**Checklist for facility preparedness on COVID-19 management**

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| **GENERAL INFORMATION** | | | | | | | | | | | | | |
| **Choose the assessment Number** | | | | First | | Second | | | Third | | Fourth | | Fifth |
| **Date of Assessment** | DD | MM | | | YY | **State** |  | | | | **District** |  | |
| **Facility Name** |  | | | | | **Spoke Code** | | | | | State code/District code/#### | | |
| **GPS coordinates** | **Lat:** | | | | | | | | **Lon:** | | | | |  |  |  |
| **ASSESSOR INFORMATION** | | | | | | | | | | | | | |
| **Assessor name** | | |  | | | | | **Contact #** | |  | | | |
| **Designation & Department** | | |  | | | | | **Email ID** | |  | | | |
| **FACILITY CONTACT PERSON’S INFORMATION** | | | | | | | | | | | | | |
| **Facility in-charge name** | | |  | | | | | **Contact #** | |  | | | |
| **Designation & Department** | | |  | | | | | **Email ID** | |  | | | |
| **Name of Spoke nodal person for RISE** | | |  | | | | | **Contact #** | |  | | | |
| **Designation & Department** | | |  | | | | | **Email ID** | |  | | | |

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| **Section 1: Facility Profile** | | | | | | | | | | | | | | | | | | | |
| **Si** | **Questions** | **Scores & Details** | | | | | | | | | | | | | | | | | **Remarks** |
| **1** | Type of facility (If others, please fill in remarks) | **Public sector** | | | | | | | **Private sector** | | | | | | | | Others (specify in remarks) | |  |
| Central Government | | | State Government | | | | For-profit/Not for profit | | | | Faith-based | | | |
| **2** | Level of Facility *(Select anyone)* | Medical college | | District Hospital/Civil Hospital | | | General hospital/PSU | | | | CHC/  Block PHC | | | | | Super/Multispecialty hospital | | Others |  |
| Sub-District | | Sub-divisional | | | Area Hospital | | | | Regional Hospital | | | | | Makeshift centers | |
| **3** | Is this a designated COVID facility? | DCH | | | | DCHC | | | | CCC | | | | Not a designated COVID facility | | | | |  |
|
| **4** | Is this facility a COVID vaccination centre? | Yes | | | | | | | | | | No | | | | | | |  |
| **3** | **If a bed facility is available, then fill the following bed strength** | | **Number of beds available in the facility** | | | | | **Number of beds allotted for COVID-19 management** | | | | | | | **Number of beds with uninterrupted oxygen supply** | | | | **Remarks** |
| **3.1** | Total number of beds in the facility | |  | | | | |  | | | | | | |  | | | |  |
| **3.2** | Total number of Adult ICU beds | |  | | | | |  | | | | | | |  | | | |  |
| **3.3** | Total number of Adult ICU beds with functional ventilators | |  | | | | |  | | | | | | |  | | | |  |
| **3.4** | Total number of pediatric ICU beds | |  | | | | |  | | | | | | |  | | | |  |
| **3.5** | Total number of pediatric ICU beds with functional ventilators | |  | | | | |  | | | | | | |  | | | |  |
| **3.6** | Total number of beds with oxygen/HDU beds | |  | | | | |  | | | | | | |  | | | |  |

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| **Section 2: Human Resources (Only for COVID-19 Management)** | | | | | | |
| **Si** | **Questions** | **Scores & Details** | | | | **Remarks** |
| **Fill the staff available at the facility** | | **Number of staffs** | | | |
| **Staff available for “Critical care services”** | | | | | | |
| **1.1** | Critical Care specialist (Gen. Medicine/ Pulmonologist/ Anaesthetist) | **Adult ICU** | **Paediatric ICU** | **HDU ward** | **COVID ward** |  |
|  |  |  |  |  |
| **1.2** | Paediatrician |  |  |  |  |  |
| **1.3** | Obstetrician |  |  |  |  |  |
| **1.4** | Medical officer/Jr. Res/Sr.Res |  |  |  |  |  |
| **1.5** | Nursing staff |  |  |  |  |  |
| **Staff information at “Dept. of Micro-Biology” / RT-PCR/Molecular Testing Lab** | | | | | | |
| **2.1** | Micro-Biologist |  | | | |  |
| **2.2** | Lab Technician |  | | | |  |
