







Name of Health Facility:					
Cont	act person at health facility:	1	er of he		re workers¹
Role:	(please select one)				
IPC	Focal Person Facility Manager Other				
Distr	ict:	State/	Provinc	:e:	Country:
Date	of visit:	Date o	of last vi	isit:	
Surv	eillance				Comments
1a.	Total number of patients seen at this health f in the previous month	acility	#		
1b.	Number of patients screened on entrance to this health facility for COVID-19 symptoms in previous month		#		
1c.	Number of suspected COVID-19 patients repto local surveillance personnel from this health facility in the previous month		#		
2a.	Number of unique ² health care workers (HCW who reported to work at this health facility in previous month		#		
2b.	Number of new suspected COVID-19 infection among HCWs at this health facility in the premonth		#		
2c.	Number of new confirmed COVID-19 infection among HCWs at this health facility in the premonth		#		
2d.	Does the facility have an assessment and management protocol in place (including a regassessment tools, communication, etc.) for exor confirmed HCWs?		Yes	No	
Scree	ening and Triage				Comments
3a.	Are dedicated screening and triage personnel and in place?	trained	Yes	No	
3b.	Does the health facility have a dedicated scree and triage area for each open entry point into health facility?		Yes	No	

^{1 &}quot;Health workers are all people engaged in work actions whose primary intent is to improve health, including doctors, nurses, lab technicians, cleaning staff, drivers, social workers, and administrators, among others."

WHO Charter – Health worker safety: a priority for patient safety. Students and volunteers should also be included.

² Health care workers reporting to work more than once during the reporting period should only be counted once.









Зс.	Is/are the dedicated screening and triage area(s) outdoors and separated from patient care areas?	Yes No N/A i No	f 3b	
3d.	Does/do the dedicated screening and triage area(s) have adequate spacing between patients (2m preferred, but minimum of 1m separation)?	Yes No N/A i No	f 3b	
3e.	Is a functional infrared no-touch thermometer available ³ in the screening and triage area and is it being used as per thermometer instructions ⁴ ?	Yes	No	
3f.	Are triage forms and registers available ³ and properly utilized?	Yes	No	
3g.	Does the facility have a protocol for separation and isolation of patients with suspected COVID-19?	Yes	No	
Infec	tion Prevention and Control			Comments
4.	Does the facility have IPC guidelines or standard operating procedures (SOPs) that are readily accessible to health facility staff?	Yes	No	
5.	Does the facility have personnel trained in IPC/an IPC professional employed who is responsible and accountable for IPC at the health facility?	Yes	No	
6.	Does the health facility have a register/electronic database containing the names of the health workers who were trained, the training date, the training type, and the organization that provided the training?	Yes	No	

³ Available means the item is present at the health facilities and easily accessible to all health care workers.

⁴ Maximum number of hours of use per day, rest period between patients, etc.









7.	Have ≥80% of HCW at this facility been trained on the topics below within the last 6 months:			
	Standard precautions	Yes No		
	Airborne precautions	Yes	No	
	Droplet precautions	Yes	No	
	Contact precautions	Yes	No	
	Donning and doffing PPE	Yes	No	
8.	Is natural ventilation (windows not obstructed and able to be opened at all times) available in <u>all</u> patient care areas and waiting areas?	Yes	No	
Hand	Hygiene			Comments
9.	9a. Total number of hand hygiene stations in the screening and triage areas (denominator)			
	9b. Number of hand hygiene stations in the screening and triage areas that are functional and have adequate ⁵ supplies for use on the date of visit (numerator)	# Please enter "N/A" if 3b is "No"		
10.	10a. Total number of hand hygiene stations in patient care areas inside the health facility (denominator)	#		
	10b. Number of hand hygiene stations in patient care areas inside the health facility that are functional and have adequate ⁵ supplies for use on date of visit (numerator)	#		
11.	11a. Total number of opportunities ⁶ observed where hand hygiene should have been performed (denominator)	#		
1				1

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Adequate supplies: water, soap, and a functioning tap **AND/OR** alcohol-based hand rub Hand hygiene opportunity is defined as any opportunity when hand hygiene should be performed (e.g., before and after examining a patient, before donning PPE, after doffing PPE, etc.). https://www.who.int/gpsc/tools/5momentsHandHygiene_A3.pdf?ua=1









PPE			Comments
12.	Are surgical masks accessible to health care	Available	
	workers today?	Stockout for past 1–7 days	
		Stockout for past 8–14 days	
		Stockout for past 15–30 days	
13.	13a. Total number of HCWs who should have been wearing medical/surgical masks at all times when they worked in clinical areas during the observation period (denominator)	#	
	13b. Number of HCWs who are wearing medical/ surgical masks appropriately at all times when they work in clinical areas during the observation period (numerator)	#	
14.	Are face shields or goggles accessible to health care	Available	
	workers today?	Stockout for past 1–7 days	
		Stockout for past 8–14 days	
		Stockout for past 15–30 days	









15.	15a. Total number of HCWs who should have been wearing face shields or goggles at all times when they worked in clinical areas during the observation period (denominator)	#		
	15b. Number of HCWs who are wearing face shields or goggles appropriately at all times when they work in clinical areas during the observation period (numerator)	#		
Envir	onmental Cleaning and Waste Management			Comments
16a.	Is a guideline or SOP available ³ on how to perform cleaning and disinfection?	Yes	No	
16b.	Is there a cleaning scheduled that has been filled out daily?	Yes	No	
16c.	Have staff performing cleaning and disinfection been trained on cleaning, disinfecting, and health facility waste management?	Yes	No	
16d.	Do cleaning staff clean with appropriate protective gear? (Must be observed)			
	Eye protection (goggles and/or face shields)	Yes	No	
	Medical/surgical mask	Yes	No	
	Closed toe shoes or boots	Yes	No	
	Rubber gloves	Yes	No	
	Impermeable apron	Yes	No	
16e.	Are required cleaning supplies available ³ ? (Must be observed)			
	Water	Yes	No	
	At least two buckets: one for clean water and one for soapy water	Yes	No	
	Mop (1 per area)	Yes	No	
	Color-coded cleaning cloths	Yes	No	
	Cleaning solution (detergent)	Yes	No	









16f.	Is 0.5% chlorine solution available ³ for disinfection of blood and body fluid spills?	Yes	No	
16g.	Is 0.1% chlorine solution available ³ for disinfection of surfaces and floors?	Yes	No	
16h.	Please select only one of the following:			
	There is an accessible record of cleaning for ALL areas including floors, horizontal work surfaces, sinks, veronica buckets, reusable medical equipment, etc., which is completed and signed by the cleaners each day.			
	There is an accessible record, but it is not completed and signed daily OR it is outdated.			
	There is no record of areas including floors, horizontal work surfaces, sinks, veronica buckets, reusable medical equipment, etc., being cleaned.			
17a.	Is waste sorted (e.g., indicated by colors or labeling) according to the type of waste: infectious, non-infectious, sharps (from source, during collection, to disposal (collection for removal from the HCF) and/or treatment – incineration or open pit burning))?	Yes	No	
17b.	Are covered, sealed, and labelled (infectious and non-infectious) waste bins available ³ at all patient service points?	Yes	No	
17c.	Are sharps containers available ³ at all points of use and emptied when three quarters full (line or tape should demark the ¾ mark)?	Yes	No	
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