Government of Punjab
Department of Health and Family Welfare
(Health IV Branch)

No: 14/7/2020-4HB4/Spl.46 **Dated:24.3.2020**

ORDER

Subject **COVID-19: Notification of facilities / hospitals as Isolation Hospital in the State of Punjab**

The department of Health and Family Welfare hereby notifies the following hospitals / facilities as Isolation facilities for COVID-19:

Sr No	District	Beds	Isolation Facility	Sample drawing facility
1.	Nawan Shahar	50 Beds	Entire District Hospital Nawanshahar will be an Isolation facility. Gynae and obstetric services and emergency services will be run in Sub Divisional Hospital Balachaur. Emergency service will be available in Community Health Centres Banga, Rahon and Mukandpur.	District Hospital Nawanshahar
2.	Jalandhar	350 Beds	District Hospital Jalandhar. Emergency services and other OPD will be operational in ESI Hospital Jalandhar.	District Hospital Jalandhar
3.	Bathinda	80 Beds	Advance Cancer Care Centre of Baba Farid University at Bathinda.	Advance Cancer Care Centre of Baba Farid University at Bathinda.
4.	❖ SAS Nagar ❖ Fathegarh Sahib ❖ SDH Khanna of Ludhiana	350 Beds	Gian Sagar Medical College and Hospital, Banur.	**SAS Nagar**: The samples will be taken at District Hospital Mohali and temporary 10 bed isolation facility will be run at District Hospital Mohali and Gian Sagar Medical College and Hospital, Banur. **Fatehgarh Sahib**: The samples will be drawn at District Hospital Fatehgarh Sahib and 10 bed temporary facility will be run at District Hospital Fatehgarh sahib. **Khanna:** The samples will be drawn at Sub Divisional Hospital Khanna and temporary facility of 5 beds will be run at Sub Divisional Hospital Khanna .

5.	❖ Patiala ❖ Sangrur	350 Beds	New Mother and Child Hospital in Government Medical College, Patiala .	**Patiala**: Samples will be drawn at New Mother and Child Hospital, Patiala. **Sangrur**: The samples will be drawn at District Hospital Sangrur and a 10 bed temporary isolation facility will be run there.
		250 Beds	Super specialty block in Government Medical College, Patiala.	
6	Amritsar	116 Beds	Guru Nanak Dev Medical College, Amritsar	Guru Nanak Dev Medical College, Amritsar
7	Ludhaiana	100 Beds	District Hospital, Ludhiana.	Sample drawing facility will be operational at District Hospital Ludhiana .
		30 Beds	Urban Community Health Center Vardhman.	
8	Fazilka	100 Beds	Jalalabad Hospital run by Baba Farid, University of Health Sciences, Faridkot	Jalalabad Hospital run by Baba Farid, University of Health Sciences, Faridkot
9	Firozepur	50 Beds	Eye Department in District Hospital Firozepur.	Eye Department in District Hospital Firozepur.
10	Shri Muktsar Sahib	50 Beds	Rehabilitation Centre, Village Theri, Gidderbaha- Malout Road, District Shri Muktsar Sahib.	Rehabilitation Centre, Village Theri, Gidderbaha-Malout Road, District Shri Muktsar Sahib.
11	Kapurthala	100 Beds	Rehabilitation Centre, Circular Road, Mohabbat Nagar Kapurthala.	Rehabilitation Centre, Circular Road, Mohabbat Nagar Kapurthala.
12	Gurdaspur	50 Beds	Rehabilitation Centre, Jiwanwal Babbri, Gurdaspur.	Rehabilitation Centre, Jiwanwal Babbri, Gurdaspur.
13	Pathankot	50 Beds	New Mother and Child Hospital, Pathankot.	New Mother and Child Hospital, Pathankot.
14	Hoshiarpur	75 Beds	District Hospital, Hoshiarpur. Emergency services will be operational in Mother and Child Hospital Hoshairpur and Emergency Block of the District Hospital	District Hospital Hoshiarpur
15	Ropar	50 Beds	District Hospital, Ropar (Ist Floor) with separate entrance and exit.	District Hospital, Ropar (Ist Floor) with separate entrance and exit.
16	Barnala	50 Beds	Rehabilitation Centre, Sohal Patti, Khuddi Road, Barnala.	Rehabilitation Centre, Sohal Patti, Khuddi Road, Barnala.