| **2.3** | Medical officer/Jr. Res/Sr.Res |  | | | |  |
| **Staff information for “Oxygen Management”** | | | | | | |
| **3.1** | Oxygen handler/Plant engineer/Bio-medical engineer |  | | | |  |
| **3.2** | MGPS/Oxygen plant technician |  | | | |  |
| **Other staff information at “COVID-19 management”** | | | | | | |
| **4.2** | Staff available for COVID-19 counselling |  | | | |  |
| **4.3** | Other staff involved in patient handling and cleaning (Cleaning staff/Ward boys, etc) |  | | | |  |
| **5** | **Already trained/ Require training (includes refresher training) on COVID-19 topics** | **Number of staffs already received training** | | **Number of staffs require training (including refresher training)** | | **Remarks** |
| **5.1** | COVID-19 case management |  | |  | |  |
| **5.2** | Critical care (Adult) |  | |  | |  |
| **5.3** | Critical care (Paediatric) |  | |  | |  |
| **5.4.1** | Laboratory services **(RT-PCR)** |  | |  | |  |
| **5.4.2** | Laboratory services **(WGS) guidelines** |  | |  | |  |
| **5.4.3** | Laboratory services  (WGS sample processing, storage & transport guidelines) |  | |  | |  |
| **5.5.1** | Bio-medical waste management/Infection prevention control |  | |  | |  |
| **5.5.2** | Training on handling dead bodies as GoI guidelines |  | |  | |  |
| **5.6** | Oxygen devices operationalization & maintenance |  | |  | |  |
| **5.7** | Rational use of Oxygen & Quality of oxygen |  | |  | |  |
| **5.8** | Safety Norms (Medical hazard prevention) |  | |  | |  |
| **5.9** | COVID-19 Triage & counselling |  | |  | |  |

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| **Section 3: COVID Triage Area** | | | | |
| **Si** | **Questions** | **Scores & Details** | | **Remarks** |
| **1** | The facility has a dedicated triage area | Yes | No |  |
| **2** | The facility has deployed a clinical person in the triage area | Yes | No |  |
| **3** | The facility has identified a referral facility to link the patients | Yes | No |  |
| **4** | Does the facility have an ambulance facility for transportation of critically ill patients to the referral hospitals? | Yes | No |  |

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| **Section 4-Oxygen Ecosystem** | | | | | | | | | | | | | | |
| **Si** | **Questions** | | **Scores & Details** | | | | | | | | | | | **Remarks** |
| **1** | Oxygen sources and devices at the facility *(mention in numbers)* | **Sources** | | **Available** | **Functional** | **Size/**  **Capacity** | | | | **Maintenance Contract** | | **PESO Certification** | |
| **PSA Plant** | |  |  |  | | | |  | |  |  |  |
| **Booster for PSA** | |  |  |  | | | |  | | **Yes** | **No** |  |
| **LMO Tank** | |  |  |  | | | |  | |  |  |  |
| **VPSA Plant** | |  |  |  | | | |  | |  | |  |
| **Manifold** | |  |  |  | | | |  | |  | |  |
| **Concentrator** | |  |  |  | | | |  | |  | |  |
| **Cylinder** | |  |  |  | | | |  | | **Yes** | **No** |  |
| **Cylinder: H-TYPE** | |  |  |  | | | |  | | **Yes** | **No** |  |
| **2** | Does the facility have Medical Gas Pipeline System (MGPS)? | | | **Source** | **Available** | | | | | **Functional (uninterrupted supply)** | | | |  |
| **Oxygen** | Yes | No | | | | Yes | | No | |
| **Air** | Yes | No | | | | Yes | | No | |
| **Vacuum** | Yes | No | | | | Yes | | No | |
| **3** | Does the facility have a cylinder re-filling system through PSA (oxygen plant)? | | | | Yes | | | | | No | | | |  |
| **4** | All the oxygen beds have a functional source of oxygen supply identified | | | | Yes | | | | | No | | | |  |
| **5** | Electricity back-up is available to support PSA Plant in the facility | | | | Yes | | | | | No | | | |  |
| **6** | The facility has access to the nearest oxygen plantfor emergency purposes | | | | Yes | | | | No | | Not available | | |  |
| **7** | Is the oxygen requirement (demand & consumption) periodically calculated? | | | | Yes | | | | | No | | | |  |
