Study on The Kayakalp Programme of Civil Hospital Patiala: A Critical Analysis and Review

By

Arshnoor Kaur

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. ARSHNOOR KAUR** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **CIVIL HOSPITAL, PATIALA, PUNJAB** from 1st Feb 2018 to 30th April 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

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No. PHSC/QA/18/ 1590 Dated 1·5·18

TO WHOM IT MAY CONCERN
CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Dr. Arshnoor student of MBA in Hospital and Health Management, IIHMR Jaipur has successfully completed three months dissertation in health facility as allotted under Punjab Health Systems Corporation, Punjab from 01.02.2018 to 30.04.2018.

During the dissertation the student's performance was satisfactory.

We wish her success in all her future endeavors.

(Varun Roojam) I.A.S.
Managing Director
Punjab Health Systems Corporation
-Cum-Secretary Health and Family Welfare, Pb.

Certificate of original work

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A Study on the kayakalp Programme of the Hospital: A critical analysis and review" and submitted by Dr. Arshnoor kaur Enrollment No 0401 under the supervision of Dr. Seema Mehta for award of MBA in Hospital and Health Management of the University carried out during the period from 1st February 2018 to 30th April 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

THE IIHMR UNIVERSITY

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "A STUDY ON THE KAYAKALPPROGRAMME OF THE HOSPITAL: A CRITICAL ANALYSIS AND REVIEW"AT CIVIL HOSPITAL, PATIALA"

Signature of student

Abstract

Title: A STUDY ON THE KAYAKALP PROGRAMME OF CIVIL HOSPITAL PATIALA: A CRITICAL ANALYSIS AND REVIEW

Author: Dr. Arshnoor kaur

A Study has been done on the Kayakalp programme of Civil hospital, PatialaPunjab. It is one of the hospital which is focused upon Kayakalp program in the state of Punjab. Kayakalp programme has been launched by the ministry of health and family welfare, government of India. It is a national initiative (KAYAKALP) to give award to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. Cleanliness and hygiene in hospitals are critical to preventing infections and provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. To continue the study, few selected objectives are to identify the gaps in various departments of the hospital as per Kayakalp guidelines, develop and implement the action plan for bridging the gaps of various departments of hospital, assess the impact of implementation of action plan. Design of the study was descriptive cross-sectional methodology and data was collected through a Structured Kayakalp self-assessment tool kit approved by ministry of Health and family Welfare, GoI. Aim of the study was to firstly bring out the present situation and the gap areas, then on the basis of the findings make an action plan to fulfil thosegaps. A baseline assessment of the available facilities was carried out for each objective element of the Kayakalp checklist and the gap analysis was done. Action plan was made for removing the gaps and measures have been taken. At the end of 3 months again self-assessment was done to see the impact of intervention in terms of average score. Results of the above analysis suggested that initially the percentage for the hospital came out to be 60% and then after the implementation of the action plan it was observed that the score increased to 76% at the end of 3 months. In the conclusion, Improvement in scores is there but still work needs to be done to achieve full compliance. Suggestions have been given so that implementation can be done to achieve full compliance before pre-assessment.

Acknowledgement

It is indeed a privilege to have got an opportunity to work in a prestigious organization such as Mata Kaushalya government hospital Patiala, Punjab. My 3 months on job training has been nothing short of extensive learning. The exposure I have got on the functioning of various clinical and non-clinical departments has been tremendous and has left me with an urge to learn more.

I convey my deep and sincere thanks to Mr. Varun Roojam, Mission director NHM Punjab, for giving me the opportunity to do my dissertation from Mata Kaushalya government hospital Patiala, Punjab.

I am thankful to Dr. Anju Gupta Medical superintendent (Incharge). Mata Kaushalya government hospital Patiala, Punjab for giving me permission to do the project in the hospital and for showing keen interest, encouraging, appreciation and solemn advice throughout the project.

A special thanks to all the staff of Mata Kaushalya government hospital Patiala, Punjab for always being so cooperative and trusting me. Without their cooperation and warm attitude this project would have been a distant dream.

I am highly obliged to my guide Dr. Seema Mehta (Associate professor IIHMR University) for providing necessary suggestions and guiding me to complete this report.

Last but not the least I offer my regards and blessings to all those who supported me in any way during my training.

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ABBREVIATIONS

DH	District Hospital
GOI	Government of India
OPD	Outpatient Department
OT	Operation Theatre
PHSC	Punjab Health System Corporation
MOHFW	Ministry of Health & Family Welfare
ICU	Intensive care unit
ICTC	Integrated Counseling & Testing Centre
BMW	Bio Medical Waste
IEC	Information, Education& communication
IPHS	Indian Public Health Standards
NGO	Non-Government Organisation
PPE	Personal Protective Equipments
RKS	Rogi Kalyan Samiti
OB	Observation
RR	Record Review
SI	Staff Interview
SOP	Standard Operation procedure
WHO	World Health Organisation
CSSD	Central Sterile Supply Department

1.1 EXECUTIVE SUMMARY

A Hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipments. The key dimensions of Quality of care is cleanliness of health facilities which is also a indicator of patient's satisfaction relating to her/his perception of cleanliness in health care facilities. Cleanliness, hygiene and sanitation are the most important aspects in a hospital. Cleanliness and hygiene in hospitals are critical to preventing infections and provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. Maintenance of the hygiene and cleanliness of health facilities is not only related to aesthetics and patient satisfaction, but it also reduces the incidence of hospital Acquired Infections. Therefore, it is essential for everyone to learn about cleanliness, hygiene, sanitation and the various diseases that are caused due to poor maintenance of hygienic conditions.

To complement this effort, the ministry of health and family welfare, government of India has launched a national initiative (KAYAKALP) to give award to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

Civil Hospital, Patiala is a 250-bedded hospital. It is one of the hospital which is being focused upon for Kayakalp program in the state of Punjab. A baseline assessment of the available facilities was carried out for each objective element of the KAYAKALP checklist and the gap analysis was done. Aim of the study was to firstly bring out the present situation and the gap areas, then on the basis of the findings make an action plan to fulfil those gaps.