17	Tarn Taran	30 Beds	New Mother and Child Hospital Building in District Hospital Tarn Taran.	Mother and Child Hospital Building in District Hospital Tarn Taran.
18	Faridkot	100 Beds	Guru Gobind Singh Medical College and Hospital Faridkot.	Guru Gobind Singh Medical College and Hospital Faridkot.
19	Mansa	30 Beds	District Hospital, Mansa. OPD and Emergency services will be in Mother and Child Hospital Building of District Hospital Mansa.	District Hospital Mansa
20	Moga	25 Beds	Community Health Centre Bagha Purana.	Community Health Centre Bagha Purana.

1. In the facilities which have been set up away from existing hospitals like the Urban Community Health Centres and Rehabilitation Centres, any SMO or Programme Officer now posted in the district will be given additional charge by the Civil Surgeon.
2. The Civil Surgeons and concerned SMO will ensure setting up of proper sample drawing facility at all these facilities as per protocol.
3. The Civil Surgeons and SMO concerned will ensure manning of the isolation facilities as per protocol.
4. Adequate availability of PPE kits, N-95 masks, Triple layer masks at the sample drawing facilities and the isolation facilities will be ensured by the Civil Surgeons through NHM.
5. Civil Surgeon of the district will ensure providing manpower, Medical Officers (Medical Specialists), Medical Officers (ENT), General Duty Medical Officers, Nurses, Technicians and other staff as per requirement, from within the district. Rural Medical Officers and Community Health Officers can be utilized for this purpose.
6. Proper management of the sampling facilities and the isolation facilities is the responsibility of the concerned Civil Surgeon.
7. Director ESI has been put incharge of the Gian Sagar Medical College and Hospital, Banur. All the manpower will be provided by the Civil Surgeon Mohali. In case of any shortage, Civil Surgeon Mohali can tie up with Director Health Services.
8. The facilities being set up in Govt Medical College, Patiala and Amritsar is the responsibility of Principals of the respective colleges.
9. The facility at Bathinda, Jalalabad and Guru Gobind Singh Medical College and Hospital Faridkot will be the responsibility of Baba Farid University of the Health Sciences, Faridkot.
10. All the Facilities will become functional by 25.3.2020 in full force.
11. In case of clarification the concerned Civil Surgeon or any other official responsible may get in touch with Director Health Services.
12. Name and contact number of incharge of these isolation facilities to be mailed immediately at pshfw@punjab.gov.in directorhealth-pb@punjab.gov.in and outbreakcellpunjab@gmail.com
13. Guidelines for setting up isolation facilities / wards as issued by Ministry of Health and Family Welfare,New Delhi, Govt. of India are enclosed with this order. These guidelines should be implemented in letter and spirit.

Secretary Health and Family Welfare

Endst No: 14/7/2020-4HB4/Spl.47 **Dated:24.3.2020**

Copy of the above is forwarded to the Chief Secretary to Govt. of Punjab for information.

Secretary Health and Family Welfare

Endst No: 14/7/2020-4HB4/Spl.48 **Dated:24.3.2020**

Copy of the above is forwarded to the following for information and further necessary action:

1. Sh Rahul Tiwari, IAS, Secretary to Govt of Punjab, Department of Employment Generation and Training cum Incharge of State COVID-19 Control Room (SCCR).
2. All the Deputy Commissioners in the State of Punjab.
3. All the SSPs in the State of Punjab.
4. Director Health Services, Punjab.
5. Director Family Welfare, Punjab.
6. Director, ESI, Punjab.
7. Director Research and Medical Education.
8. Vice Chancellor, Baba Farid University of Health Sciences, Faridkot
9. Principal, Govt Medical College, Patiala and Amritsar.
10. Principal Guru Gobind Singh College, Faridkot
11. All Civil Surgeons in the State of Punjab
12. Dr Meena Hardeep Singh, Incharge of Logistics for COVID-19.
13. Dr Gagandeep Singh Grover, Nodal officer, COVID-19.

Secretary Health and Family Welfare

CC:

1. Principal Secretary to Govt of Punjab, Department of Health and Family Welfare
2. Managing Director, NHM
3. Managing Director, PHSC
4. Under Secretary Health (G) for uploading orders on website.