| **8** | Is a regular oxygen audit is conducted for the safety and quality of oxygen? | | | | Yes | | | | | No | | | |  |
| **9** | The facility has an identified person for the oxygen management system  *(If yes, fill in the details)* | | | | Yes | | | | | No | | | |  |
| **Name** | |  | | | | | | |  |
| **Designation** | |  | | | | | | |  |
| **Contact #** | |  | | | | | | |  |
| **10** | Is there any dedicated person/agency onsite for troubleshooting or breakdown of oxygen delivery services? | | | | Yes | | | | | No | | | |  |
| **11** | Availability of function fire extinguishers (PSA, Manifold, Wards/ICU) *(“Mention ‘No’ if any one of the places not having)* | | | | Yes | | | | | No | | | |  |
| **12** | The facility is implementing any digital solution for oxygen tracking and management | | | | ODAS | | | Yes | | | No | | |  |
| ODTS | | | Yes | | | No | | |
| OCMIS | | | Yes | | | No | | |
| Any Other | | | Yes | | | No | | |

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| **Section 5: Critical care services** | | | | | |
| **Si** | **Variables** | | **Scores & Details** | | **Remarks** |
| 1 | Availability of ventilators | | **# of Functional** | **# of Non-functional** |  |
|  |  |
| **2** | **Facilities available** | | | | |
| 2.1 | Intubation | | Yes | No |  |
| 2.2 | Mechanical Ventilation | | Yes | No |  |
| 2.3 | Central line insertion | | Yes | No |  |
| 2.4 | Arterial line insertion | | Yes | No |  |
| 2.5 | Cardioversion/Defibrillation | | Yes | No |  |
| 2.6 | Does the facility have a ABG (Arterial Blood Gas) analysis facility for the Emergency/ ICU patients? | | Yes | No |  |
| **3** | **Is the listed drugs available at the facility?** | | | | |
| 3.1 | Anti-viral drugs | Molnupiravir | Yes | No |  |
| Remdesivir | Yes | No |  |
| 3.2 | Steroids | Inj Hydrocortisone | Yes | No |  |
| Inj Dexamethasone | Yes | No |  |
| Inj Methyl Prednisolone | Yes | No |  |

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| **Section 6: Laboratory Services** | | | | | | | | | | |
| **Si** | **Questions** | | **Scores & Details** | | | | | | | **Remarks** |
| **1** | Does the facility provide Molecular testing Services?  *(If it is no, skip all)* | | Yes | Only sample collection | | | | | No |  |
| **1.1** | If it is a sample collection centre, where the samples are sent for testing? | | Name of the testing centre & District | | | |  | | |  |
| Time taken to send samples to the testing centre (in mins) | | | |  | | |  |
| Distance (in km) | | | |  | | |  |
| **2** | In this facility “Molecular Testing” services operational? | | Yes | | | | No | | |  |
| **3** | Does the facility use “RAT”? | | Yes | | | | No | | |  |
| **3.1** | If yes, is it used for triaging? | | Yes | | | | No | | |  |
| **3.2** | The average number of RAT tests conducted per day  *(calculate based on last 30 days)* | |  | | | | | | |  |
| **4** | If Molecular testing/Collection services are available, then mention capacity  *Average Testing per day: (calculate based on last 30 days)* | **Test Type** | **The maximum testing capacity of LAB per day** | | | **Average Testing/ sample collection per day** | | | | **Remarks** |
| RT PCR |  | | |  | | | |  |
| Tru-NAAT |  | | |  | | | |  |
| CB-NAAT |  | | |  | | | |  |
| Others |  | | |  | | | |  |
| **5** | Does the facility send samples for WGS? | |  | | |  | | | |  |
| **6** | What percent of the sample was sent for WGS from your facility? *(Select anyone)* | | Less than 2% | | 2%-5% | | | More than 5% | |  |
| **7** | Does the facility have Whole Genome Sequencing Services? | | Yes | | | No | | | |  |
| **8** | Is Whole Genome Sequencing Services operational (WGS)? | | Yes | | | No | | | |  |
| **9** | If yes, which Whole Genome Sequencing Services WGS? | **Type of WGS (Yes/No)** | | | | | | | |  |
| Illumina | Yes | | | | No | | |  |
| MinION | Yes | | | | No | | |  |
| Others | Yes | | | | No | | |  |
| **10** | Sample storage: What temperatures are the samples stored in?  *(Select anyone)* | | Ambient | | | | | | |  |