Initially present situation and gap areas were identified based on KAYAKALP checklist and average score was calculated. On the basis of these findings an action plan was developed for 3 months in order to fulfil those gaps. Then at the end of 3 months again self-assessment was done to see the impact of intervention in terms of average score. Results of the above analysis suggested that initially the percentage for the hospital came out to be 60% and then after the implementation of the action plan it was observed that the score increased to 76% at the end of 3 months. Improvement in scores is there but still work needs to be done to achieve full compliance. Suggestions have been given so that implementation can be done to achieve full compliancebefore Pre-assessment.

1.2 BACKGROUND OF THE STUDY

A Hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipments. Cleanliness, hygiene and sanitation are the most important aspects in a hospital.Maintenanceof the hygiene and cleanliness of health facilities is not only related to aesthetics and patient satisfaction, but it also reduces theincidence of hospital Acquired Infections.

Patients come to hospital to get treated and if not given proper environmental hygiene, their condition can get worse. This also increases hospital burden by increasing of length of stay, delayed patient discharge, patient mortality and morbidity, increased socio economics costs etc. these all factors adversely affect the image of the hospital.

Effective monitoring of cleaning and infection control standards is vital in maintaining a healthy and safe hospital environment and contributes significantly to the quality of patient care. Study show that nearly one third of infections can be controlled by well-defined infection control practices and a healthy working environment condition.

The ministry of health and family welfare, government of India has launched a national initiative (KAYAKALP) that guide the provision of attaining high levels of cleanliness, hygiene and infection control in the organisation. This programme is documented and aims at providing clean and infection control environment in the organisation. Application of standards across the organization helps in smoother and more efficient management of the hospital.

Civil hospital, Patiala is a 250-bedded hospital. It isone of the hospital which is being focused upon for Kayakalp program in the state of Punjab. A baseline assessment of the available facilities was carried out for each objective element of the KAYAKALP checklist and it shows that score for the hospital quiet less than desired (i.e. 70%), work in this regard was required. Through Kayakalp programme we aim at disseminating information, surveillance activities, investigation, preventation and control of infection.

1.3 LITERATURE REVIEW

The Swachh bharat abhiyan launched by the prime minister on 2nd October 2014, focuses on promoting cleanliness in public spaces. Public health care facilities are a major mechanism of social protection to meet the health care needs of large segments of the population. Cleanliness and hygiene in hospitals are critical to preventing infectious and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. As the first principle of healthcare is "to do no harm "it is essential to have our health care facilities clean and to ensure adherence to infection control practices.

Gap analysis is a component of the preparatory phase of NABH accreditation program. The goal of gap analysis is to identify the gap between the optimized allocation and integration of the inputs, and the current level of allocation. Gap analysis refers to a study where hospital compare the present policy, procedure, standard operating procedures, infrastructure with defined laid down standard of accreditation body.

Study on Analytical Evaluation of Cleaning Agents and Disinfectants in use for Housekeeping Practices at a Tertiary Care Hospital by Aarti Vij, Sunil Kant, Shakti Gupta stated that the housekeeping services had its origin in the hotel industry. Later the concept of housekeeping got incorporated as a hospital service. There are, however, differences in concept and practice of housekeeping activities in hospital and hotels. Control and prevention of hospital infection is one of the most vital functions of hospital housekeeping, whereas, in a hotel, the aesthetics receive the maximum emphasis. The hospital housekeeping services comprise of activities related to cleanliness, maintenance of hospital environment and good sanitation services for keeping the premises free from pollution1.Inadequate cleaning and disinfection will result in health care institutions becoming reservoirs of large number of microorganisms. Cleaning must not only be effective in removing dirt but also in maintaining low levels of microorganisms. Cleaning materials and disinfectants are essential components in ensuring Quality Assurance in housekeeping services. Materials of the right quality, quantity and used in the appropriate specified frequency will not only augment the quality of housekeeping services but also ensure optimum utilisation of resources. It will also enhance patient satisfaction [(1)]

Ganesh S Kumar, Sitanshu Sekhar Kar, and Animesh Jainin a study **of Health and environmental sanitation in India: Issues for prioritizing control strategies**

Environmental sanitation envisages promotion of health of the community by providing clean environment and breaking the cycle of disease. It depends on various factors that include hygiene status of the people, types of resources available, innovative and appropriate technologies according to the requirement of the community, socioeconomic development of the country, cultural factors related to environmental sanitation, political commitment, capacity building of the concerned sectors, social factors including behavioural pattern of the community, legislative measures adopted, and others. Improvement in sanitation requires newer strategies and targeted interventions with follow-up evaluation. The need of the hour is to identify the existing system of environmental sanitation with respect to its structure and functioning and to prioritize the control strategies according to the need of the country. These priorities are particularly important because of issue of water constraints, environment-related health problems, rapid population growth, inequitable distribution of water resources, issues related to administrative problems, urbanization and industrialization, migration of population, and rapid economic growth [(2)]

B. AllegranziD. Pittet in the study of **Role of hand hygiene in healthcare-associated infection prevention**[7]Healthcare workers' hands are the most common vehicle for the transmission of healthcare-associated pathogens from patient to patient to patient and within the healthcare environment. Hand hygiene is the leading measure for preventing the spread of antimicrobial resistance and reducing healthcare-associated infections (HCAI), but healthcare worker compliance with optimal practices remains low in most settings. This paper reviews factors influencing hand hygiene compliance, the impact of hand hygiene promotion on healthcare-associated pathogen cross-transmission and infection rates, and challenging issues related to the universal. Strategies lead to improved hand hygiene and a reduction in HCAI. The main objective is to achieve an improvement in hand hygiene practices worldwide with the ultimate goal of promoting a strong patient safety culture[7]

S.J. Dancer in the study of **The role of environmental cleaning in the control of hospital-acquired infection** Cleaning has never been regarded as an evidence-based science and consequently receives little attention from the scientific community. Since there are no scientific standards to measure the effect of an individual cleaner, or assess environmental cleanliness, finding the evidence for benefit in the control of infection is further hampered. There are always basic aesthetic considerations that cannot be disregarded; a perception of cleanliness, however defined, is expected for patients, their relatives and staff from healthcare environments.

