

प्रेषक,

प्राणेश चन्द्र शुक्ल,
उप सचिव,
उत्तर प्रदेश, शासन।

सेवा में,

महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवायें,
उ०प्र०, लखनऊ।

चिकित्सा अनुभाग-5

लखनऊ : दिनांक : 20 मार्च, 2020

विषय:- कोरोना वायरस (कोविड-19) से बचाव एवं उसकी रोकथाम के संबंध में
(गाइड लाइन)।

महोदय,

कोविड-19 की बीमारी से बचाव एवं इसकी रोकथाम के संबंध में भारत सरकार द्वारा कोरोना वायरस (कोविड-19) आउटब्रेक (आइसोलेशन फ़ैसिलिटी/वार्ड) गाइड लाइन जारी की गयी हैं, जिसकी छायाप्रति अग्रतर आवश्यक कार्यवाही हेतु संलग्न कर प्रेषित करने का मुझे निदेश हुआ है।

संलग्नक यथोपरि।

भवदीय,



(प्राणेश चन्द्र शुक्ल)

उप सचिव।

संख्या एवं दिनांक तदैव:-

प्रतिलिपि प्रमुख सचिव, चिकित्सा शिक्षा को (संलग्नक सहित) सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

आज्ञा से,



(प्राणेश चन्द्र शुक्ल)

उप सचिव





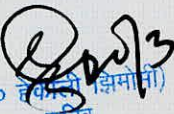
सत्यमेव जयते

21671/4125-S-2020



COVID -19 Outbreak Guidelines for Setting up Isolation Facility/Ward

VS (cc)
to memo to
DGPH & cc to
Med. Ed. Dept.


(वि० हे० प्र० वि० वि० वि०)
सचिव

निकिता स्वास्थ्य एवं परिवार कल्याण विभाग
उ०प्र० शासन

National Centre for Disease Control

22 Sham Nath Marg, Delhi 110054

Directorate General of Health Services

Ministry of Health and Family Welfare

Table of Contents

A. Quarantine and isolation	1
<hr/>	
B. Setting up isolation facility/ward	2
<hr/>	
C. Checklist for isolation rooms	4
<hr/>	
D. Wearing and removing Personal Protective Equipment (PPE)	5
<hr/>	
E. Transport of Infectious Patients	6
<hr/>	
Annexure I	
<hr/>	
Annexure II	
<hr/>	

WHO has declared the COVID-19 (SARS-CoV-2) outbreak as Public Health Emergency of international concern and has raised the risk assessment of China, Regional Level and Global Level to Very High and “all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of SARS-CoV-2 infection. Among the factors affecting cluster containment, Isolation of cases and quarantine of contacts is the mainstay of outbreak containment.

Scope of document: This guidance document has been prepared to establish an isolation facility at the level of district hospital, a secondary health care facility.

A. Quarantine and isolation

Quarantine and Isolation are important mainstay of cluster containment. These measures help by breaking the chain of transmission in the community.

Quarantine

Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have a potential to become ill. There will be voluntary home quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available on the website of the Ministry provides detail guidance on home quarantine.

Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. All suspect cases detected in the containment/buffer zones (till a diagnosis is made), will be hospitalized and kept in isolation in a designated facility till such time they are tested negative. Persons testing positive for COVID-19 will remain to be hospitalized till such time 2 of their samples are tested negative as per MoHFW's discharge policy. About 15% of the patients are likely to develop pneumonia, 5 % of whom requires ventilator management.

Hence dedicated Intensive care beds need to be identified earmarked. Some among them may progress to multi organ failure and hence critical care facility/ dialysis facility/ and Salvage therapy [Extra Corporeal Membrane Oxygenator (ECMO)] facility for managing the respiratory/renal complications/ multi-organ failure shall be required. If such facilities are not available in the containment zone, nearest tertiary care facility in Government / private sector needs to be identified, that becomes a part of the micro-plan.

There are various modalities of isolating a patient. Ideally, patients can be isolated in individual isolation rooms or negative pressure rooms with 12 or more air-changes per hour.

In resource constrained settings, all positive COVID-19 cases can be cohorted in a ward with good ventilation. Similarly, all suspect cases should also be cohorted in a separate

ward. However under no circumstances these cases should be mixed up. A minimum distance of 1 meter needs to be maintained between adjacent beds. All such patients need to wear a triple layer surgical mask at all times.

