



Training of Hospitals & Health facilities on IPC measures

Benefits of IPC



Protecting yourself



Protecting your patients



Protecting your family, community & environment

General advice for COVID-19

- Avoid *close contact* with people suffering from acute respiratory infections
- Frequent *hand hygiene*, especially after direct contact with ill people or their environment
- People with symptoms of acute respiratory infection should practice
 - respiratory etiquette
 - wear a medical mask
 - seek medical care for advice

Ministry of Health & Family Welfare
Government of India

Reduce the risk of Coronavirus infection
Follow these important precautions

1
Wash hands with soap and water frequently

2
When coughing and sneezing, cover mouth and nose with handkerchief, tissue or elbow

3
Avoid close contact with anyone with cold, cough or flu like symptoms

Stay protected! Stay safe from Coronavirus!

If you have returned from Wuhan China after January 15, then get yourself tested for 2019-nCoV. To know about the centres for testing, call the Ministry of Health and Family Welfare Helpline

If you have returned from China in the last 15 days or have been in contact with any person affected by Coronavirus, then limit your contact with others and use a separate room for sleeping

If you develop fever, cough and difficulty in breathing within 28 days of return from China, immediately call the Ministry of Health and Family Welfare Helpline

+91-11-23978046

www.mohfw.nic.in
www.mypgov.in
www.pmindia.gov.in

moHFWindia
@MoHFW_INDIA

http://ncdc.gov.in/
@director_NCDC

IPC strategies for preventing/limiting the spread of COVID-19

- Applying *standard precautions* for all patients
- Ensuring *triage, early recognition, and source control*
- Implementing empiric additional precautions for suspected cases of COVID-19 infection
- Implementing administrative controls
- Using *environmental* and engineering controls.

Elements of Standard Precautions

Personal protection

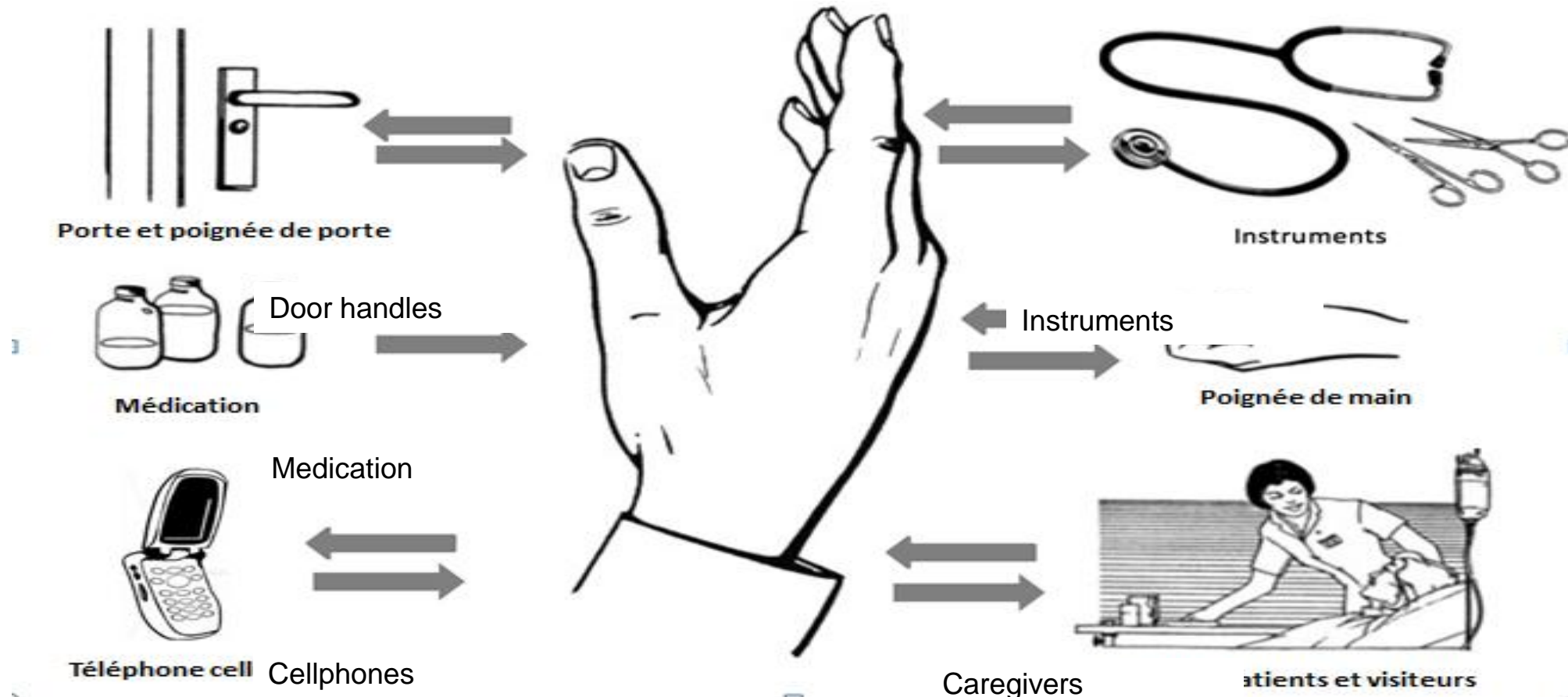
1. Hand hygiene
2. Respiratory hygiene (etiquette)
3. Personal protection according to the risk
4. Safe injection practices, sharps management and injury prevention