Looking to see if a ward is clean may fulfil aesthetic obligations but it does not provide a reliable assessment of the infection risk for an individual patient on that ward.The organisms that cause infection are invisible to the naked eye and their existence is not necessarily associated with the presence of visual dirt. Furthermore, the impression of cleanliness is confounded by clutter, and fabric and maintenance deficits. Visual assessment will inevitably be subject to bias under these circumstances. It is more difficult to clean a crowded, cluttered environment, perhaps related to a cleaner's incentive, when confronted with peeling plaster, cracked tiles or worn floor coverings.

Sites that are frequently touched by hands are thought to provide the greatest risk for patients, and those situated right beside patients provide the biggest risk of all.The responsibility for cleaning near-patient hand-touch sites does not always rest with the ward cleaners, however, since beds, drip stands, lockers and overbed tables are more usually cleaned by nurses. Nurses are also responsible for the decontamination of more delicate clinical equipment[4]

A Study of gap analysis in hospitals and the relationship between patient satisfaction and quality of service in health care servicesK. Francis Sudhakar,M. KameshwarRao, T. Rahul Quality information is important to consumers and providers alike. However, the essential elements of "quality" may be understood in quite different ways and ranked with different priorities among various consumer and professional groups. For example, health professionals may relate to objective and technical measures of quality, such as statistical measures of clinical performance. Lay consumers of health services may base quality on less technically complex and more measures. Assessment of quality of services provided by the hospitals in these days has been a serious concern for the hospitals and health care organizations owing to the excessive demands imposed on them by the users, consumers, government and the society at large. As a result, many hospitals have resorted to such assessment not only for the reasons of compliance but for the improvement of the services to

the satisfaction of the users. Nevertheless, such efforts have not been much strengthened by research perspective owing to the lack of adequate qualification on the part of the providers and also lack of time to scientifically carry out such assessments by the executives. Hence there is a need to do some scientific analysis in this area of patient satisfaction [5]

World health organisation a study on **infection control and hygiene**Many infection prevention and control measures, including hand hygiene, are simple, low-cost and effective, however they require staff accountability and behavioural change.
The main solutions and perspectives for improvement identified areidentifying local determinants of the HAI burden.Improving reporting and surveillance systems at the national level.Ensuring minimum requirements in terms of facilities and dedicated resources available for HAI surveillance at the institutional level, including microbiology laboratories' capacity.Ensuring that core components for infection control are in place at the national and health-care setting levels.Implementing standard precautions, including best hand hygiene practices at the bedside.Improving staff education and accountability.Conducting research to adapt and validate surveillance protocols based on the reality of developing countries.Conducting research on the potential involvement of patients and their families in HAI reporting and control [3]

A study on **bio medical waste management by Healthcare establishment waste management & education programme. (HEWMEP)**Healthcare waste is also often referred to as medical waste, clinical waste etc. All these terms pertain to the waste coming out of medical establishments and research institutions although there are subtle differences in the meaning and connotation of the different terminologies.
Medical waste is a term applied to the waste generated in the diagnosis, treatment or immunization of human beings or animals in research and in the production or testing of biological products. It also includes waste coming out of medical treatment given at home. Infectious waste includes all those medical wastes, which have the potential to transmit viral, bacterial or parasitic diseases. It includes both human and animal infectious waste and waste generated in all healthcare activities including laboratories and veterinary practice. Infectious waste is hazardous in nature as any other waste that poses a threat to human health and life. Such waste is also called hazardous waste. However, in a hospital, the waste that may not be infectious but is still hazardous because of its chemical composition or radioactivity is often referred to as hazardous waste. To avoid confusion and for the sake of simplicity, we propose to use the term healthcare waste to refer to all wastes generated in healthcare and research institutions while the term biomedical waste would refer to the infectious & hazardous components within such healthcare waste [6]

1.4 PROBLEM STATEMENT

To assess the existing service delivery system of the hospital for enhancementof the compliance of standards for KAYAKALP program in the hospital.

1.5 OBJECTIVES OF THE STUDY

- To identify the gaps in various departments of the hospital as per Kayakalp guidelines
- To develop and implement the action plan for bridging the gaps of various departments of hospital.
- To assess the impact of implementation of action plan.

1.6RESEARCH METHODOLOGY

Study design:

- The study design was Descriptive cross-sectional study

Duration of study

- The study was carried out for period of three months (1st February to 30th April 2018)

Location of study:

- Study was carried in Mata Kausalya Government hospital Patiala, Punjab
- Hospital and its Department were marked for:
  - Hospital/Facility Upkeep
  - Sanitation and Hygiene
  - Waste management
  - Infection Control
  - Support Services
  - Hygiene Promotion
  - Beyond Hospital

Method of data collection

Data Collection Tool:

- Data was collected through a structured KAYAKALP self-Assessment Tool kit approved by ministry of Health and family Welfare, GoI.

Primary & Secondary Data Collection:

- Primary Data: -

  Data was collected through check list, staff interviews and by directly observing the set of activities performed by doctors, technicians, paramedic staff and clerical staff.

  Scoring Pattern: -

  2 marks = full compliance
  1 mark = Partial compliance
  0 mark = Non-compliance

- Secondary Data: -

  Hospital documents Review & Clinical Record Review.

Sample size:

sample size for interview was 50 employees including:

Doctors-16
Nursing staff-17
Matron-1
Ward servant & Sweepers-16

Sample technique:

Purposive Sampling study

1.7GAP ANALYSIS

To address the first objective, analyse the current status of the Kayakalp programme of the hospital carried out with respect to 7 standards i.e. Hospital/Facility Upkeep, Sanitation and Hygiene, Waste management, Infection Control, Support Services, Hygiene Promotion, Beyond Hospital Boundary and identified gap areas are following:

Table 1

Standard A: Hospital upkeep		
A1	Pest and Animal Control	3
A2	Landscaping& Gardening	7
A3	Maintenance of Open Areas	7
A4	Hospital/ Facility Appearance	6
A5	Infrastructure Maintenance	6
A6	Illumination	9
A7	Maintenance of Furniture & Fixture	7
A8	Removal of Junk Material	8
A9	Water Conservation	5
A10	Work Place Management	4
	Total Score	62

Gap Areas:

1. Stray animals such as dogs, cats etc, are found within the premises and non-availability of adequate stock of mosquito nets for patients
2. There is no record maintenance for pest control and anti-termite treatment schedule.
3. Wild vegetation is existing. Shrubs and trees are not well maintained. ‘
4. Interior walls of the patient care areas have chipped off plaster and paint is faded in most of the areas.
5. Presence of Some irrelevant and outdated posters
6. There is no demarcated parking area for ambulance, staff and patients.
7. Patient trolleys and wheel chairs are not well maintained. Some of the bed mattresses are also torn and not clean.
8. No rain water harvesting plant in the hospital.
9. Dysfunctional /broken taps are found in toilets of male and female.
10. There is no proper work place management and the things are kept in haphazard manner in working stations.
11. No training is given to the staff for 5’s.