| 2-8 Degrees Celsius | | | | | | |
| (-)20 Degrees Celsius | | | | | | |
| **11** | Sample processing time: What is the sample processing time for this facility? *(Select anyone)* | | Within 4hrs | | | | 4-8hrs | | |  |
| 8-24hrs | | | | >24hrs | | |
| **12** | What temperatures are samples transported at from collection centres to the processing lab? *(Select anyone)* | | Ambient | | | | | | |  |
| 2-8 Degrees Celsius | | | | | | |
| (-)20 Degrees Celsius | | | | | | |
| **13** | Pipette guns | 0.1-2 micro lts | Yes | | | | No | | |  |
| 1-10 micro lts | Yes | | | | No | | |  |
| 1-20 micro lts | Yes | | | | No | | |  |
| 20-100 micro lts | Yes | | | | No | | |  |
| 100-100 micro lts | Yes | | | | No | | |  |
| **14** | Dedicated refrigeration facilities: At what temperature do the refrigerators in the labs operate? *(Select anyone)* | | 4**-**8 Degrees Celsius | | | | | | |  |
| (-)20 Degrees Celsius | | | | | | |
| (-)70 Degrees Celsius | | | | | | |
| **15** | RNA extraction *(Select anyone)* | | Manual | Automated | | | | | N/A |  |
| **16** | Sample processing *(Select anyone)* | | Manual | Automated | | | | | N/A |  |
| **17** | Result reporting: How are results reported by this facility? *(Select anyone)* | | Manual | Automated | | | | | N/A |  |

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| **Section 7- Infection Prevention and Control** | | | | | | | | | | | | | | | | | | | | | | |
| **Si** | **Variables** | | **Scores & Details** | | | | | | | | | | | | | | | **Remarks** | | | | |
| **1** | Does the facility have an IPC committee with at least one meeting held in the last 3 months (Please check meeting minutes)?  *(Select anyone)* | | The facility doesn’t have an IPC committee | | | | | | | | | | | | | | |  | | | | |
| Have an IPC committee but no meetings conducted | | | | | | | | | | | | | | |
| Yes, with at least 1 meeting in 3months | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | |
| **2** | The facility has identified an infection prevention control point person. *If yes, please add (Name & Contact #) in remarks* | | Yes | | | | | | | | No | | | | | | |  | | | | |
| **Logistics and practices for Infection Prevention Control** | | | | | | | | | | | | | | | | | | | | | | |
| **3** | | Please observe & review logistics at the following five areas and respond to availability or practices  N/A is “Not available” | | Emergency | | | COVID Screening area | | | OPD | | | Labs and sample collection | | | COVID-19 Vaccination centre | | | ICU/HDU wards | | | |
| **3.1** | | Availability of PPE Kits | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.2** | | Availability of Handwashing area with soap/ Sanitizer | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.3** | | Availability of Red Bag | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.4** | | Availability of Yellow Bag | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.5** | | Availability of Black Bag | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.6** | | Availability of Blue puncture-proof container | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.7** | | Availability of white Bag | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.8** | | The facility ensures that the relevant IPC and BMWM instructions are displayed at the point of use | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.9** | | The facility staff adheres to standard personal protection practices including PPE donning and doffing procedures | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **3.10** | | BMW segregated at the point of origin | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | | N/A |
| **4** | | The cleaning staff follows three-bucket systems, outward mopping technique (clean to the dirty area) | | Yes | | | | | | | | | No | | | | | | | |  | |