Institutional practices

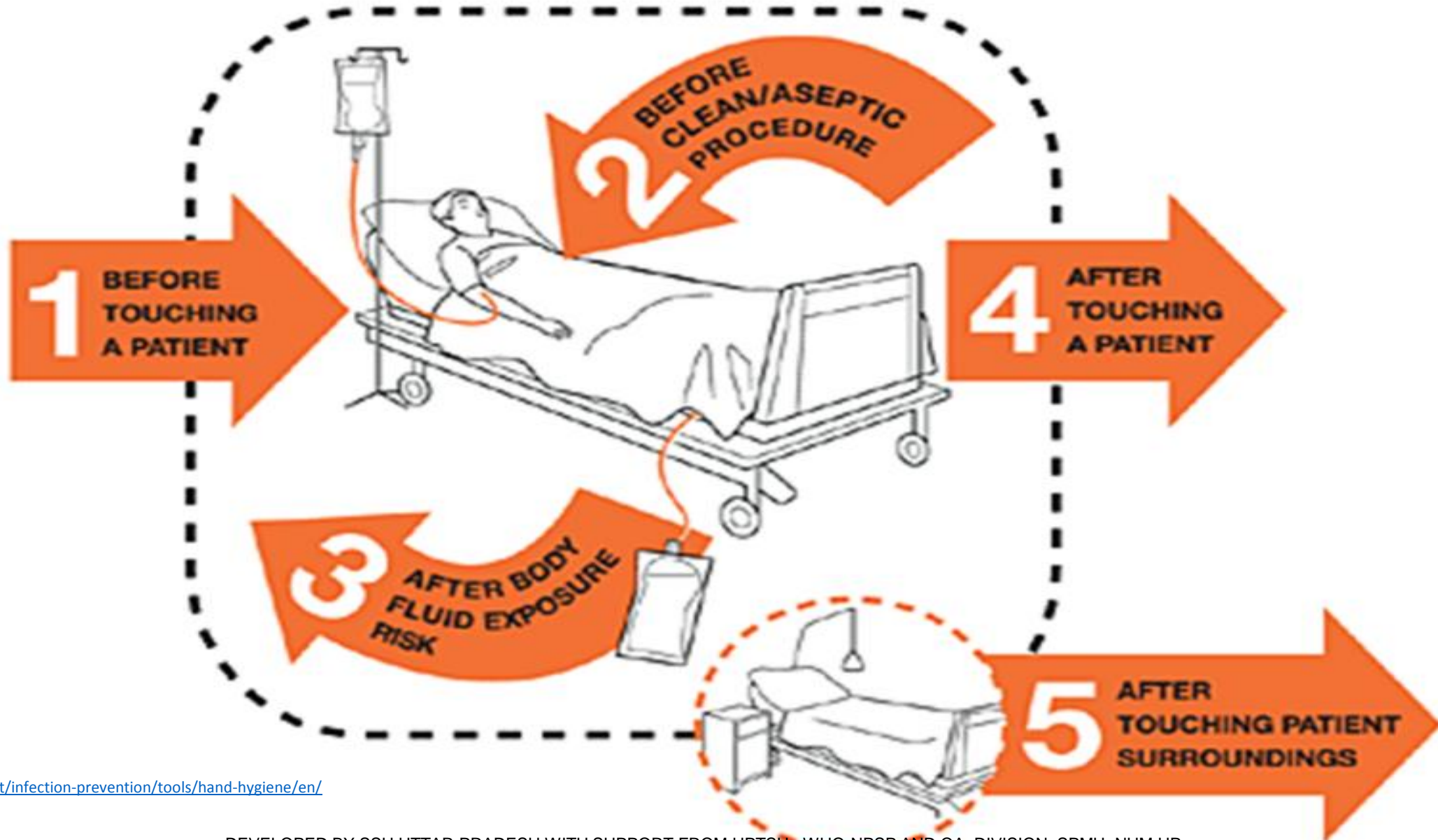
1. Regular Hospital disinfection – All surfaces, walls, touch points
2. Safe handling, cleaning of patient care equipment
3. Safe handling and cleaning of soiled linen
4. Waste management
5. Environmental cleaning

Hand Hygiene

- Best way to prevent the spread of germs in the health care setting and community
- Our hands are our main tool for work as health care workers- and they are the key link in the chain of transmission.

