**Checklist for “Model COVID-19 Vaccination Centre”**

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| **GENERAL INFORMATION** |
| **Choose the assessment (tick anyone)** | Before establishing model COVID-19 centre | After establishing model COVID-19 centre |
| **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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|  **Facility Profile** |
| **Si** | **Questions** | **Scores & Details** | **Remarks** |
| **1** | Type of facility (If others, please fill 1.1) | Govt (Central) | Govt (State) | Private | Faith-based | Others |   |  |
| **1.1** | Type of facility (If chosen others) |  |   |  |
| **2** | Level of Facility  | Medical college | District Hospital/Civil Hospital | General hospital/PSUs | CHC/Block PHC |  |
| Sub Divisional /Sub District Hospital | Super/Multispecialty hospital | Area Hospital | Makeshift centers |  |
| **2.1** | Level of the facility *(if it is others specify)* |  |   |
| **3** | Is this a designated COVID facility?*DCH= Dedicated COVID HospitalDCHC= Dedicated COVID Health CentreCCC=COVID Care Centre* | DCH | DCHC | CCC | Not a designated COVID facility |  |
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| **MODEL COVID-19 Vaccination** |
| **Si** | **Questions** | **Score & Details** | **Remarks** |
| **1** | COVID-19 vaccination center registered in CoWIN  | Yes | No |  |
| **2** | If yes, CoWIN ID |  |  |
| **3** | Type of CVC site | Free | Paid |  |
| **5** | Number of sessions per day |  |  |
| **5** | Average vaccination per day (*Calculate it based on last 10 days coverage & divided by 10)* |  |  |
| **6** | Average vaccine consumption per day *(Calculate it based on last 10 days coverage divided by 10)* |  |  |
| **7** | Is the CVC located away from clinical services? | Yes | No |  |
| **8** | In the facility COVID-19 vaccines available for the following | **Tick (✓) on vaccines, if it is (yes) available** | **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 |  |  |  |  |  |  |  |  |
| **9** | Total COVID-19 doses consumed so far (Since inception)*Please mention doses consumed on the respective vaccines* |  |  |  |  |  |  |  |  |
| **10** | Total vaccination is done by the facility (Since inception) (Give a count on vaccine doses) | **Doses** | **Adult** | **15-18yrs** | **12-15yrs** | **Less than 12 yrs** |  |
| **1st dose** |  |  |  |  |  |
| **2nd dose** |  |  |  |  |  |
| **Precaution****dose** |  |  |  |  |  |
| **11** | IEC materials (poster/banner etc.) related to COVID appropriate behaviour placed in the facility? | Yes | No |  |
| **12** | IEC/Job aids related to COVID-19 vaccination placed? | Yes | No |  |
| **13** | Does this facility provide routine immunization services | Yes | No |  |
| **14** | Number of beds at this facility *(Tick anyone)* | <50 | 50-300 | 301-500 | >500 |  |
| **15** | **Do you have a list of staff available at the vaccination centre?** | **Yes/No** | **Number of staffs** | **Remarks** |
| **15.1** | Vaccinator officer (COVID-19 vaccinators) | Yes | No |  |  |
| **15.2** | Vaccination officer 1 (who checks the registration status of the beneficiary) | Yes | No |  |  |
| **15.3** | Vaccination officer 2 (who will verify ID documents) | Yes | No |  |  |
| **15.4** | Vaccination officer 3 (Staff available for crowd control/mobilization) | Yes | No |  |  |
| **15.5** | Vaccination officer 4 (Staff who ensures 30mins waiting time of beneficiary post-vaccination) | Yes | No |  |  |
| **15.6** | Medical officer (Who acting as supervisor forAdverse Events Following Immunization (AEFI) management) | Yes | No |  |  |
| **15.7** | Cold chain handler *(If it is not cold chain point mention it in the remarks)* | Yes | No |  |  |
| **15.8** | Availability of healthcare personnel who are trained to recognize the signs and symptoms of anaphylaxis, as well as administer intramuscular epinephrine | Yes | No |  |  |
| **16** | **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** |
| **16.1** | AEFI & Anaphylaxis management  |  |  |  |
| **16.2** | Co-WIN app guidelines and use  |  |  |  |
| **16.3** | Infection control and Bio Medical Waste (BMW) management for COVID vaccination |  |  |  |
| **16.4** | COVID-19 vaccination  | Adults |  |  |  |
| 15-18yrs |  |  |  |
| 12-15yrs |  |  |  |
| Paediatrics |  |  |  |
| Precaution doses |  |  |  |
| Pregnant women |  |  |  |