| **5** | | The facility has a dedicated BMW collection and temporary storage area for later pick-up | | Yes | | | | | | | | | No | | | | | | | |  | |
| **6** | | Does the facility have a functional covered trolley to transport BMW? | | Yes | | | | | | | | | No | | | | | | | |  | |
| **7** | | How is biomedical waste treated in this facility? *(Select anyone)* | | Not treated | | | | In-house sterilization | | | | | Out-sourced | | | | Any other (specify) | | | |  | |
| **7.1** | | If it is out-sourced MoU signed with the agency? | | Yes | | | | | | | | | No | | | | | | | |  | |
| **8** | | The staff designated for handling dead bodies received training on Government of India guidelines on COVID-19 | | Yes | | | | | | | | | No | | | | | | | |  | |
| **9** | | Whether dead bodies are placed in leak-proof plastic body bags and exterior of the body bag decontaminated with 1% hypochlorite | | Yes | | | | | | | | | No | | | | | | | |  | |
| **10** | | An area in the facility that could be used as a temporary morgue has been identified. | | Yes | | | | | | | | | No | | | | | | | |  | |
| **11** | | The number of HCWs turned COVID-19 positive from this facility in the last 3 months | |  | | | | | | | | | | | | | | | | |  | |

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| **Section 8: COVID-19 Vaccination** | | | | | | | | | | | | | | | | | | | | | |
| **Si** | **Questions** | | | | | **Score & Details** | | | | | | | | | | | | | | | **Remarks** |
| **1** | COVID-19 vaccination center registered in CoWIN | | | | | Yes | | | | | | | No | | | | | | | |  |
| **2** | If yes, CoWIN ID | | | | |  | | | | | | | | | | | | | | |  |
| **3** | Average vaccination per day  (*Calculate it based on last 10 days coverage & divided by 10)* | | | | |  | | | | | | | | | | | | | | |  |
| **4** | Average vaccine consumption per day  *(Calculate it based on last 10 days coverage divided by 10)* | | | | |  | | | | | | | | | | | | | | |  |
| **5** | Is the CVC located away from clinical services | | | | | Yes | | | | | | | No | | | | | | | |  |
| **6** | In the facility COVID-19 vaccines available for the following | **Tick (✓) yes available vaccines** | | | | **Covishield** | **Covaxin** | | **Sputnik** | | **J&J** | | | | **Moderna** | | | **ZyCoV-D** | | **Others** | **Remarks** |
| Adult | | Yes | No |  |  | |  | |  | | | |  | | |  | |  |  |
| 15-18yrs | | Yes | No |  |  | |  | |  | | | |  | | |  | |  |  |
| 12-15yrs | | Yes | No |  |  | |  | |  | | | |  | | |  | |  |  |
| Less than 12yrs | | Yes | No |  |  | |  | |  | | | |  | | |  | |  |  |
| Precaution dose | | Yes | No |  |  | |  | |  | | | |  | | |  | |  |  |
| **7** | Total COVID-19 doses consumed so far (Since inception)  *Please mention doses consumed on the respective vaccines* | | | | |  |  | |  | |  | | | |  | | |  | |  |  |
| **8** | Total vaccination is done by the facility (Since inception) (Give a count on vaccine shots) | | | | | **Doses** | | | **Adult** | | | **15-18yrs** | | | | **12-15yrs** | | | **Less than 12 yrs** | |  |
| **1st dose** | | |  | | |  | | | |  | | |  | |  |
| **2nd dose** | | |  | | |  | | | |  | | |  | |  |
| **Precaution dose** | | |  | | |  | | | |  | | |  | |  |
| **9** | IEC materials (poster/banner etc.) related to COVID appropriate behaviour placed in the facility? | | | | | Yes | | | | | | | | No | | | | | | |  |
| **10** | IEC/Job aids related to COVID-19 vaccination placed? | | | | | Yes | | | | | | | | No | | | | | | |  |
| **11** | **Do you have a list of staff available at the vaccination centre?** | | | | | **Yes/No** | | | | | | | | **Number of staffs** | | | | | | | **Remarks** |
| **11.1** | Vaccinator officer (COVID-19 vaccinators) | | | | | Yes | | No | | | | | |  | | | | | | |  |
| **11.2** | Vaccination officer 1 (who checks the registration status of the beneficiary) | | | | | Yes | | No | | | | | |  | | | | | | |  |
| **11.3** | Vaccination officer 2 (who will verify ID documents) | | | | | Yes | | No | | | | | |  | | | | | | |  |