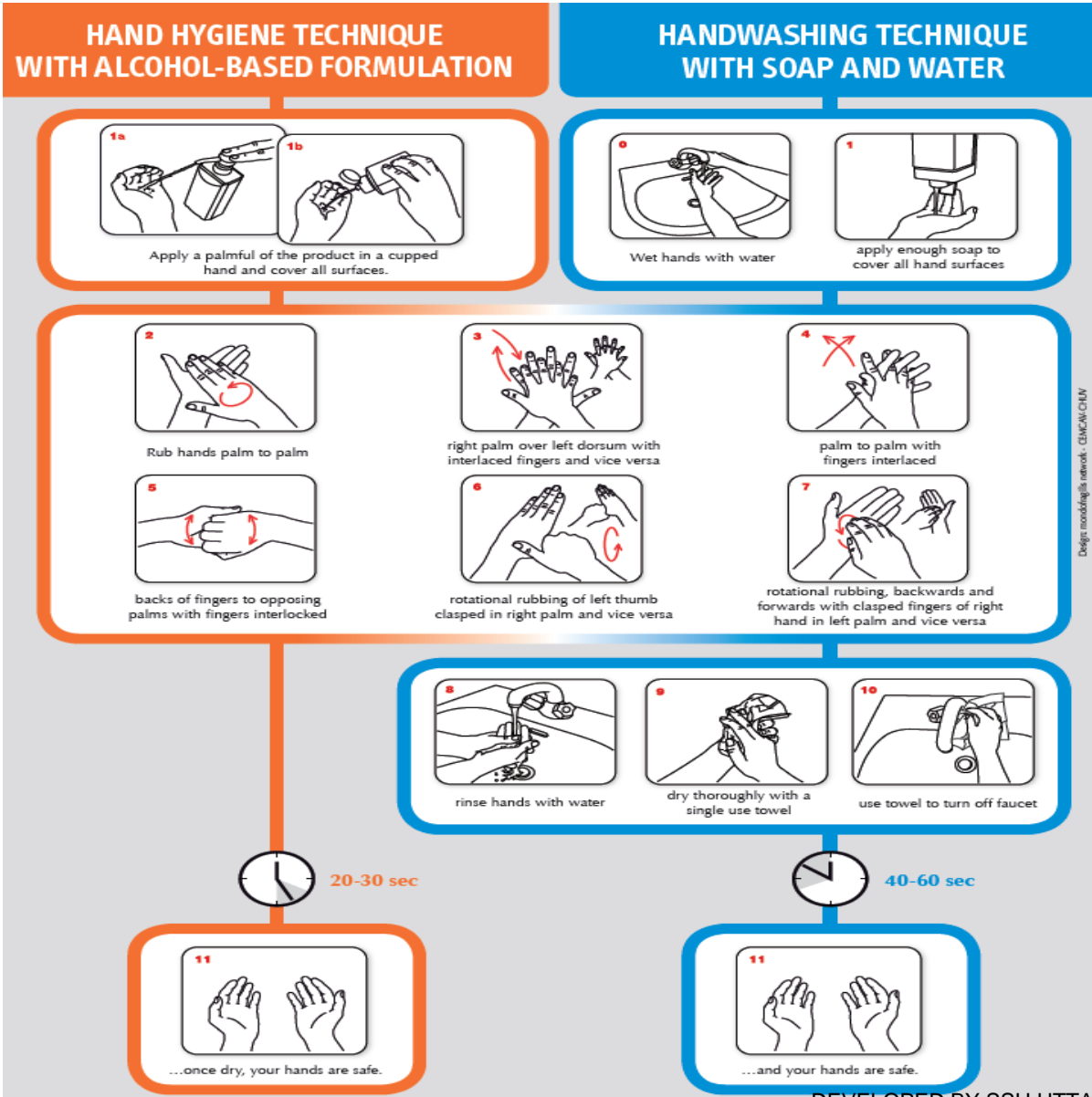


Hand hygiene: WHO 5 moments



<https://www.who.int/infection-prevention/tools/hand-hygiene/en/>

Hand hygiene: HOW



- Use appropriate product and technique
- An alcohol-based hand rub product is preferable, if hands are not visibly soiled
 - **Rub hands for 20–30 seconds!**
- Soap, running water and single use towel, when visibly dirty or contaminated with proteinaceous material
 - **Wash hands for 40–60 seconds!**

How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



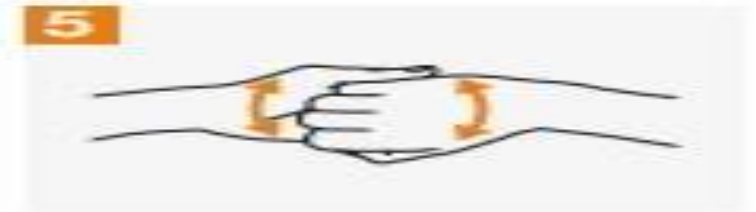
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Respiratory hygiene/etiquette

Reduces the spread of microorganisms (germs) that cause respiratory infections (colds, flu).