Table 2

Standard B: Sanitation & Hygiene		
B1	Cleanliness of Circulation Area	8
B2	Cleanliness of wards	6
B3	Cleanliness of Procedure Areas	7
B4	Cleanliness of Ambulatory Area (OPD, Emergency, Lab)	7
B5	Cleanliness of Auxiliary Areas	8
B6	Cleanliness of Toilets	4
B7	Use of standards materials and Equipment of Cleaning	9
B8	Use of standards Methods Cleaning	8
B9	Monitoring of Cleanliness Activities	3
B10	Drainage and Sewage Management	10
	Total Score	70

Gap Areas:

1. The circulation area is cleaned by the housekeeping staff, but cobwebs and stains can be seen on the roof and the walls of the areas.
2. Stains and cobwebs are found on the walls of the ward areas and housekeeping checklist is not maintained.
3. Housekeeping checklist is not maintained in the procedure areas (OT, Labour room)
4. Dirt is seen on the floor and walls and housekeeping checklist is not maintainedin ambulatoryarea (emergency, laboratory, radiology, OPD),
5. Stains, foul odour, wet floor, dysfunctional taps seen in the toilets.
6. Usage of same dirty cloth for dry and wet mop and brooms are used I some patient care areas.
7. No proper training on correct method of mopping and cleanliness.

Table 3

Standard C: Waste Management		
C1	Segregation Of Biomedical Waste	8
C2	Collection and Transportation of Biomedical Waste	10
C3	Sharp Management	7
C4	Storage of Biomedical Waste	6
C5	Disposal Of Biomedical Waste	10
C6	Management Hazardous waste	5
C7	Solid General Waste Management	10
C8	Liquid Waste Management	5
C9	Equipment and Supplies for Bio Medical Waste Management	10
C10	Statuary Compliances	7
	Total Score	78

Gap areas

1. Although segregation of waste was done efficiently still because of heavy rush general waste get mixed with infectious waste such are in laboratory soiled cotton swabs were in green bins used for general waste.
2. Sharp management is not proper. Staff is not aware of what to do in case of needle stick injury.
3. There is absence of biohazard symbol display and security (lock and key) on the room of biomedical waste.
4. Staff is not aware of blood spill management, mercury spill management.
5. No post exposure prophylaxis(PEP) protocol
6. There is no quality committee for monitoring of BMW management

Table 4

Standard D: Infection Control		
D1	Hand Hygiene	4
D2	Personal Protective Equipment (PPE)	7
D3	Personal Protective Practices	6
D4	Decontamination and Cleaning of Instruments	9
D5	Disinfection & Sterilization of Instruments	9
D6	Spill Management	2
D7	Isolation and Barrier Nursing	8
D8	Infection Control Program	3
D9	Hospital Acquired Infection Surveillance	2
D10	Envionrnment Control	7
	Total Score	57

Gap areas

1. No adherence to 6 steps of hand washing by the hospital staff.
2. There is need to train staff regarding hand washing technique and when to wash hands. Also hand washing instructions should be displayed at all points of use.
3. Non-availability of heavy duty gloves and gum boots to the sweepers handling the infectious waste.
4. Proper training is required regarding usage of protective equipments and standard precautions to be followed
5. No proper record/documented procedure for sterilisation and disinfection of instruments
6. Staff is not aware and requires training for spill management. Spill management protocols not displayed at the point of use.
7. Hospital does not has an infection control committee.
8. No provision for regular medical check-up of its staff and their immunisation.
9. Indicators like surgical site infection rate, hospital acquired infection and device related HAI rate are not monitored in the hospital.
10. Zoning of OT area needs to be done and proper air conditioning should be there to maintain the air pressure.

Table 5

Standard E: Support Services		
E1	Laundry Services & Linen Management	9
E2	Water Sanitation	9
E3	Kitchen Services	0
E4	Security Services	4
E5	Out- sourced Services Management	8
	Total Score	30

Gap areas

1.Water is not available in some toilets of patients.

2.There is no kitchen/dietary department in the hospital

3.Requirement of security staff for highly critical areas like labour room, OT.

4.There is a valid contract for housekeeping services but there is no record/ register maintained to evaluate the performance of the contractor.

Table 6

Standard F: Hygiene Promotion		
F1	Community Monitoring & Patient Participation	7
F2	Information Education and Communication	4
F3	Leadership and Team work	2
F4	Training and Capacity Building and Standardization	2
F5	Staff Hygiene and Dress Code	5
	Total Score	20

Gap areas

1.Local NGO's need to be involved in maintaining the cleanliness of the hospital

2.More IEC material need to be displayed regarding water conservation, hand hygiene and regarding Swachh bharat in the hospital premises.

3.Infection control committee needs to be constituted

4.SOP's need to be documented for cleanliness and upkeep of the facility.

5.There should be proper training for BMW management and infection control practices.

6.There is no dress code policy followed in the hospital.