| **16.5** | COVID vaccination communication strategy and addressing vaccine hesitancy |  |  |  |
| **16.6** | COVID-19 vaccination guidelines for the private sector |  |  |  |
| **16.7** | Cold chain and vaccine logistics operational guidelines |  |  |  |
| **16.8** | COVID-19 vaccination data recording, analysis and use |  |  |  |
| **17** | **Logistics facilities at the vaccination centre** | **Yes/No** | **Remarks**  |
| **17.1** | One table (4 feet x 2 feet), two to three chairs | Yes | No |  |
| **17.2** | Do you have a vaccine carrier with ice packs? | Yes | No |  |
| **17.3** | Do you have an adequate COVID-19 vaccine? | Yes | No |  |
| **17.4** | Do you have an adequate number of Auto Disable syringes? | Yes | No |  |
| **17.5** | Do you have hand sanitizer and masks?  | Yes | No |  |
| **17.6** | Do you have a vaccine vial opener? | Yes | No |  |
| **17.7** | Do you have a hub cutter?  | Yes | No |  |
| **17.8** | Do you have a screen for privacy?  | Yes | No |  |
| **17.9** | Do you have an anaphylaxis kit?  | Yes | No |  |
| **17.10** | Do you have red bags?  | Yes | No |  |
| **17.11** | Do you have yellow bags?  | Yes | No |  |
| **17.12** | Do you have black bags?  | Yes | No |  |
| **17.13** | Do you have a puncture-proof blue container?  | Yes | No |  |
| **17.17** | Laptop/Computer | Yes | No |  |
| **17.15** | Internet connection | Yes | No |  |
| **17.16** | Printer with sufficient papers | Yes | No |  |
| **16** | **Vaccine centre Infrastructure** | **Yes/No** | **Remarks** |
| **16.1** | Is there an observation room at a site? | Yes | No |  |
| **16.2** | Is there a waiting area at a site? | Yes | No |  |
| **16.3** | Is there a vaccination room at a site?  | Yes | No |  |
| **16.4** | Adequate sitting arrangement for vaccinators/verifiers/beneficiaries | Yes | No |  |
| **16.5** | Entry and exit are separate in the vaccination centre | Yes | No |  |
| **16.6** | All the vaccination officer is wearing a mask | Yes | No |  |
| **16.7** | Vaccinator following COVID appropriate behaviour | Yes | No |  |
| **16.8** | Beneficiaries follow COVID appropriate behaviour | Yes | No |  |
| **16.9** | Vaccination centre have “drinking water and toilet” facilities | Yes | No |  |
| **16.10** | Selfie counter available at vaccination centre | Yes | No |  |
| **16.11** | How many number (maximum) of sessions in the vaccination room |  |  |
| **17** | **Cold chain capacity assessment** | **Yes/No** | **Remarks** |
| **17.1** | Is this facility, a designated cold chain points for vaccine storage by the state government? | Yes | No |  |
| **17.2** | If no, mention "name of cold chain point" from where the facility is receiving or may receive COVID-19 vaccine |  |  |
| **17.3** | Distance in kms |  |  |
| **17.4** | Number of hours/mins taken to reach that cold chain point |  |  |
| **17.5** | If Yes, is it eVin supported? | Yes | No |  |
| **17.6** | Whether temperature monitoring devices are available at this vaccination centre for all vaccine storage devices? | Yes | No |  |
| **17.7** | Cold chain devices at the vaccination center | **Variables** | **Available** | **Functional** | **Remarks** |
| Ice lined refrigerator |  |  |  |
| Deep freezer |  |  |  |
| Refrigerator |  |  |  |
| **18** | **AEFI Management** | **Yes/No** | **Remarks** |
| **18.1** | Is this facility, designated as an AEFI management centre or, can be designated as an AEFI management centre (if required) | Yes | No |  |
| **18.2** | If no, write the name of the nearest linked “AEFI management centre” |  |  |
| **18.3** | How far is the nearest AEFI management centres which can be linked  | 15mins | 30mins | 1hr | >1hr |  |
| **18.4** | This facility, have reported any “AEFI” cases so far *(Since inception)* | Yes | No |  |
| **18.5** | If yes, mention the total number of “AEFI COVID-19 cases”/”RI cases” | **COVID** **Minor** | **COVID Serious** | **COVID Severe** |  |
|  |  |  |
| **RI Minor** | **RI Serious** | **RI Severe** |
|  |  |  |
| **18.6** | AEFI Case Reporting Form had for all Serious / Severe cases | Yes | Partial | No |  |
| **18.7** | AEFI Case Investigation Form had for all Serious/Severe cases | Yes | Partial | No |  |
| **18.8** | Percentage of staff vaccinated at the facility *(Tick anyone)* | **Fully vaccinated (Two doses)** | 100% | 90-99% | <90% |  |
| **Precaution dose** | 100% | 90-99% | <90% |  |