COVID -19 Outbreak

Guidelines for Setting up Isolation Facility/Ward

National Centre for Disease Control

22 Sham Nath Marg, Delhi 110054

Directorate General of Health Services

Ministry of Health and Family Welfare

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WHO has declared the COVID-19 (SARS-CoV-2) outbreak as Public Health Emergency of international concern and has raised the risk assessment of China, Regional Level and Global Level to Very High and "all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of SARS-CoV-2 infection. Among the factors affecting cluster containment, Isolation of cases and quarantine of contacts is the mainstay of outbreak containment.

Scope of document: This guidance document has been prepared to establish an isolation facility at the level of district hospital, a secondary health care facility.

A. Quarantine and isolation

Quarantine and Isolation are important mainstay of cluster containment. These measures help by breaking the chain of transmission in the community.

Quarantine

Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have a potential to become ill. There will be voluntary home quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available on the website of the Ministry provides detail guidance on home quarantine.

Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. All suspect cases detected in the containment/buffer zones (till a diagnosis is made), will be hospitalized and kept in isolation in a designated facility till such time they are tested negative. Persons testing positive for COVID-19 will remain to be hospitalized till such time 2 of their samples are tested negative as per MoHFW's discharge policy. About 15% of the patients are likely to develop pneumonia, 5 % of whom requires ventilator management.

Hence dedicated Intensive care beds need to be identified earmarked. Some among them may progress to multi organ failure and hence critical care facility/ dialysis facility/ and Salvage therapy [Extra Corporeal Membrane Oxygenator (ECMO)] facility for managing the respiratory/renal complications/ multi-organ failure shall be required. If such facilities are not available in the containment zone, nearest tertiary care facility in Government / private sector needs to be identified, that becomes a part of the micro-plan.

There are various modalities of isolating a patient. Ideally, patients can be isolated in individual isolation rooms or negative pressure rooms with 12 or more air-changes per hour.

In resource constrained settings, all positive COVID-19 cases can be cohorted in a ward with good ventilation. Similarly, all suspect cases should also be cohorted in a separate

ward. However under no circumstances these cases should be mixed up. A minimum distance of 1 meter needs to be maintained between adjacent beds. All such patients need to wear a triple layer surgical mask at all times.

Nosocomial infection in fellow patients and attending healthcare personnel are well documented in the current COVID-19 outbreak as well. There shall be strict adherence to Infection prevention control practices in all health facilities. IPC committees would be formed (if not already in place) with the mandate to ensure that all healthcare personnel are well aware of IPC practices and suitable arrangements for requisite PPE and other logistic (hand sanitizer, soap, water etc.) are in place. The designated hospitals will ensure that all healthcare staff is trained in washing of hands, respiratory etiquettes, donning/doffing & proper disposal of PPEs and bio-medical waste management.

At all times doctors, nurses and para-medics working in the clinical areas will wear three layered surgical mask and gloves. The medical personnel working in isolation and critical care facilities will wear full complement of PPE (including N95 masks).

The support staff engaged in cleaning and disinfection will also wear full complement of PPE. Environmental cleaning should be done twice daily and consist of damp dusting and floor mopping with Lysol or other phenolic disinfectants and cleaning of surfaces with sodium hypochlorite solution. Detailed guidelines available on MoHFW's website may be followed.

B. Setting up isolation facility/ward

An isolation facility aims to control the airflow in the room so that the number of airborne infectious particles is reduced to a level that ensures cross-infection of other people within a healthcare facility is highly unlikely.

- At State level, a minimum of **50** bed isolation ward should be established.
- At District level, a minimum of **10** bed isolation ward should be established.
  - Post signages on the door indicating that the space is an isolation area.
  - Remove all non-essential furniture and ensure that the remaining furniture is easy to clean, and does not conceal or retain dirt or moisture within or around it.
  - COVID-19 patients should be housed in single rooms.
  - However, if sufficient single rooms are not available, beds could be put with a spatial separation of at least 1 meter (3 feet) from one another.
  - To create a 10 bed facility, a minimum space of 2000 sq. feet area clearly segregated from other patientcare areas is required.
  - Preferably the isolation ward should have a separate entry/exit and should not be co-located with post-surgical wards/dialysis unit/SNCU/labour room etc.
  - It should be in a segregated area which is not frequented by outsiders.
  - The access to isolation ward should be through dedicated lift/guarded stairs.

