**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 1.1) | Govt (Central) | Govt (State) | Private | Faith-based | Others |   |  |
| **1.1** | Type of facility (If chosen others) |  |   |  |
| **1.2** | If private, whether it is impaneled (Select if all applicable)  | PMJSY | CGHS | State Health insurance | Others | Not impaneled |  |  |
| **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 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 |  |
|
| **4** | Is this facility a COVID vaccination centre?  | Yes | No |   |
| **5** | Does this facility have beds assigned for the management of COVID-19 cases during outbreaks?  | 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** | **Remarks** |
| **3.1** | Total number of beds in the facility |   |   |   |
| **3.2** | Total number of beds with functional ventilators |   |   |   |
| **3.3** | Total number of ICU beds |   |   |   |
| **3.4** | Total number of pediatric ICU beds with oxygen |   |   |   |
| **3.5** | Total number of any other beds with oxygen/HDU beds |   |   |   |
| **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 information at “Adult ICU”** |
| **1.1** | Critical Care specialist (Gen. Medicine/ Pulmonologist/ Anaesthetist) |  |  |
| **1.2** | Medical Officer |  |  |
| **1.3** | Nursing staff |  |  |
| **Staff information at “Paediatric ICU”** |
| **2.1** | Pediatrician |  |  |
| **2.2** | Anesthetist |  |  |
| **2.3** | Obstetrician |  |  |
| **2.4** | Medical officer |  |  |
| **2.5** | Nursing staff |  |  |
| **Staff information at “Dept. of Micro-Biologist” / Laboratory for COVID-19 PCR testing management** |
| **3.1** | Micro-Biologist |  |  |
| **3.2** | Lab Technician |  |  |
| **Staff information for “Oxygen Management”** |
| **4.1** | Oxygen plant engineer/Bio-medical engineer |  |  |
| **4.2** | MGPS/Oxygen plant technician |  |  |
| **Staff information at “Radiology Department”** |
| **5.1** | Radiologists |  |  |
| **5.2** | X-Ray technicians |  |  |
| **Other staff information at “COVID-19 management”** |
| **6.1** | Pharmacists |  |  |
| **6.2** | Any Counsellor for COVID-19 related activities counseling |  |  |
| **6.3** | Other para-medical staff for IPC |  |  |
| **7** | **Already trained/ Require training (includes refresher training) on COVID-19 topics** | **Number of staffs already received training** | **Number of staff require training (including refresher training)** | **Remarks** |
| **7.1** | COVID-19 case management |   |   |   |
| **7.2** | Critical care (Adult) |   |   |   |
| **7.3** | Critical care (Paediatric) |   |   |   |
| **7.4.1** | Laboratory services **(RT-PCR)** |  |  |  |
| **7.4.2** | Laboratory services **(Whole Genome Sequencing (WGS))** |   |   |   |
| **7.5.1** | Bio-medical waste management/Infection prevention control |   |   |   |
| **7.5.2** | Training on handling dead bodies as GoI guidelines |  |  |  |
| **7.7** | Oxygen management |  |  |  |
| **7.8** | Safety Norms (Medical hazard prevention) |  |  |  |
| **7.9** | 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** | Is there is a clinical person in the triage area, for patients suspected of COVID-19? | Yes | No |  |
| **3** | Is there staff available for counseling “COVID-19 suspected patients and relatives”? | Yes | No |   |
| **4** | Is there an ambulance facility available for transportation of critical care patient/referral COVID-19 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** | **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)? | **Oxygen** | Yes | No |  |
| **Air** | Yes | No |
| **Vacuum** | 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) is 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) | 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 separate ABG (Arterial Blood Gas) analyzer for the Emergency/ ICU patients? | Yes | No |  |
| **3** | **Is the listed essential drug 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 |  |
| **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** | **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 have Whole Genome Sequencing Services? | Yes | No |  |
| **6** | Is Whole Genome Sequencing Services operational (WGS)? | Yes | No |  |
| **7** | If yes, which Whole Genome Sequencing Services WGS? | **Type of WGS (Yes/No)** |  |
| Illumine | Yes | No |  |
| MinION | Yes | No |  |
| Others | Yes | No |  |
| **8** | Sample storage: What temperatures are the samples stored in?*(Select One)* | Ambient |     |
| 2-8 Degrees Celsius |
| (-)20 Degrees Celsius |
| **9** | Sample processing time: What is the sample processing time for this facility? *(Select One)* | Within 4hrs | 4-8hrs |      |
| 8-24hrs | >24hrs |
| **10** | What temperatures are samples transported at from collection centres to the processing lab? *(Select One)* | Ambient |     |
| 2-8 Degrees Celsius |
| (-)20 Degrees Celsius |
| **11** | 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 |   |
| **12** | Dedicated refrigeration facilities: At what temperature do the refrigerators in the labs operate? *(Select One)*   | 4**-**8 Degrees Celsius |     |
| (-)20 Degrees Celsius |
| (-)70 Degrees Celsius |
| **13** | RNA extraction *(Select One)*  | Manual | Automated | N/A |   |
| **14** | Sample processing *(Select One)*  | Manual | Automated | N/A |   |
| **15** | Result reporting: How are results reported by this facility? *(Select One)*  | 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 | Emergency | COVID Screening area | OPD | Labs and sample collection | COVID-19 Vaccination centre | Remarks |
| **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 |  |
| **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 |  |
| **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 |  |
| **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 |  |
| **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 |  |
| **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 |  |
| **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 |  |
| **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 |  |
| **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 |  |
| **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 |  |
| **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) |  |
| **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 behavior 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% |  |