| **11.4** | Vaccination officer 3 (Staff available for crowd control/mobilization) | | | | | Yes | | No | | | | | |  | | | | | | |  |
| **11.5** | Vaccination officer 4 (Staff who ensures 30mins waiting time of beneficiary post-vaccination) | | | | | Yes | | No | | | | | |  | | | | | | |  |
| **11.6** | Medical officer (Who acting as supervisor forAdverse Events Following Immunization (AEFI) management) | | | | | Yes | | No | | | | | |  | | | | | | |  |
| **11.7** | Availability of healthcare personnel who are trained to recognize the signs and symptoms of anaphylaxis, as well as administer intramuscular epinephrine | | | | | Yes | | No | | | | | |  | | | | | | |  |
| **12** | **Training details: Already trained/require training (includes refresher training) on COVID-19 topics** | | | | | **Number of staffs already received training** | | | | | | | | **Number of staffs required training (including refresher training)** | | | | | | | **Remarks** |
| **12.1** | AEFI & Anaphylaxis management | | | | |  | | | | | | | |  | | | | | | |  |
| **12.2** | Co-WIN app guidelines and use | | | | |  | | | | | | | |  | | | | | | |  |
| **12.3** | Infection control and Bio Medical Waste (BMW) management for COVID vaccination | | | | |  | | | | | | | |  | | | | | | |  |
| **12.4** | COVID-19 vaccination | | | Adults | |  | | | | | | | |  | | | | | | |  |
| 15-18yrs | |  | | | | | | | |  | | | | | | |  |
| 12-15yrs | |  | | | | | | | |  | | | | | | |  |
| Paediatrics | |  | | | | | | | |  | | | | | | |  |
| Precaution doses | |  | | | | | | | |  | | | | | | |  |
| Pregnant women | |  | | | | | | | |  | | | | | | |  |
| **12.5** | COVID vaccination communication strategy and addressing vaccine hesitancy | | | | |  | | | | | | | |  | | | | | | |  |
| **12.6** | COVID-19 vaccination guidelines for the private sector | | | | |  | | | | | | | |  | | | | | | |  |
| **13** | **Logistics facilities at the vaccination centre** | | | | | **Yes/No** | | | | | | | | | | | | | | | **Remarks** |
| **13.1** | Auto Disable (AD) syringes or other syringes | | | | | Yes | | | | | | | | No | | | | | | |  |
| **13.2** | AEFI kit | | | | | Yes | | | | | | | | No | | | | | | |  |
| **13.3** | Hub cutter | | | | | Yes | | | | | | | | No | | | | | | |  |
| **13.4** | Laptop/Computer | | | | | Yes | | | | | | | | No | | | | | | |  |
| **13.5** | Internet connection | | | | | Yes | | | | | | | | No | | | | | | |  |
| **13.6** | Printer with sufficient papers | | | | | Yes | | | | | | | | No | | | | | | |  |
| **14** | **Vaccine Infrastructure** | | | | | **Yes/No** | | | | | | | | | | | | | | | **Remarks** |
| **14.1** | Is there an observation room at a site? | | | | | Yes | | | | | | | | No | | | | | | |  |
| **14.2** | Is there a waiting area at a site? | | | | | Yes | | | | | | | | No | | | | | | |  |
| **14.3** | Is there a vaccination room at a site? | | | | | Yes | | | | | | | | No | | | | | | |  |
| **15** | **AEFI Management** | | | | | **Yes/No** | | | | | | | | | | | | | | | **Remarks** |
| **15.1** | Is this facility, designated as an AEFI management centre or, can be designated as an AEFI management centre (if required) | | | | | Yes | | | | | | | | No | | | | | | |  |
| **15.2** | If no, write the name of the nearest linked “AEFI management centre” | | | | |  | | | | | | | | | | | | | | |  |
| **15.3** | This facility, have reported any “AEFI” cases so far *(Since inception)* | | | | | Yes | | | | | | | | No | | | | | | |  |
| **15.4** | If yes, mention the total number of “AEFI COVID-19 cases” | | | | | **Minor** | | | | **Serious** | | | | | | | **Severe** | | | |  |
|  | | | |  | | | | | | |  | | | |
| **15.5** | Percentage of Health care workers vaccinated *(Tick anyone)* | | **Fully vaccinated (Two doses)** | | | 100% | | | | 80-99% | | | | | | | Less than 80% | | | |  |
| **Precaution dose** | | | 100% | | | | 80-99% | | | | | | | Less than 80% | | | |  |