- There should be double door entry with changing room and nursing station. Enough PPE should be available in the changing room with waste disposal bins to collect used PPEs.Used PPEs should be disposedas per the BMWM guidelines.
- Stock the PPE supply and linen outside the isolation room or area (e.g. in the change room). Setup a trolley outside the door to hold PPE. A checklist may be useful to ensure that all equipment is available.
- Place appropriate waste bags in a bin. If possible, use a touch-free bin. Ensure that used (i.e. dirty) bins remain inside the isolation rooms.
- Place a puncture-proof container for sharps disposal inside the isolation room/area and bio-medical waste should be managed as per the BMWM guidelines.
- Keep the patient's personal belongings to a minimum. Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated for the patient, if possible. Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected before use.
- Place an appropriate container with a lid outside the door for equipment that requires disinfection or sterilization.
- Ensure that appropriate hand washing facilities and hand-hygiene supplies are available. Stock the sink area with suitable supplies for hand washing, and with alcohol-based hand rub, near the point of care and the room door.
- Ensure adequate room ventilation. If room is air-conditioned, ensure 12 air changes/ hour and filtering of exhaust air. A negative pressure in isolation rooms is desirable for patients requiring aerosolization procedures (intubation, suction nebulisation). These rooms may have standalone air-conditioning. These areas should not be a part of the central air-conditioning.
- If air-conditioning is not available negative pressure could also be created through putting up 3-4 exhaust fans driving air out of the room.
- In **district hospital**, where there is sufficient space, natural ventilation may be followed. Such isolation facility should have large windows on opposite walls of the room allowing a natural unidirectional flow and air changes. The principle of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.
- The isolation ward should have a separate toilet with proper cleaning and supplies.
- Avoid sharing of equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.

- Ensure regular cleaning and proper disinfection of common areas, and adequate hand hygiene by patients, visitors and care givers.Keep adequate equipment required for cleaning or disinfection inside the isolation room or area, and ensure scrupulous daily cleaning of the isolation room or area.
- **Visitors to the isolation facility should be restricted /disallowed**. For unavoidable entries, they should use PPE according to the hospital guidance, and should be instructed on its proper use and in hand hygiene practices prior to entry into the isolation room/area.
- Ensure that visitors consult the health-care worker in charge (who is also responsible for keeping a visitor record) before being allowed into the isolation areas. Keep a roster of all staff working in the isolation areas, for possible outbreak investigation and contact tracing.
- Doctors, nurses and paramedics posted to isolation facility **need to be dedicated** and not allowed to work in other patient-care areas.
- Consider having designated portable X-ray and portable ultrasound equipment.
- Corridors with frequent patient transport should be well-ventilated.
- All health staff involved in patient care should be well trained in the use of PPE.
- Set up a telephone or other method of communication in the isolation room or area to enable patients, family members or visitors to communicate with health-care workers. This may reduce the number of times the workers need to don PPE to enter the room or area.

C. Checklist for isolation rooms

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Gloves
- reusable vinyl or rubber gloves for environmental cleaning
- latex single-use gloves for clinical care
- Hair covers
- Particulate respirators (N95, FFP2, or equivalent)
- Medical (surgical or procedure) masks
- Gowns and aprons
- single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns
- plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available)
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Sharps containers

- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Appropriate clinical waste bags
- Linen bags
- Collection container for used equipment
- Standard IEC
- Standard protocols for hand hygiene, sample collection and BMW displayed clearly
- Standard Clinical management protocols

D. Wearing and removing Personal Protective Equipment (PPE)

Before entering the isolation room or area:

- Collect all equipment needed;
- Perform hand hygiene with an alcohol-based hand rub (preferably when hands are not visibly soiled) or soap and water;
- Put on PPE in the order that ensures adequate placement of PPE items and prevent self-contamination and self-inoculation while using and taking off PPE; an example of the order in which to don PPE when all PPE items are needed is hand hygiene, gown, mask or respirator, eye protection and gloves