Nosocomial infection in fellow patients and attending healthcare personnel are well documented in the current COVID-19 outbreak as well. There shall be strict adherence to Infection prevention control practices in all health facilities. IPC committees would be formed (if not already in place) with the mandate to ensure that all healthcare personnel are well aware of IPC practices and suitable arrangements for requisite PPE and other logistic (hand sanitizer, soap, water etc.) are in place. The designated hospitals will ensure that all healthcare staff is trained in washing of hands, respiratory etiquettes, donning/doffing & proper disposal of PPEs and bio-medical waste management.

At all times doctors, nurses and para-medics working in the clinical areas will wear three layered surgical mask and gloves. The medical personnel working in isolation and critical care facilities will wear full complement of PPE (including N95 masks).

The support staff engaged in cleaning and disinfection will also wear full complement of PPE. Environmental cleaning should be done twice daily and consist of damp dusting and floor mopping with Lysol or other phenolic disinfectants and cleaning of surfaces with sodium hypochlorite solution. Detailed guidelines available on MoHFW's website may be followed.

B. Setting up isolation facility/ward

An isolation facility aims to control the airflow in the room so that the number of airborne infectious particles is reduced to a level that ensures cross-infection of other people within a healthcare facility is highly unlikely.

- At State level, a minimum of **50** bed isolation ward should be established.
- At District level, a minimum of **10** bed isolation ward should be established.
 - Post signages on the door indicating that the space is an isolation area.
 - Remove all non-essential furniture and ensure that the remaining furniture is easy to clean, and does not conceal or retain dirt or moisture within or around it.
 - COVID-19 patients should be housed in single rooms.
 - However, if sufficient single rooms are not available, beds could be put with a spatial separation of at least 1 meter (3 feet) from one another.
 - To create a 10 bed facility, a minimum space of 2000 sq. feet area clearly segregated from other patientcare areas is required.
 - Preferably the isolation ward should have a separate entry/exit and should not be co-located with post-surgical wards/dialysis unit/SNCU/labour room etc.
 - It should be in a segregated area which is not frequented by outsiders.
 - The access to isolation ward should be through dedicated lift/guarded stairs.

- There should be double door entry with changing room and nursing station. Enough PPE should be available in the changing room with waste disposal bins to collect used PPEs. Used PPEs should be disposed as per the BMWM guidelines.
- Stock the PPE supply and linen outside the isolation room or area (e.g. in the change room). Setup a trolley outside the door to hold PPE. A checklist may be useful to ensure that all equipment is available.
- Place appropriate waste bags in a bin. If possible, use a touch-free bin. Ensure that used (i.e. dirty) bins remain inside the isolation rooms.
- Place a puncture-proof container for sharps disposal inside the isolation room/area and bio-medical waste should be managed as per the BMWM guidelines.
- Keep the patient's personal belongings to a minimum. Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated for the patient, if possible. Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected before use.
- Place an appropriate container with a lid outside the door for equipment that requires disinfection or sterilization.
- Ensure that appropriate hand washing facilities and hand-hygiene supplies are available. Stock the sink area with suitable supplies for hand washing, and with alcohol-based hand rub, near the point of care and the room door.
- Ensure adequate room ventilation. If room is air-conditioned, ensure 12 air changes/ hour and filtering of exhaust air. A negative pressure in isolation rooms is desirable for patients requiring aerosolization procedures (intubation, suction nebulisation). These rooms may have standalone air-conditioning. These areas should not be a part of the central air-conditioning.
- If air-conditioning is not available negative pressure could also be created through putting up 3-4 exhaust fans driving air out of the room.
- In **district hospital**, where there is sufficient space, natural ventilation may be followed. Such isolation facility should have large windows on opposite walls of the room allowing a natural unidirectional flow and air changes. The principle of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.
- The isolation ward should have a separate toilet with proper cleaning and supplies.
- Avoid sharing of equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.

- Ensure regular cleaning and proper disinfection of common areas, and adequate hand hygiene by patients, visitors and care givers. Keep adequate equipment required for cleaning or disinfection inside the isolation room or area, and ensure scrupulous daily cleaning of the isolation room or area.
- **Visitors to the isolation facility should be restricted /disallowed.** For unavoidable entries, they should use PPE according to the hospital guidance, and should be instructed on its proper use and in hand hygiene practices prior to entry into the isolation room/area.
- Ensure that visitors consult the health-care worker in charge (who is also responsible for keeping a visitor record) before being allowed into the isolation areas. Keep a roster of all staff working in the isolation areas, for possible outbreak investigation and contact tracing.
- Doctors, nurses and paramedics posted to isolation facility **need to be dedicated** and not allowed to work in other patient-care areas.
- Consider having designated portable X-ray and portable ultrasound equipment.
- Corridors with frequent patient transport should be well-ventilated.
- All health staff involved in patient care should be well trained in the use of PPE.
- Set up a telephone or other method of communication in the isolation room or area to enable patients, family members or visitors to communicate with health-care workers. This may reduce the number of times the workers need to don PPE to enter the room or area.