Table 7

Standard G: Beyond Hospital Boundary		
G1	Promotion of swachhata in surrounding area	3
G2	Coordination with local institution	4
G3	Alternative Financing and support mechanism	3
G4	Leadership and governance in surrounding area	4
G5	Approach road to health facility	5
G6	Cleanliness of surrounding areas	4
G7	Public Amenities in surrounding area	4
G8	Aesthetics of surrounding area	5
G9	General waste management in surrounding	5
G10	Maintenance of surrounding area	5
	Total Score	41

Gap areas

1. Local community is not actively involved in administration of Swachh bharat abhiyan
2. There is no cultural programme regarding to cleanliness is organised for community awareness.
3. There is no linkage with local NGO's who work in the area of sanitation & hygiene.
4. Facility is not coordinating with school & colleges for promotion of hygiene & sanitation
5. Corporate Organisations & local leaders are not providing any attract support to facility
6. No person is designated to supervise & monitor activities related to cleanliness, sanitation & hygiene in surrounding area
7. Exterior of hospital boundary is not well maintained
8. There is no regular water supply & foul smell from toilets is existing
9. Stray animals such as dog, cats & pigs are found in the surrounding area

1.8 STANDARD WISE ACTION PLAN: -

To address 2nd objective, gaps as identified will be taken up strategically and special attention on the gaps at the facility level is given and action plan is made for same.Based on these action plan following measures were taken:

STANDARD A: Hospital/ facility Upkeep

Table 8

Standard A	Action required to remove gaps	Measures taken
Hospital\ Facility Upkeep	1.Maintenance of Pest control and anti-termite treatment register for record purpose 2.Appointment of a permanent gardener to maintain the vegetation 3.Walls are well plastered and painted 4Well demarcated parking area for patients, staff and ambulance 5Functional taps in toilets of male and female 6Display of IEC material for work place management at various points of use 7.Training of staff for 5's	1.Register is maintained for pest control and Anti-termite treatment records 2. front of the facility and garden is maintained by gardener. 3.Hospital walls are painted and plastered Irrelevant and out-dated posters are removed. 4. Parking Space is demarcated for patients, staff and Ambulance 5.Leaking taps, overflowing tanks and dysfunctional cisterns have been corrected. 6.IEC material for water conservation have been displayed 7.Training for managing the workplace (5s) has been given.

Standard B: sanitation and hygiene

Table 9

Standard b: sanitation and hygiene	**Action required to remove gaps**	**Measures taken**
	1. Display of checklist for monitoring the effectiveness of housekeeping services 2. periodic training to staff regarding mopping and cleanliness 3. adherence to cleaning, disinfection and sterilization practices. 4. adherence to hand hygiene practices and display of IEC material at points of use.	1.Before the implementation of action plan there was checklist for housekeeping staff, but it is not in use and maintained but now checklist has been displayed in various points of use. 2.Training has been given to housekeeping staff regarding unidirectional method of mopping 3.All the toilets are cleaned and checked regularly for functional taps and cisterns. Brooms have been removed from patient care areas Usage of clean and different cloth for dry and wet mop 4.Display of 6 step hand washing technique at various points of use

Standard C: Waste Management

Table 10

Standard C: Waste Management	**Action required to remove gaps**	**Measures taken**
	1. Proper IEC material on BMW and protocols of spill management to be displayed at every point of use 2. Biohazard sign displayed on the door of BMW storage room with security (lock and key) 3. Periodic training of staff regarding: - needle stick injury and Spill management 4. A nodal officer and Quality assurance committee for monitoring of BMW management.	1.IEC material for spill management, segregation and disposal of different categories of waste have been displayed and posters of colour coded bins displayed at various collection points. 2.Proper BMW room kept in lock and key has been made for storage of BMW with biohazard sign displayed on the door 3.Training has been given regarding needle stick injury to staff and protocols for needle stick injury have been displayed at point of use 4.Nodal officer and quality assurance committee has been constituted for monitoring of BMW management

Standard D: infection control

Table 11

Standard d: infection control	Action required to remove gaps:	Measures Taken
	1. Display and training of 6 steps hand washing at various points of use 2. The management makes available resources required for handling the infectious waste 3. Display of IEC material and training for when to wash hands, spill management 4. Register maintenance for record purpose of sterilization and disinfection of instruments 5. Formation of infection control committee 6. Infection control nurse to be made 7. Zoning of OT into protective, clean, sterilized and dirty area.	• Availability of liquid soap dispensers and display of hand washing instruction (6 steps) at various points of use after the action plan. • Infection control committee has been constituted • Training regarding hand hygiene practises, correct method of wearing and removing gloves has been given. • Cleaning disinfection and sterilization practises are adhered • On the spot training has been given to nursing student regarding infection control and personal hygiene. • Spill management protocols have been displayed at various point of use.

Standard E: Support services

Table 12

Standard E: Support services	**Action required to remove gaps**	**Measures Taken**
	1. Availability of water at all points of use 2.Appointment of security guards at critical locations	1.Sufficient of water at all points of use 2.Appointment of security guards at critical locations (OT, Labour room)

Standard F: Hygiene promotion

Table 13

Standard F: hygiene promotion	**Action required to remove gaps**	**Measures taken**
	1.Involvement of Local NGO's in maintaining cleanliness of hospital 2.Display of IEC material regarding sanitation and hygiene at various points in the hospital 3.Designation of dress code for housekeeping staff 4.Periodic training to be given regarding infection control and cleanliness in the hospital. 5. Constitution of Infection control committee 6. SOP's for cleanliness & upkeep of hospital and BMW management	1.After the action plan local NGO's are now involved in clinic and maintains of hospitals. Patient awareness activity regarding hygiene practises have been done 2.Various IEC material regarding hygiene swachhata abhiyan, water sanitation have been displayed. 3.It is ensured that housekeeping staff and support staff wear uniforms with their name plates. 4.Training regarding BMW management has been given to the staff 5.Infection control committee has been constituted 6.Work is still going on regarding the SOP's for cleanliness & upkeep of hospital and BMW management

Standard G: Beyond Hospital Boundary

Table 14

Standard G: Beyond Hospital Boundary	**Action required to remove gaps**	**Measures taken**
	1.Involvement of LocalNGO's in administration of Swachh bharat abhiyan maintaining cleanliness of hospital 2.Organising cultural programme for community awareness. 3.Display of IEC material regarding cleanliness by NGO's 4.Coordination with other department for improving sanitation & hygiene in surroundings. 5.Exterior boundary wall is painted & plastered	1.Cleanliness drive at hospital premises by members of local NGO's Advertisement regarding swachhata pakhwada has been given in the newspaper Swachhata pledge has been taken by the staff for Swachh bharat abhiyan 2.Cultural programme in the form of Nukkad natak regarding Swachhata has been organised for community awareness 3.IEC material regarding cleanliness has been displayed by NGO's. 4.Unwanted posters on exterior hospital boundary wall has been removed