- Turn head away from others when coughing/sneezing
- Cover the nose and mouth with a tissue.
- If tissues are used, discard immediately into the trash
- Cough/sneeze into your sleeve if no tissue is available
- Clean your hands with soap and water or alcohol based products

Do not spit here and there



Personal Protection Equipment for use in health care

Face Mask



Nose + mouth

N95 Mask



Nose + mouth

Face shield



Eyes + nose + mouth

Goggle



Eyes

Gown



Body

Apron



Body

Gloves



Hands

Head cover



Head + hair

Principles for using Personal protection attire / PPE

- Always clean your hands before and after wearing it
- It should be available where and when it is indicated
 - In the correct size
 - Select according to risk or per transmission based precautions
- Always put on before contact with the patient.
- Always remove immediately after completing the task and/or leaving the patient care area
- **Donning & doffing to be done in designated area**
- It should not be adjusted or touched during patient care; specifically

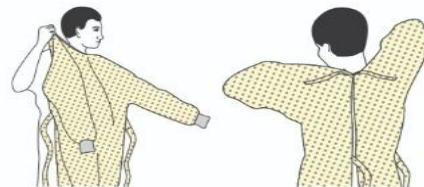
Donning & doffing of PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



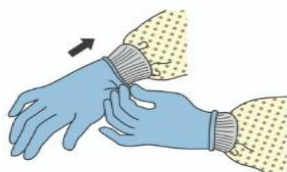
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

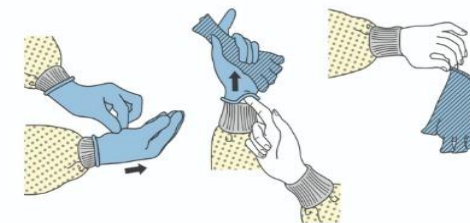


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



COVID-19: Guidelines on rational use of Personal Protective Equipment

Source - Ministry of Health and Family Welfare, Directorate General of Health Services [Emergency Medical Relief]

Patient Care Activities /Area	Risk of Exposure	Triple Layered Mask	N-95 Mask	Gloves	Gown/Coverall	Goggles	Head Cover	Shoe cover
Triage Area in OPD	Moderate risk	X	✓	✓	X	X	X	X
Help desk/ Registration counter	Moderate risk	X	✓	✓	X	X	X	X
Temperature recording station	Moderate risk	X	✓	✓	X	X	X	X
Holding area/ waiting area	Moderate risk	X	✓	✓	X	X	X	X
Doctors chamber in OPD	Moderate risk	X	✓	✓	X	X	X	X
Clinical Management in Isolation rooms	Moderate risk	X	✓	✓	X	X	X	X
ICU facility / Critical Care Ward where aerosol generating procedures are done	High Risk	X	✓	✓	✓	✓	✓	✓
SARI ward - attending to severely ill patients of SARI	High Risk	X	✓	✓	✓	✓	✓	✓
Sample Collection/Sample testing for COVID-19	High Risk	X	✓	✓	✓	✓	✓	✓
Dead Body Packing	High Risk	X	✓	✓	✓	✓	✓	✓
Dead Body Transport	Moderate Risk	X	✓	✓	X	X	X	X
Mortuary - Dead Body Handling	Moderate Risk	X	✓	✓	X	X	X	X
Mortuary- While performing autopsy	High Risk	X	✓	✓	✓	✓	✓	✓
Sanitary staff	Moderate risk	X	✓	✓	X	X	X	X
CSSD/Laundry- Handling linen of COVID-19 patients	Moderate risk	X	✓	✓	X	X	X	X
Visitors attending OPD	Low Risk	✓	X	X	X	X	X	X
Visitors accompanying Patients in IP facility	Low Risk	✓	X	X	X	X	X	X
Supportive services-Administrative Financial Engineering Security, etc	NO risk	X	X	X	X	X	X	X

Use of disinfectants

- Bleach (1% sodium hypochlorite solution) for disinfection of material contaminated with body fluids
- Several concentrations may be marketed (e.g., 2.5%, 5%)
 - ❑ If 5% solution available, mix 1 part 5% solution with 4 parts clean water
 - ❑ If 2.5% solution available, mix 2 parts 2.5% solution with 4 parts clean water
- Clean and disinfect patient areas daily, with particular attention to frequently touched surfaces – counter tops, door handles, medical equipment.
- Use 1 % bleaching powder solution (33 grams in 1litre water (bleaching powder with 30% strength) for disinfection of toilets / bathroom