Leaving the isolation room or area

- Either remove PPE in the anteroom or, if there is no anteroom, make sure that the PPE will not contaminate either the environment outside the isolation room or area, or other people.
- Remove PPE in a manner that prevents self-contamination or self-inoculation with contaminated PPE or hands. General principles are:
  - remove the most contaminated PPE items first;
  - perform hand hygiene immediately after removing gloves;
  - remove the mask or particulate respirator last (by grasping the ties and discarding in a rubbish bin);
  - discard disposable items in a closed rubbish bin;
  - put reusable items in a dry (e.g. without any disinfectant solution) closed container; an example of the order in which to take off PPE when all PPE items are needed is gloves (if the gown is disposable, gloves can be peeled off together with gown upon removal), hand hygiene, gown, eye protection, mask or respirator, and hand hygiene
  - Perform hand hygiene with an alcohol-based hand rub (preferably) or soap and water whenever un-gloved hands touch contaminated PPE items.

E. Transport of Infectious Patients

It is recommended that transport of infectious patients is limited to movement considered medically essential by the clinicians, e.g. for diagnostic or treatment purposes. Where infectious patients are required to be transported to other units within the hospital or outside the following precautions may be implemented:

- Infected or colonised areas of the patient's body are covered: - For contact isolation this may include a gown, sheets or dressings to surface wounds; these patients are transferred to a Standard Pressure or Protective Environment Isolation room - For respiratory isolation the patient is dressed in a mask, gown and covered in sheets; these patients are accommodated in a Negative Pressure Isolation Room - For quarantine isolation the patient may be transported in a fully enclosed transport cell or isolator with a filtered air supply and exhaust; these patients are accommodated in a high level quarantine isolation suite.
- The transport personnel remove existing PPE, cleanse hands and transport the patient on a wheelchair, bed or trolley, applying clean PPE to transport the patients and when handling the patient at the destination. Gown-up and gown-down rooms located at the entry to a Unit will assist the staff to enter and exit the facility according to the strict infection control protocols required, thereby reducing the risk of contamination
- The destination unit should be contacted and notified prior to the transfer to ensure suitable accommodation on arrival.
- It is preferred that the patient is transported through staff and service corridors, not public access corridors During planning stages, design can assist transfer of infectious patients by providing service corridors and strategically placed lifts, capable of separation from other lifts. The nominated lift may be isolated from public and staff transit through access control measures and cleaned following transit of the infectious patient.
- Design may also incorporate a designated floor for horizontal bed transfers of infectious patients away from busy clinical areas. The designated floor may be located at mid-level in the hospital
- A combination of nominated lifts, corridors and a bed transfer floor would assist in the movement of infectious patients through the hospital and minimise the risk of spread of infection.

Annexure I

Checklist for isolation rooms

- Eye protection (visor or goggles)
- Face shield (provides eye, nose and mouth protection)
- Gloves
- reusable vinyl or rubber gloves for environmental cleaning
- latex single-use gloves for clinical care
- Hair covers
- Particulate respirators (N95, FFP2, or equivalent)
- Medical (surgical or procedure) masks
- Gowns and aprons
- single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns
- plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available)
- Alcohol-based hand rub
- Plain soap (liquid if possible, for washing hands in clean water)
- Clean single-use towels (e.g. paper towels)
- Sharps containers
- Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
- Large plastic bags
- Appropriate clinical waste bags
- Linen bags
- Collection container for used equipment
- Standard IEC
- Standard protocols for hand hygiene, sample collection and BMW displayed clearly
- Standard Clinical management protocols