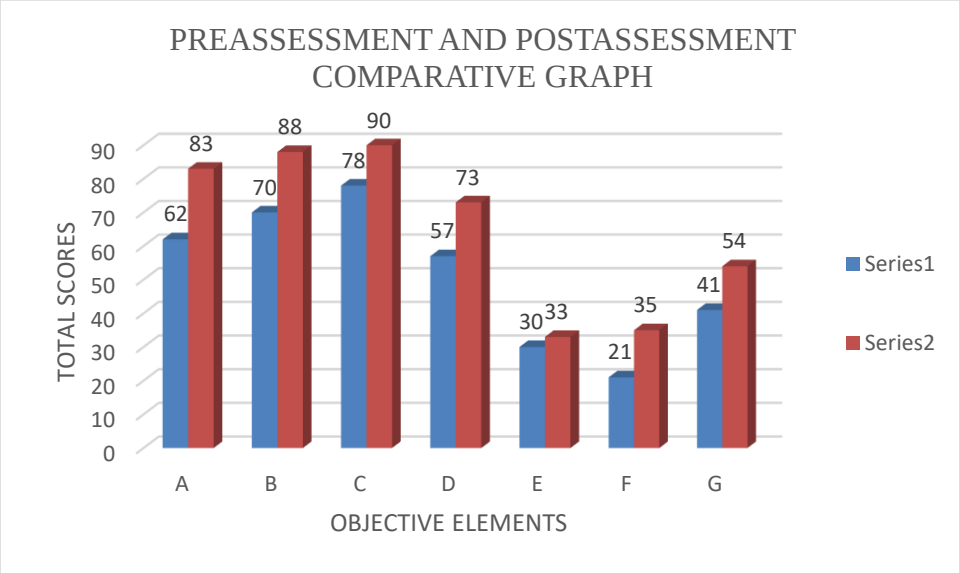
1.9 Result andFindings:

Initially present situation and gap areas were identified based on KAYAKALP checklist and average score was calculated. Then at the end of 3 months again self-assessment was done to see the impact of intervention in terms of average score. Results of the above analysis suggested that initially the percentage for the hospital came out to be 60% and then after the implementation of the action plan it was observed that the score increased to 76% at the end of 3 months

Table 15

POSTASSESSMENT OUTCOME

S.no	Standards	Score (preassessment)	Score (post assessment)
A	Hospital/facility Upkeep	62	83
B	Sanitation & Hygiene	70	88
C	Waste Management	78	90
D	Infection Control	57	73
E	Support Services	30	33
F	Hygiene Promotion	21	35
G	Beyond Hospital	41	54
	Total score obtained	359	456
	Maximum Score	600	600
	Percentage	60%	76%



Fig(1) **MAINTENANCE OF FRONT OF THE FACILITY**

BEFORE **AFTER**

Fig(2)**MAINTENANCE OF THE GARDEN**

Fig(3)**DEMARCATED PARKING SPACE FOR PATIENT, STAFF & AMBULANCE**

(BEFORE)

(AFTER)

Fig(4) FORMATION OF REGISTER FOR MAINTAINING PEST & TERMITE CONTROL RECORD

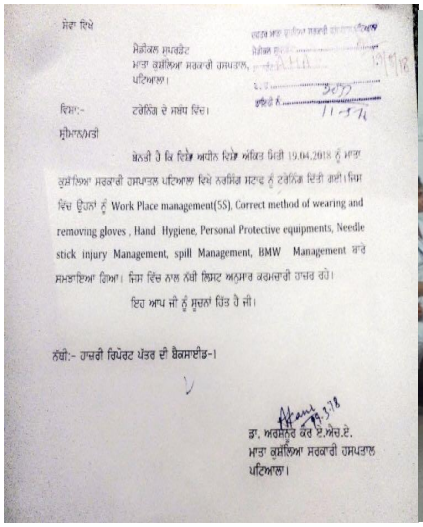
Fig(5)REMOVAL OF IRRELEVENT& OUTDATED POSTER

Fig(6)DISPLAY OF IEC MATERIAL FOR WATER CONSERVATION

Fig(7)WORK PLACE MANAGEMENT AT NURSING STATION

BEFORE **AFTER**

Fig(8)TRAINING ON 5S FOR WORK PLACE MANAGEMENT



ਸੇਵਾ ਵਿਖੇ

ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ
ਮਾਤਾ ਕੁਸ਼ਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ,
ਪਟਿਆਲਾ।

ਵਿਸ਼ਾ:- ਟਰੇਨਿੰਗ ਦੇ ਸਬੰਧ ਵਿਚ।

ਸ੍ਰੀਮਾਨਜੀ

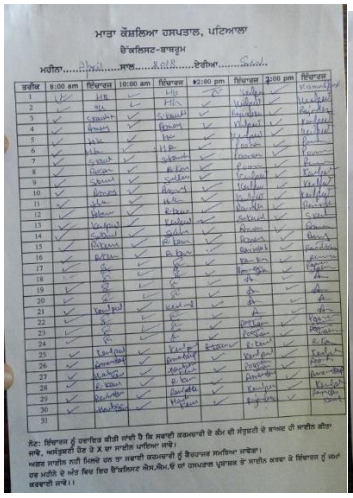
ਬੇਨਤੀ ਹੈ ਕਿ ਵਿਭਾਗ ਅਧੀਨ ਵਿਭਾਗ ਅਧਿਕ ਮਿਤੀ 19.04.2018 ਨੂੰ ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ ਪਟਿਆਲਾ ਵਿਖੇ ਨਰਸਿੰਗ ਸਟਾਫ ਨੂੰ ਟਰੇਨਿੰਗ ਦਿੱਤੀ ਗਈ। ਜਿਸ ਵਿੱਚ ਉਹਨਾਂ ਨੂੰ Work Place management(5S), Correct method of wearing and removing gloves , Hand Hygiene, Personal Protective equipments, Needle stick injury Management, spill Management, BMW Management ਬਾਰੇ ਸਮਝਾਇਆ ਗਿਆ। ਜਿਸ ਵਿੱਚ ਨਾਲ ਨੱਥੀ ਸਿਸਟ ਅਨੁਸਾਰ ਕਰਮਚਾਰੀ ਹਾਜਰ ਰਹੇ।