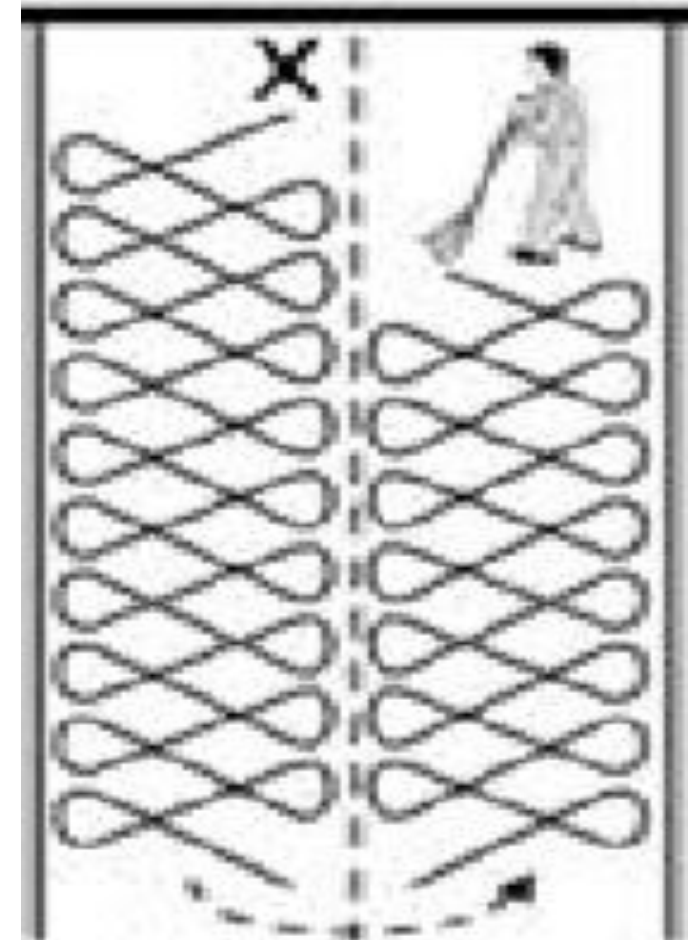
Environment Surface Cleaning (Beds/ bed mattress /patient trolley/i.v poles/ medicine trolley/ventilator surfaces/ humidifiers/ monitors/ tubing surfaces etc.)

- Surface cleaning has to be done as per guidelines
- Wear appropriate PPE before doing disinfection and cleaning procedure.
- First clean thoroughly with detergent and water with a clean cotton gauge piece. Let it dry (if the cloth becomes dirty enough, change the cloth)
- After drying disinfect with 1 % hypochlorite or bleaching powder solution (Several wipes may be required to disinfect a surface)
- Metal or corrosive surfaces: Disinfect with 1 % hypochlorite or bleaching powder followed by disinfection with 70% alcohol based preparation after 5-10 minutes.
- Floor and wall cleaning and disinfection are to be done with 1 % hypochlorite solution or fogging with H₂O₂ based standard preparation.
- Wash your hands with soap and water after doffing PPE.

Triple bucket system

- Floor cleaning
- Procedure for washing, rinsing, and sanitizing where a different bucket and sponge or mop is used for each task
- **For washing:**
 - ✓ First bucket with water and detergent is used only for this purpose and will not be used for rinsing or sanitizing
- **For Rinsing:**
 - ✓ Second bucket with water only, will be used solely for this purpose.
- **A third bucket:**
 - ✓ Containing water and a disinfectant solution shall be used for disinfection only

Figure of eight stroke technique for mopping



Reference: National Guidelines for Clean Hospitals; Ministry Of Health And Family Welfare Government Of India 2015

Environment cleaning, disinfection

- It is important to ensure that environmental cleaning and disinfection procedures are followed *consistently and correctly*.
- Thorough cleaning environmental surfaces with water and detergent and followed by applying commonly used hospital level disinfectants (such as sodium hypochlorite or ethanol, 70%) are effective and sufficient procedures. (as per suggested frequency from state)
- Medical devices and equipment, laundry, food service utensils and medical waste should be managed in accordance with safe routine procedures. (as per suggested frequency from state)
- Place soiled cloths in designated container for laundering
- Do not shake the clothes
- Laundry is to be done by dipping in 1% hypochlorite solution for 30 minutes followed by washing with detergent and hot water (70 °C)
- Disposable linen in yellow bins for incineration

MoHFW Guidelines on apt use of PPE in ambulances / transportation

Setting	Activity	Risk	Recommended PPE	Remarks
Ambulance Transfer to designated hospital	Transporting patients not on any assisted ventilation	Moderate risk	Gloves N 95 masks	
	Management of SARI patient while transporting	High risk	Gloves N 95 masks Face protection	
	Driving the ambulance	Low risk	Triple layer medical mask gloves	Driver helps in shifting patients to emergency

- Disinfect all surfaces within ambulance with detergent and water followed by 1% hypochlorite solution. (and all metal surfaces to be also disinfected with 70% alcohol based solution after using hypochlorite)
- Disinfect the floor of ambulance with 1 % hypochlorite solution