Annexure II

Hospital Preparedness & Isolation Facility Assessment Checklist - COVID19

I . GENERAL INFORMATION

1. Name of the healthcare facility (HCF)				
2. Type	☐Public ☐Private			
3. Category of HCF	☐Primary ☐Secondary ☐Tertiary			
4. Subcategory	☐PHC ☐UPHC ☐CHC ☐Taluk/Sub-District Hospital ☐ District Hospital ☐General Hospital ☐Medical College Hospital ☐ Multi-Speciality Hospital ☐Nursing Home ☐ Dispensary ☐Clinic			
5. Address of the health facility a) Block b) District c) State d) Email ID e) Contact no.				
6. Name of Director/ Principal/Medical superintendent a) Email ID b) Contact no.				
7. Name of RMO/Hospital In-charge a) Email ID b) Contact no				
8. Total number of inpatient beds				
9. Total number of ICU beds				
10. Average number of OPD attendance per month				
11. Average number of new admissions /months				
12. Bed occupancy rate (Annual)				
13. Total staff strength	Doctors – MBBS			
	Doctors- AYUSH			
	Clinical Specialists other than Intensivist/Pulmonologist			
	Non-Clinical specialists other than Microbiologist			
	Microbiologists			
	Intensivists #	Pulmonologist #	Int	Pulm
	Senior Resident #	Junior Resident #	SR	JR
	Interns			
	Nurses			
	Lab technicians			

	Pharmacists	
	Laboratory Technicians	
	Cleaning staff	
	Ambluance drivers	
14. Does this HCF have a designated COVID 19 isolation facility		☐Yes☐No

II. HCF PREPAREDNESS TO MANAGE MAJOR EPIDEMICS & PANDEMICS

15. Core Emergency Response / Rapid Response Team for outbreak management identified?	☐Available ☐In progress☐ Not started
16. Roles and responsibilities of RRT/ERT clearly defined?	☐Available ☐In progress☐ Not started
17. Is there a contingency plan for covering for a core team member who is absent?	☐Available ☐In progress☐ Not started
18. Monitoring and managing Health Care Personnel (HCP) a) The facility follows the Central/State public health policies/procedures for monitoring and managing HCP with potential for exposure to COVID-19 b) The facility have a process to conduct symptom and temperature checks prior to the start of duty shift for HCP	☐Yes ☐No ☐Yes ☐No
19. Training for Healthcare Personnel (HCP) a) Education and job-specific training to HCP regarding • Signs and symptoms of infection • Triage procedures including patient placement and filling the CIF • Safely collect clinical specimen • Correct infection control practices and PPE use • HCP sick leave policies • Recommended actions for not using recommended PPE • How and to whom suspected cases (COVID-19)should be reported	☐Completed ☐In Progress☐ Not Started ☐Completed ☐In Progress☐ Not Started ☐Completed ☐In Progress☐ Not Started ☐Completed ☐In Progress☐ Not Started ☐Completed ☐In Progress☐ Not Started ☐Completed ☐In Progress☐ Not Started ☐Completed ☐In Progress☐ Not Started

III. TRIAGE

20. Triage protocols available at the healthcare facility?	☐Available ☐In progress ☐ Not started
21. Availability of telemedicine facility as a way to provide clinical support without direct interaction with the patient	☐Available ☐In progress ☐ Not started
22. Is there specific waiting area for people with respiratory symptoms?	
23. Availability of designated ARI/COVID-19 triage area	☐Available ☐In progress ☐ Not started
24. Do they have non-contact Infra-Red thermometer available near the registration desk?	
25. Availability of signage directing to triage area and signage to instruct patients to alert staff if they have symptoms of COVID-19	☐Available ☐In progress ☐ Not started
26. Do they have dedicated/single examination rooms in Triage area? (Dedicated room should satisfy criteria of one patient per room with door closed for examination)	☐Yes ☐No
27. Triage area has signs/alerts about respiratory etiquette and hand hygiene?	☐Yes ☐No
28. Does the HCF provide masks for patients with respiratory symptoms?	☐Yes ☐No