C. Checklist for isolation rooms

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Gloves
- reusable vinyl or rubber gloves for environmental cleaning
- latex single-use gloves for clinical care
- Hair covers
- Particulate respirators (N95, FFP2, or equivalent)
- Medical (surgical or procedure) masks
- Gowns and aprons
- single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns
- plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available)
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Sharps containers

- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Appropriate clinical waste bags
- Linen bags
- Collection container for used equipment
- Standard IEC
- Standard protocols for hand hygiene, sample collection and BMW displayed clearly
- Standard Clinical management protocols

D. Wearing and removing Personal Protective Equipment (PPE)

Before entering the isolation room or area:

- Collect all equipment needed;
- Perform hand hygiene with an alcohol-based hand rub (preferably when hands are not visibly soiled) or soap and water;
- Put on PPE in the order that ensures adequate placement of PPE items and prevent self-contamination and self-inoculation while using and taking off PPE; an example of the order in which to don PPE when all PPE items are needed is hand hygiene, gown, mask or respirator, eye protection and gloves

Leaving the isolation room or area

- Either remove PPE in the anteroom or, if there is no anteroom, make sure that the PPE will not contaminate either the environment outside the isolation room or area, or other people.
- Remove PPE in a manner that prevents self-contamination or self-inoculation with contaminated PPE or hands. General principles are:
 - remove the most contaminated PPE items first;
 - perform hand hygiene immediately after removing gloves;
 - remove the mask or particulate respirator last (by grasping the ties and discarding in a rubbish bin);
 - discard disposable items in a closed rubbish bin;
 - put reusable items in a dry (e.g. without any disinfectant solution) closed container; an example of the order in which to take off PPE when all PPE items are needed is gloves (if the gown is disposable, gloves can be peeled off together with gown upon removal), hand hygiene, gown, eye protection, mask or respirator, and hand hygiene
 - Perform hand hygiene with an alcohol-based hand rub (preferably) or soap and water whenever un-gloved hands touch contaminated PPE items.

E. Transport of Infectious Patients

It is recommended that transport of infectious patients is limited to movement considered medically essential by the clinicians, e.g. for diagnostic or treatment purposes. Where infectious patients are required to be transported to other units within the hospital or outside the following precautions may be implemented:

- Infected or colonised areas of the patient's body are covered: - For contact isolation this may include a gown, sheets or dressings to surface wounds; these patients are transferred to a Standard Pressure or Protective Environment Isolation room - For respiratory isolation the patient is dressed in a mask, gown and covered in sheets; these patients are accommodated in a Negative Pressure Isolation Room - For quarantine isolation the patient may be transported in a fully enclosed transport cell or isolator with a filtered air supply and exhaust; these patients are accommodated in a high level quarantine isolation suite.
- The transport personnel remove existing PPE, cleanse hands and transport the patient on a wheelchair, bed or trolley, applying clean PPE to transport the patients and when handling the patient at the destination. Gown-up and gown-down rooms located at the entry to a Unit will assist the staff to enter and exit the facility according to the strict infection control protocols required, thereby reducing the risk of contamination
- The destination unit should be contacted and notified prior to the transfer to ensure suitable accommodation on arrival.
- It is preferred that the patient is transported through staff and service corridors, not public access corridors During planning stages, design can assist transfer of infectious patients by providing service corridors and strategically placed lifts, capable of separation from other lifts. The nominated lift may be isolated from public and staff transit through access control measures and cleaned following transit of the infectious patient.
- Design may also incorporate a designated floor for horizontal bed transfers of infectious patients away from busy clinical areas. The designated floor may be located at mid-level in the hospital
- A combination of nominated lifts, corridors and a bed transfer floor would assist in the movement of infectious patients through the hospital and minimise the risk of spread of infection.