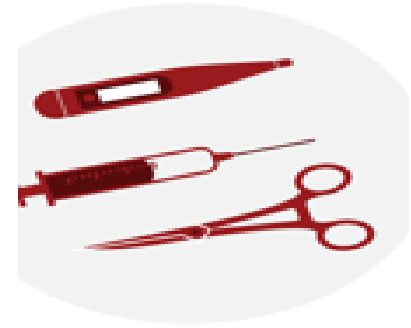
Patients suspected or confirmed COVID-19 (1)

- **Contact and droplet precautions** for all patients with suspected or confirmed COVID-19
- Airborne precautions are recommended **only for aerosol generating procedures** (i.e. open suctioning of respiratory tract, intubation, bronchoscopy, cardiopulmonary resuscitation).
- Preferably patient should be in a single room:
 - natural ventilation with air flow of at least 160 L/s per patient or
 - in negative pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using mechanical ventilation
- Cohort: All patients with respiratory illness may be in a single room, or **minimum 1m away from other patients** when waiting for a room
- Dedicated & trained HCWs
- **HCW to wear** a medical mask, goggles or face shield, gown and gloves as per condition
- **Hand hygiene** should be done **any time the WHO “5 Moments” apply**, and **before and after** removing of attire



Patients suspected or confirmed COVID-19 (2)

- Equipment should be single use when possible, dedicated to the patient and disinfected between uses
- Avoid transporting suspected or confirmed cases – if necessary, have patients wear masks. HCW should wear appropriate mask & gloves.
- Routine cleaning of the environment is crucial
- Limit the number of HCW, visitors, and family members who are in contact with the patient. If necessary, everyone must wear PPE.
- All persons entering the patients room (including visitors) should be recorded (for contact tracing purposes).
- Precautions should continue until the patient is asymptomatic.



Use of Mask : Health Care Settings

Individuals with respiratory symptoms should:

- wear a medical mask while in waiting areas or during transportation within the facility;
- wear a medical mask when staying in cohorting areas dedicated to suspected or confirmed cases;
- do not wear a medical mask when isolated in single rooms but cover mouth and nose when coughing or sneezing with disposable paper tissues.

Health care workers should:

- wear a medical mask while providing care to the patient
- Use of N95 (certified) or equivalent, when performing aerosol generating procedures (tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy).

Use of Mask : Home care

- Individuals with suspected infection with mild respiratory symptoms
- Relatives or caregivers Along with
- hand hygiene
- keep distance from affected individual as much as possible (at least 1 meter)
- improve airflow in living space by opening windows as much as possible
- Mask management

Masks management

- place mask carefully to cover mouth and nose and tie securely to minimise any gaps between the face and the mask
- while in use, avoid touching the mask
- remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind)
- after removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water if visibly soiled
- replace masks with a new clean, dry mask as soon as they become damp/humid
- do not re-use single-use masks
- discard single-use masks after each use and dispose of them immediately upon removal

BMW Management : Colour coding & treatment

COLOR	TYPE OF CONTAINER	OPTION	WASTE CATEGORY	TREATMENT OPTION
Yellow	Yellow double plastic bag in dedicated plastic bin	Cat 1,2,3,5 6 & 10	Anatomical, animal, microbiology, soiled	Incineration/deep burial / Plasma Pyrolysis
Red	Red double plastic bag in dedicated plastic bin	Cat 7	Disposable items	Autoclave /microwave /chemical treatment
Blue	Blue Puncture proof box	Cat 4	Glassware / Metallic body implants	Disinfection / Autoclaving / Microwaving / Hydroclaving
Waste Sharps	Puncture proof, Leak proof, Tamper proof containers	Cat 4, Cat 9 & 10	Sharp metals discarded medicine, chemical & incineration ash	Autoclaving / dry heat sterilization followed by Shredding or Mutilation landfill

Conclusions

- IPC is key for containment
- Based on key principles- Hand Hygiene, Respiratory etiquette, safe distance
- Hospital Infection Prevention & control- Standard & Additional precautions
 - Protect Yourself and the community
 - Triage & Admissions
 - PPE
 - Judicious and Appropriate use
 - Pay attention to donning and doffing
- Home care precautions

NOTIFICATION

- All suspect cases and contacts to be notified to the **District Surveillance Officer (DSO)**, **IDSP** and the CMO at the District Control Room by the health facility/ hospital nodal officer on daily basis.
- The DSO will coordinate the sample collection, contact tracing and testing of the cases for COVID-19. All cases and contacts will be line listed and tracked for follow up.