29. Triage staff trained on revised COVID19 case definition and identify suspected cases ?	☐Yes ☐No
30. Screening questionnaire and algorithm for triage available with staff	☐Available ☐In progress ☐ Not started
31. Infrared thermometer available with the triage staff	☐Available ☐In progress ☐ Not started
32. Waste bins and access to cleaning/ disinfection supplies available in Triage area	☐Available ☐In progress ☐ Not started
33. Physical barriers (e.g., glass or plastic screens) at reception areas available to limit close contact between triage staff and potentially infectious patients	☐Available ☐In progress ☐ Not started
34. Does the patient waiting area have cross ventilation	☐Yes ☐No
35. Waiting area cleaned at least twice daily with 0.5% hypochlorite solution (or) 70% alcohol for surfaces that do not tolerate chlorine	☐Yes ☐No
36. Does the hospital have dedicated infrastructure for isolation facility? (If No skip to Section IV)	☐Yes ☐No
37. Type of isolation Facility	☐Temporary ☐ Permanent
IV Isolation Facility	
38. Is the isolation facility near OPD/IPD/other crowded area?	☐Yes ☐No
39. Screening rooms identified and available at the isolation area?	☐Available ☐In progress☐ Not started
40. Is there separate entry to the isolation area?	☐Yes ☐No
41. Dedicated space for staff to put on PPE while entering the isolated area	☐Available ☐In progress☐ Not started
42. Is there separate exit for isolation area?	☐Yes ☐No
43. Dedicated space for staff to take off PPE near exit?	☐Available ☐In progress☐ Not started
44. Isolation facility is separate and has rooms/wards?	☐Rooms☐Wards
45. Are washrooms available as 1 toilet per 20 persons?	☐Yes ☐No
46. Number of beds in each isolation rooms/wards	
47. Is the distance between two beds in isolation wards/rooms more than 1 meter?	☐Yes ☐No
48. Do the hospital have policy to segregate clinical staff (e.g. nurses) for care of COVID19 cases?	☐Yes ☐No
49. Whether PPEs available and located near point of use? a. Gloves b. Gowns c. Face masks d. 95 respirators	 ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
50. Whether the hospital limits the movement of patients in the isolation facility outside for medically necessary purposes only?	☐Yes ☐No
51. Are the known or suspected COVID19 patients placed on contact and droplet precautions?	☐Yes ☐No
52. If a patient leaves their room for medical purposes, are they provided face mask ?	☐Yes ☐No
53. Do staff transporting the patient wear PPE?	☐Yes ☐No
54. While transporting patients are specific routes used to minimize contact with other patients and staff?	☐Yes ☐No
55. For a patient on Airborne Precautions, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers):	☐Yes ☐No

56. Are these isolation rooms/wards satisfying the criteria of negative pressure class N? (Applicable if an aerosol generating procedure is performed)	☐Yes ☐No
57. Is there Provision food in the isolation area?	☐Available ☐In progress☐ Not started
58. Policy for leftover food waste management?	☐Available ☐In progress☐ Not started
59. Is there an ICU facility attached to isolation area?	☐Yes ☐No
60. Availability of cross ventilation	☐Yes ☐No
61. Is there any designated area for sample collection?	☐Yes ☐No
62. Are they following standard precautions and PPE while taking sample?	☐Yes ☐No
63. Does the facility have a written policy for sample collection and transport?	☐Yes ☐No
64. Are these sample transported in triple packing?	☐Yes ☐No
65. Does the transportation package contain IATA DG code (UN3373)?	☐Yes ☐No
66. Are they following standard precautions while transporting the sample?	☐Yes ☐No
67. Are the floors of isolation facility suitable for moping?	☐Yes ☐No
68. Is drinking water available at isolation area?	☐Yes ☐No
69. Availability of management protocols for COVID19	☐Available ☐In progress☐ Not started
70. Is rotation roster of duty shift for staff posted at isolation facility	☐Available ☐In progress☐ Not started
71. Is there any protocol for limiting the entry of visitors at isolation area?	☐Available ☐In progress☐ Not started
72. Availability of separate Thermometers BP apparatus with adult & Pediatric cuffs?	☐Yes ☐No
73. Availability of discharge policy for COVID19	☐Available ☐In Progress☐ Not Started

IV. INFECTION PREVENTION AND CONTROL PRACTICES

74. Does the hospital have Hospital Infection control Committee (HICC)?	☐Yes ☐No
75. Are there any infection control protocols/guidelines available?	☐Available ☒In progress☐ Not started
76. Functioning hand washing stations (including water, soap and paper towel or air dry) at isolation area?	
77. Does the facility have uninterrupted running water supply?	☐Yes ☐No
78. Is alcohol based hand sanitizer available at isolation area?	☐Yes ☐No
79. Are the staff following five movements of hand washing?	☐Yes ☐No
80. Are the staff following six steps of hand washing?	☐Yes ☐No
81. Is there posters to reinforce hand washing and PPE at hand washing stations	☐Available ☐In progress☐ Not started