Annexure I

Checklist for isolation rooms

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Gloves
- reusable vinyl or rubber gloves for environmental cleaning
- latex single-use gloves for clinical care
- Hair covers
- Particulate respirators (N95, FFP2, or equivalent)
- Medical (surgical or procedure) masks
- Gowns and aprons
- single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns
- plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available)
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Sharps containers
- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Appropriate clinical waste bags
- Linen bags
- Collection container for used equipment
- Standard IEC
- Standard protocols for hand hygiene, sample collection and BMW displayed clearly
- Standard Clinical management protocols

Annexure II

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	Pulm
	Senior Resident #	Junior Resident #	SR	JR
	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 outbreak management identified?	<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 member who is absent?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
18. Monitoring and managing Health Care Personnel (HCP) a) The facility follows the Central/State public health policies/procedures for monitoring and managing HCP with potential for exposure to COVID-19 b) The facility have a process to conduct symptom and temperature checks prior to the start of duty shift for HCP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Training for Healthcare Personnel (HCP) a) Education and job-specific training to HCP regarding <ul style="list-style-type: none"> • Signs and symptoms of infection • Triage procedures including patient placement and filling the CIF • Safely collect clinical specimen • Correct infection control practices and PPE use • HCP sick leave policies • Recommended actions for not using recommended PPE • How and to whom suspected cases (COVID-19) should be reported 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started

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 clinical support without direct interaction with the patient	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
22. Is there specific waiting area for people with respiratory symptoms?	
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 near the registration desk?	
25. Availability of signage directing to triage area and signage to instruct patients to alert staff if they have symptoms of COVID-19	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
26. Do they have dedicated/single examination rooms in Triage area? (Dedicated room should satisfy criteria of one patient per room with door closed for examination)	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Triage area has signs/alerts about respiratory etiquette and hand hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does the HCF provide masks for patients with respiratory symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Triage staff trained on revised COVID19 case definition and identify suspected cases ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Screening questionnaire and algorithm for triage available with staff	<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 available in Triage area	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
33. Physical barriers (e.g., glass or plastic screens) at reception areas available to limit close contact between triage staff and potentially infectious patients	<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% hypochlorite solution (or) 70% alcohol for surfaces that do not tolerate chlorine	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Does the hospital have dedicated infrastructure for isolation facility? (If No skip to Section IV)	<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 area?	<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 isolated area	<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 more than 1 meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Do the hospital have policy to segregate clinical staff (e.g. nurses) for care of COVID19 cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Whether PPEs available and located near point of use? a. Gloves b. Gowns c. Face masks d. 95 respirators	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
50. Whether the hospital limits the movement of patients in the isolation facility outside for medically necessary purposes only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Are the known or suspected COVID19 patients placed on contact and droplet precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. If a patient leaves their room for medical purposes, are they provided face mask ?	<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 minimize contact with other patients and staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. For a patient on Airborne Precautions, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers):	<input type="checkbox"/> Yes <input type="checkbox"/> No

56. Are these isolation rooms/wards satisfying the criteria of negative pressure class N? (Applicable if an aerosol generating procedure is performed)	<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 taking sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Does the facility have a written policy for sample collection and transport?	<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 (UN3373)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Are they following standard precautions while transporting the sample?	<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 facility	<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 isolation area?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
72. Availability of separate Thermometers BP apparatus with adult & Pediatric cuffs?	<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 Committee (HICC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Are there any infection control protocols/guidelines available?	<input type="checkbox"/> Available <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Not started
76. Functioning hand washing stations (including water, soap and paper towel or air dry) at isolation area?	
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 washing stations	<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 areas touched frequently (e.g., bed rails, overbed table, bedside commode, lavatory surfaces) are cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
83. Are they disinfected with an approved disinfectant frequently (at least daily) and when visibly soiled?	<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, Tables, Chairs, Keyboards etc.,	
86. Is there any housekeeping policy available at isolation area?	<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 hypochlorite solution? (10 minutes for non-porous surfaces)	<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
b. Masks	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Apron	<input type="checkbox"/> Yes <input type="checkbox"/> No
96. Are the staff trained in housekeeping and infection control practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
97. Doctors, nurses & cleaning staff available/ shift at isolation area?	<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 facility?	<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 <input type="checkbox"/> When Soiled
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 pumps in ICU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117. Adequate supply of masks, ET tubes, PPE kits available at ICU?	<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 & doffing areas?	<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 last year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
123. Designated ambulance facility for transporting patients from isolation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
124. List of contact numbers of ambulance drivers displayed at isolation area?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
125. Ambulance staff trained in wearing PPE & and other Infection control practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
126. SOP for disinfecting ambulance after transporting confirmed case/dead body?	<input type="checkbox"/> Available <input type="checkbox"/> In progress <input type="checkbox"/> Not started
127. Written protocol available for disposing dead bodies of confirmed cases?	<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 PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