FOR ANY INFORMATION REGARDING COVID 19 CONTACT

Dr Mithilesh Chaturvedi, Director Vector Borne Diseases, Up(M:9415362556)

Dr Vikasendu Agarwal Joint Director-VBD/State Surveillance Officer, UP (M:9219793100)

E-MAIL ID FOR ALL NOVEL CORONA VIRUS COMMUNICATION

ncov.idspup@gmail.com

DEDICATED COVID-19 HOSPITAL CHECKLIST FOR MONITORING AND SUPPORTIVE SUPERVISION

BACKGROUND

- WHO has declared novel Corona Virus Infectious Disease (COVID) as a pandemic and it is spreading rampantly across India.
- Available literature suggests that of the symptomatic COVID patients:
 - 80% - mild illness needing isolation.
 - 15% - moderate illness needing oxygen therapy.
 - 5% - intensive care.
 - Pediatric patients constitute approx. 5% of all symptomatic COVID patients.
- State governments have initiated the task of setting up COVID hospitals.

Categorization of COVID Hospitals

COVID CARE CENTRE (CCC) Quarantine

Suspect and confirmed cases clinically assigned as **mild and very mild**
Makeshift facilities – hostels, hotels, schools etc.
Must have separate areas for suspected and confirmed cases with preferably separate entry and exit preferably separate entry/exit/zoning.

Dedicated COVID Health Centre (DCHC) L1 facility

Suspected and confirmed cases clinically assigned as **moderate**
Full hospital or a separate block in a hospital with preferably separate entry/exit/zoning.
Beds with assured Oxygen support.

Dedicated COVID Hospital (DCH) L2 facility

Suspected and confirmed cases clinically assigned as **Severe**
Full hospital or a separate block in a hospital with preferably separate entry/exit/zoning.
These hospital would have fully equipped ICUs, Ventilators and beds with assured Oxygen.

PURPOSE OF ASSESSMENT

- To validate preparedness of Dedicated COVID Hospitals across states.
- To triangulate the data coming from the applications deployed on COVID and provide a consolidated feedback to the state.

General Information

Name of hospital:

Category: Dedicated COVID Hospital (DCH)

Address:

District:

Division:

State:

Type of Facility -Public/Private:

Type of Hospital-MC/DH/SDH/GH/Others (Please specify):

District Nodal Office- Name, Designation, Contact number, email

Facility Nodal officer- Name, Designation, Contact number –

Whether entire hospital/ Block(s) within hospital is dedicated? (Tick as Applicable)

Whether the facility is functional/being made functional (for COVID)? (Tick as Applicable)

General Information

Number /Quantity of :

**Isolation Beds
(excluding
ICUs):**

Isolation Beds for Suspect Cases - _____ Separate Area - Yes/No

**O₂ supported
Beds :**

No. of Beds Supported with Central Supply : _____

No. of Beds Supported with Bed-side Cylinder/ O₂ concentrator

ICU Beds

Ventilators

Suction Machine/Centralized Suction point

Pulse Oxymeter/Monitor

O₂ Manifold (Yes/No):

Nebulizer Machine

Thermal Scanner

PPEs

**Spill/Mercury spill
Kit**

**Apron/ Lab coat(for
clinicians)**

**Heavy Duty gloves & Gumboot
(For waste handlers)**

General Information

N95 masks

Three bucket for Mopping

1% Hypochlorite Solution (lit)

Alcohol based hand rub (lit)

Liquid Soap (lit)

Others disinfectants with quantity

**In case of dedicated block, does it have a separate entry/exit?
Y/N**

Whether the facility has admitted COVID patients? Y/N

If answer to B is yes, whether other hospitals identified for shifting of non COVID patients? Y/N

Infrastructure

2	INFRASTRUCTURE		
A	Designated Emergency Area with provision for: <ul style="list-style-type: none"> • Holding and Screening • Triage and treatment 	With adequate space for physical distancing	Y / N
B	Whether ICU has:	a. 2 meter space between beds	Y / N
		b. Ventilators for each bed	Y / N
		c. Air Handling Unit in the room	Y / N
		d. If AHU n/a, Negative Pressure?	Y / N
C	Whether wards for confirmed cases have:	a. 1 meter space between beds	Y / N
		b. Negative Pressure	Y / N
D	Whether wards for Suspect cases have:	a. 1 meter space between beds	Y / N
		b. Negative Pressure	Y / N

Infrastructure

2	INFRASTRUCTURE		
E	Availability of 24/7 Electricity & Water supply, with back up		Y/N
F	Handwashing Facility		Y/N
G	Number of separate toilets for patients of all Genders	12 per 100 beds	
H	Whether there is a dedicated space for parking and disinfecting ambulances?		Y/N
I	Provision of Isolation ward for confirmed and suspected COVID patient		Y/N
J	Availability of shoes rack (restriction of external foot wear in the ward)		Y/N

Drugs

3	DRUGS		
A	Availability of Essential Drugs for treatment of COVID patients as per protocols.	HCCQ	Y/N
		Antivirals	Y/N
		Azithromycin	Y/N
		Others	Y/N