VI. ENVIRONMENTAL CLEANING

82. Are objects and environmental surfaces in patient care areas touched frequently (e.g., bed rails, overbed table, bedside commode, lavatory surfaces) are cleaned	☐Yes ☐No
83. Are they disinfected with an approved disinfectant frequently (at least daily) and when visibly soiled?	☐Yes ☐No
84. Is there cleaning chart?	☐Yes ☐No
85. Frequency of cleaning of high touch areas, Bed rails, Tables, Chairs, Keyboards etc.,	
86. Is there any housekeeping policy available at isolation area?	☐Yes ☐No

87. Availability of terminal cleaning checklist	☐Available ☐In progress☐ Not started
88. Availability of three bucket system	☐Yes ☐No
89. Are they following correct contact time for disinfection with hypochlorite solution? (10 minutes for non-porous surfaces)	☐Yes ☐No
90. Are the staff following outward mopping technique	☐Yes ☐No
91. Availability of separate mops for each area	☐Yes ☐No
92. Frequency of cleaning of isolation rooms?	
93. Frequency of cleaning of ambulatory areas?	
94. Frequency of cleaning of bathrooms of isolation areas?	
95. Staff wearing PPE while cleaning a. Gloves b. Masks c. Apron	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No
96. Are the staff trained in housekeeping and infection control practices?	☐Yes ☐No
97. Doctors, nurses & cleaning staff available/ shift at isolation area?	☐Yes ☐No
98. Barrier nursing practiced at isolation area in 1:1 ratio?	☐Yes ☐No
99. Is there any policy for linen management for isolation facility?	☐Available ☐In progress☐ Not started
100. What is the frequency of changing linen in isolation rooms?	☐Daily ☐Alternate Days ☐Weekly ☐When Soiled
101. Type of linen used	☐ Disposable ☐Reusable

VII. BIOMEDICAL WASTE MANAGEMENT (BMWM)

102. Availability of SOP for BMW management?	☐Available ☐In progress☐ Not started
103. Availability of agreement with CWTF	☐Available ☐In progress☐ Not started
104. Are they following color codes bins in BMW management?	☐Yes ☐No
105. Is there sufficient quantity color coded bags available?	☐Yes ☐No
106. Are they disinfecting the waste before it is disposed?	☐Yes ☐No
107. Method of disposing biomedical wastes?	☐CWTF ☐Deep burial ☐Incineration
108. Disposal of sharps as per the standard protocol?	☐Yes ☐No
109. Availability of biomedical waste trolley?	☐Yes ☐No
110. Availability of dedicated BMW collection area?	☐Yes ☐No
111. BMW collected from isolation facility within 48hrs?	☐Yes ☐No

VIII. ICU FACILITY

112. Are there any beds dedicated for COVID 19 infection?	☐Yes ☐No
113. If Yes, Number of beds dedicated to COVID 19 cases?	
114. Is the distance between beds in ICU more than 1 meter?	☐Yes ☐No
115. Is the oxygen supply is by cylinder or central connection?	
116. Are there any separate Ventilators, nebulizers, Infusion pumps in ICU?	☐Yes ☐No
117. Adequate supply of masks, ET tubes, PPE kits available at ICU?	☐Yes ☐No
118. All ICU Staff received training in donning & doffing of PPE?	☐Completed ☐In progress☐ Not started
119. Are there separate area for donning & doffing of PPE?	☐Yes ☐No
120. Hand washing facility & hand sanitizer available at donning & doffing areas?	☐Yes ☐No

XII.OTHER ESSENTIAL SERVICES

121.Is there strategy available for optimizing the PPE supply	☐Available ☐In progress☐ Not started
122.Are there any stockout experience for PPEs in the las year.	☐Yes ☐No
123.Designated ambulance facility for transporting patients from isolation area?	☐Yes ☐No
124.list of contact numbers of ambulance drivers displayed at isolation area?	☐Available ☐In progress☐ Not started
125.Ambulance staff trained in wearing PPE & and other Infection control practices?	☐Yes ☐No
126.SOP for disinfecting ambulance after transporting confirmed case/dead body?	☐Available ☐In progress☐ Not started
127.Written protocol available for disposing dead bodies of confirmed cases?	☐Available ☐In progress☐ Not started
128.Is there enough availability of body bags?	☐Yes ☐No
129.Are the staff trained in handling dead bodies and wearing PPE?	☐Yes ☐No