLIST FOR MONITORING AND SUPPORTIVE SUPERVISION
COVID Care Center/Quarantine facility (Hotel, School, Stadium etc)

Name of Center:

Category: Dedicated COVID CARE CENTER/Quarantine facility

Address:

District:

Division:

State:

Type of Facility-Public/Private:

Type of Hospital-MC/DH/SDH/GH/Others(Please specify):

District Nodal Office-

Name-

Designation-

Contact number

Email

Facility Nodal officer-

Name -

Designation-

Contact number -

Whether entire hospital/ Block(s) within hospital is dedicated? (Tick as Applicable)

Whether the facility is functional/being made functional (for COVID)? (Tick as Applicable)

Numbers/Quantity of:

- **Isolation Beds :**
 - **Isolation Beds for Confirmed Cases - _____ Separate Area - Yes/No**
 - **Isolation Beds for Suspect Cases - _____ Separate Area - Yes/No**
- **O₂ Cylinder (Yes/No)**
- **Nebulizer Machine**
- **Thermal Scanner**
- **PPEs**
- **Waste management bins & polybag**
- **Heavy Duty gloves & Gumboot (for waste handlers)**
- **N95 masks**
- **Three bucket for Mopping**
- **1%Hpochlorite Solution(lit)**
- **Alcohol based hand rub(lit)**
- **Liquid Soap(lit)**
- **Others disinfectants with quantity**

S No	Particulars	Indicator	Assessment	Remarks
1.	GENERAL			
A	In case of dedicated block, does it have a separate entry/exit?		Y / N	
B	Whether the facility has admitted COVID patients?		Y / N	
C	If answer to B is yes, whether other hospitals identified for shifting of non COVID patients?		Y / N	
2	INFRASTRUCTURE			
A	Designated Emergency Area with provision for: <ul style="list-style-type: none"> • Holding and Screening 	With adequate space for physical distancing	Y / N	
B	Whether wards/rooms for confirmed cases have:	a. 1meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
C	Whether wards/rooms for Suspect cases have:	a. 1meter space between beds	Y / N	
		b. Negative Pressure	Y / N	
D	Availability of 24/7 Electricity & Water supply, with back up		Y / N	
E	Hand washing facility		Y / N	
F	Hot water facility		Y/N	
G	Number of separate toilets for patients of all genders	12 per 100 beds		
H	Availability of shoes rack(restriction of external foot wear in the ward)		Y/N	

S No	Particulars	Indicator	Assessment	Remarks
3	DRUGS			
A	Availability of Essential Drugs for treatment of COVID patients as per protocols.	HCQ	Y / N	
		Antivirals	Y / N	
		Azithromycin	Y / N	
		Others	Y / N	
4	SUPPORT SERVICES (Availability of/linkages with)			
A	Laboratory and diagnostics services	Routine laboratory tests for co-morbidities	Y / N	
B	Availability of VTM / Swabs for sample collection		Y / N	
D	Dietary Services	-	Y / N	
G	Ambulance services	Available / linked	Y / N	
5	INFECTION PREVENTION AND CONTROL			
A	COVID Infection Control Committee Constituted and regular monitoring at the District /facility level		Y / N	
B	COVID treatment guideline communicated and implemented		Y/N	
C	Regular Medical Checkup and Quarantine of staff as per guideline		Y/N	
D	Culture Surveillance (Bed/Ward/Equipment)		Y/N	
E	Waste management(Segregation, Collection & Transportation) and disinfection of waste as per guideline		Y/N	
F	Waste Management bins(covered)Trolleys(closed), demarcated storage area with handwashing facility and consumables(non-chlorinated polybag) for management of biomedical waste& ETP (Effluent Treatment Plant)		Y/N	
G	All waste daily lifted by CWTF van		Y/N	
6	HUMAN RESOURCES		Numbers	
B	Nurses available			
D	Dedicated Staff accommodation and transport available			
7	CAPACITY BUILDING			
i.	All personnel trained on COVID-19 management.		Y / N	
ii.	Moment & Steps of Hand Washing		Y/N	
iii.	Wearing and Removing of PPE		Y/N	
iv.	Standard Precautions		Y/N	
v.	Preparation of 1% Hypochlorite solution		Y/N	
vi.	Decontamination/Disinfection of surfaces(operating,examination,floors,walls,table,dressing table),Instruments/Equipment,O ₂ cylinder,Ambulance etc		Y/N	
vii.	Waste management (General & Bio-Medical)		Y/Y	
viii.	Staff trained on sample collection, packaging, storage and transportation		Y / N	
ix.	Nurses and support staff trained on IPC.		Y / N	
x.	Unidirectional Mopping			
8	Availability of protocols			
i.	Moment & 6-step of Hand washing		Y/N	
ii.	Disinfection		Y/N	
iii.	Spill/Mercury spill management			
iv.	Safety awareness regarding COVID		Y/ N	
v.	Bio-Medical & General waste work instruction(segregation,handling & transportation)			
9	Data Management & Reporting			
A	Total No. of Admission till Date (Cumulative)			
B	Total No. of Discharge till Date (Cumulative)			
C	Whether reporting COVID patients data regularly to DSO		Y / N	
D	Availability of Broadband Internet connectivity + Computers + DEOs		Y / N	
Name and Designation of SSV Team Member:				
Date of SSV:				