Support Services

4	SUPPORT SERVICES (Availabilityof/linkages with)		
A	Laboratory and diagnostics services	Routine laboratory tests for co morbidities	Y / N
B	Availability of VTM / Swabs for sample Collection		Y / N
C	Facility for disinfection & sterilization of patient linen & equipment	CSSD	Y / N
		Mechanized Laundry	Y / N
D	Dietary Services	-	Y / N
E	Blood bank / Storage Unit	-	Y / N
F	Radiology	X-Ray – Static	Y / N
		X- Ray – Mobile	Y / N
		Ultrasound	Y / N
		CT Scan	Y / N
G	Ambulance services	Available or linked	Y / N

Support Services

4	SUPPORT SERVICES (Availability of/linkages with)		
H	Availability of Medical Gas Pipelines for:	Medical Air	Y / N
		Suction	Y / N
		Oxygen	Y / N
I	Oxygen Source Capacity (mention numbers with buffer stock)		
a)	Generation Plant Capacity (m ³) (liters divided by 1000 equals m ³)		
b)	Liquid Oxygen Tank (m ³)		
c)	Manifold with Cylinder–		
		1. No of type D (7 m ³) cylinders connected	
	1. No of type D (7 m ³) backup cylinders		
d)	Availability of O ₂ Cylinder (excluding Manifold Cylinders)		
	Number of Cylinder D type (7 m ³)		
	Number of Cylinder B type (1.5 m ³)		
e)	Number of bed side concentrators		

Support Services

4 SUPPORT SERVICES (Availability of/linkages with)

J	AMC/CMC/Calibration for equipment as per requirement	Manifold & Other sources of oxygen supply	Y / N
		Ventilators	Y / N
		Other critical equipment	Y / N

Infection Prevention & Control

5	INFECTION PREVENTION AND CONTROL	
A	COVID Infection Control Committee Constituted and regular monitoring at the facility.	
B	COVID treatment guideline communicated and implemented	Y/ N
C	Regular Medical Checkup and Quarantine of staff as per guideline	Y/N
D	Culture Surveillance (Bed/Ward/Equipment)	Y/ N
E	Waste management(Segregation, Collection & Transportation) and disinfection of waste as per guideline	Y/ N
E	Waste Management bins (covered)Trolleys(closed), demarcated storage area with handwashing facility and consumables(non-chlorinated polybag) for management of biomedical waste& ETP (Effluent Treatment Plant)	Y/ N
F	All waste daily lifted by CWTF van	¹² Y/ N

Human Resource

6	HUMAN RESOURCES		Numbers
A	Doctors including specialists available	Physician	
		Anesthetist	
		Surgeon	
		Any other (please specify)	
		GDMO	
B	Nurses available		
C	Technicians (Lab, Radiology, Dialysis) available	Laboratory	
		Radiology	
		Dialysis	
D	Dedicated Staff accommodation and transport available		Y / N
E	Are service providers using PPE as per protocols?		Y / N

Capacity Building

7	CAPACITY BUILDING	
i.	All personnel trained on COVID-19 management.	Y/ N
ii.	Moment & Steps of Hand Washing	Y/ N
iii.	Wearing and Removing PPE	Y/ N
iv.	Standard Precautions	Y/ N
v.	Spill/ Mercury spill management	Y/ N
vi.	Preparation of 1% Hypochlorite solution	Y/N
vii.	Decontamination/Disinfection of surfaces(Operating, examination, floors, walls, table, dressing table), Instruments/ Equipment, O2 cylinder, Ambulance etc	Y/N

Capacity Building

7	CAPACITY BUILDING	
viii.	Autoclaving/Chemical sterilization/High level disinfections of instrument as per protocols	Y/ N
ix.	Waste management (General & Bio-Medical)	Y/ N
x.	Clinicians trained on ventilator management/CPR	Y/ N
xi.	Staff trained on sample collection, packaging, storage and transportation	Y/ N
xii.	Doctors, nurses and support staff trained on IPC.	Y/ N
xiii.	Unidirectional Mopping	Y/ N

Availability of Protocols

8	Availability of protocols	
i.	Treatment	Y / N
ii.	Ventilator management	Y / N
iii.	IPC	Y / N
iv.	Rational use of PPE	Y / N
v.	Moment & 6-step of Hand washing	Y / N
vi.	Disinfection/Autoclaving protocols	Y / N
vii.	Sample collection, collection/lab testing	Y / N
viii.	Spill/Mercury spill management	Y / N
ix.	Handling Dead Bodies/ Mortuary	Y / N

Availability of Protocols

8	Availability of protocols	
x.	Safety awareness regarding COVID	Y/N
xi.	Bio-Medical work instruction (segregation, handling & transportation)	Y/N

Data Management & Reporting

9	Data Management & Reporting	
A	Total No. of Admission till Date (Cumulative)	
B	Total No. of Discharge till Date (Cumulative)	
C	Total No. of Positive till Date (Cumulative)	
D	Total No. of Negative till Date (Cumulative)	
E	Whether reporting COVID patients data regularly to DSO	Y/N
F	Availability of Broadband Internet connectivity + Computers+DEOs	Y/N

Name and Designation of SSV Team Member:

Date of SSV:

THANK YOU