ਇਹ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਹੈ ਜੀ।

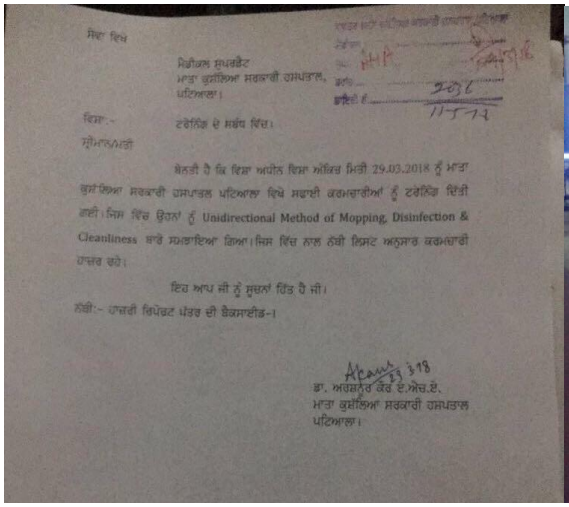
ਨੱਥੀ:- ਹਾਜਰੀ ਰਿਪੋਰਟ ਪੱਤਰ ਦੀ ਫੋਟੋਸਾਈਡ-।

ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਐ.ਐਚ.ਏ.
ਮਾਤਾ ਕੁਸ਼ਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ।

Fig(9)DISPLAY OF HOUSEKEEPING CHECKLIST AT VARIOUS POINTS OF USE



Fig(10)TRAINING GIVEN ON UNIDIRECTIONAL METHOD OF MOPPING



ਸੇਵਾ ਵਿਖੇ

ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ,
ਪਟਿਆਲਾ।

ਵਿਸ਼ਾ:- ਟਰੇਨਿੰਗ ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਸ੍ਰੀਮਾਨ/ਮਤੀ

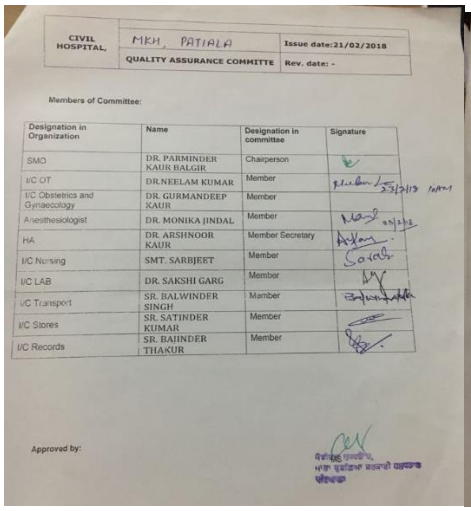
ਬੇਨਤੀ ਹੈ ਕਿ ਵਿਸ਼ਾ ਅਧੀਨ ਵਿਸ਼ਾ ਅੰਕਿਤ ਮਿਤੀ 29.03.2018 ਨੂੰ ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ ਪਟਿਆਲਾ ਵਿਖੇ ਸਫਾਈ ਕਰਮਚਾਰੀਆਂ ਨੂੰ ਟਰੇਨਿੰਗ ਦਿੱਤੀ ਗਈ। ਜਿਸ ਵਿੱਚ ਉਹਨਾਂ ਨੂੰ Unidirectional Method of Mopping, Disinfection & Cleanliness ਬਾਰੇ ਸਮਝਾਇਆ ਗਿਆ। ਜਿਸ ਵਿੱਚ ਨਾਲ ਨੱਥੀ ਲਿਸਟ ਅਨੁਸਾਰ ਕਰਮਚਾਰੀ ਹਾਜ਼ਰ ਰਹੇ।

ਇਹ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਹੈ ਜੀ।

ਨੱਥੀ:- ਹਾਜ਼ਰੀ ਰਿਪੋਰਟ ਪੱਤਰ ਦੀ ਫੋਟੋਸਾਈਡ-I

ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਏ.ਐਚ.ਏ.
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ।

fig(11)MAKING QUALITY ASSURANCE COMMITTEE & APPOINTING NODAL OFFICER FOR REVIEWING BMW MANAGEMENT

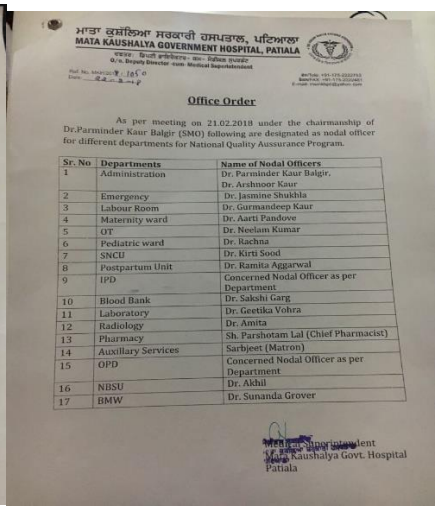


CIVIL HOSPITAL, MKH, PATIALA | Issue date:21/02/2018
QUALITY ASSURANCE COMMITTE | Rev. date: -

Members of Committee:

Designation in Organization	Name	Designation in committee	Signature
SMO	DR. PARMINDER KAUR BALGIR	Chairperson	
I/C OT	DR.NEELAM KUMAR	Member	
I/C Obstetrics and Gynaecology	DR. GURMANDEEP KAUR	Member	
Anesthesiologist	DR. MONIKA JINDAL	Member	
HA	DR. ARSHNOOR KAUR	Member Secretary	
I/C Nursing	SMT. SARBJEET	Member	
I/C LAB	DR. SAKSHI GARG	Member	
I/C Transport	SR. BALWINDER SINGH	Mamber	
I/C Stores	SR. SATINDER KUMAR	Member	
I/C Records	SR. BAINDER THAKUR	Member	

Approved by:



ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ
MATA KAUSHALYA GOVERNMENT HOSPITAL, PATIALA

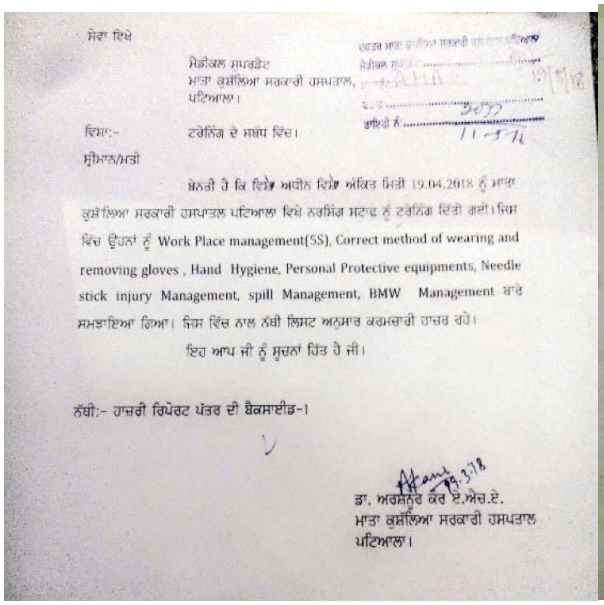
Office Order

As per meeting on 21.02.2018 under the chairmanship of Dr.Parminder Kaur Balgir (SMO) following are designated as nodal officer for different departments for National Quality Aussurance Program.

Sr. No	Departments	Name of Nodal Officers
1	Administration	Dr. Parminder Kaur Balgir, Dr. Arshnoor Kaur
2	Emergency	Dr. Jasmine Shukhla
3	Labour Room	Dr. Gurmandeep Kaur
4	Maternity ward	Dr. Aarti Pandove
5	OT	Dr. Neelam Kumar
6	Pediatric ward	Dr. Rachna
7	SNCU	Dr. Kirti Sood
8	Postpartum Unit	Dr. Ramita Aggarwal
9	IPD	Concerned Nodal Officer as per Department
10	Blood Bank	Dr. Sakshi Garg
11	Laboratory	Dr. Geetika Vohra
12	Radiology	Dr. Amita
13	Pharmacy	Sh. Parshotam Lal (Chief Pharmacist)
14	Auxillary Services	Sarbjeet (Matron)
15	OPD	Concerned Nodal Officer as per Department
16	NBSU	Dr. Akhil
17	BMW	Dr. Sunanda Grover

Superintendent
Mata Kaushalya Govt. Hospital
Patiala

Fig(12)TRAINING ON NEEDLE STICK INJURY & PROTOCOL IMPLEMENTED



ਸੇਵਾ ਵਿਖੇ

ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ,
ਪਟਿਆਲਾ।

ਵਿਸ਼ਾ:- ਟਰੇਨਿੰਗ ਦੇ ਸਬੰਧ ਵਿੱਚ।

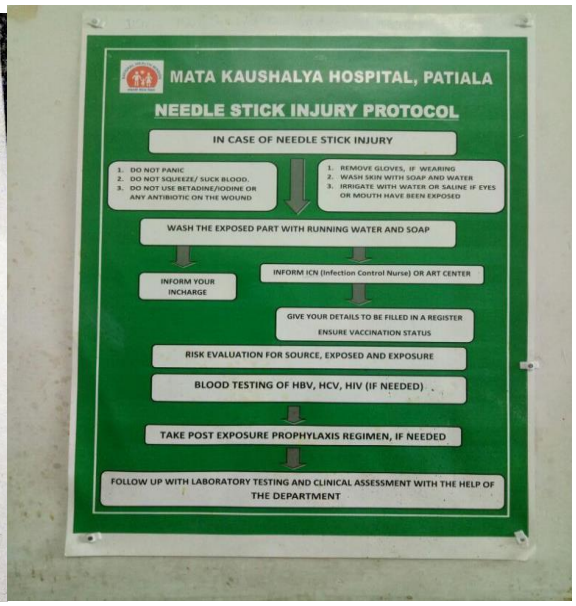
ਸ੍ਰੀਮਾਨ/ਮਤੀ

ਬੇਨਤੀ ਹੈ ਕਿ ਵਿਸ਼ੇ ਅਧੀਨ ਵਿਸ਼ੇ ਅੰਕਿਤ ਮਿਤੀ 19.04.2018 ਨੂੰ ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ ਪਟਿਆਲਾ ਵਿਖੇ ਨਰਸਿੰਗ ਸਟਾਫ ਨੂੰ ਟਰੇਨਿੰਗ ਦਿੱਤੀ ਗਈ। ਜਿਸ ਵਿੱਚ ਉਹਨਾਂ ਨੂੰ Work Place management(5S), Correct method of wearing and removing gloves , Hand Hygiene, Personal Protective equipments, Needle stick injury Management, spill Management, BMW Management ਬਾਰੇ ਸਮਝਾਇਆ ਗਿਆ। ਜਿਸ ਵਿੱਚ ਨਾਲ ਨੱਥੀ ਲਿਸਟ ਅਨੁਸਾਰ ਕਰਮਚਾਰੀ ਹਾਜ਼ਰ ਰਹੇ।

ਇਹ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਹੈ ਜੀ।

ਨੱਥੀ:- ਹਾਜ਼ਰੀ ਰਿਪੋਰਟ ਪੱਤਰ ਦੀ ਫੋਟੋਸਾਈਡ-I

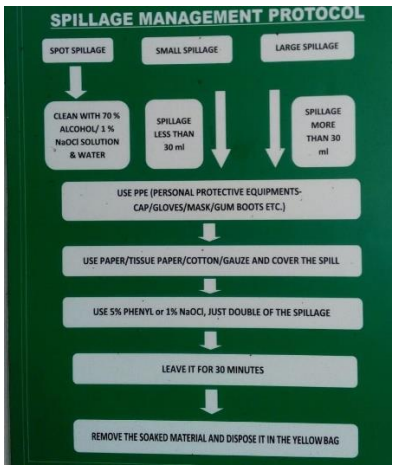
ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਏ.ਐਚ.ਏ.
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ।



Fig(13)BIO MEDICAL WASTE STORAGE ROOM

BEFORE **AFTER(kept in lock &dislplay of biohazard sign on it)**

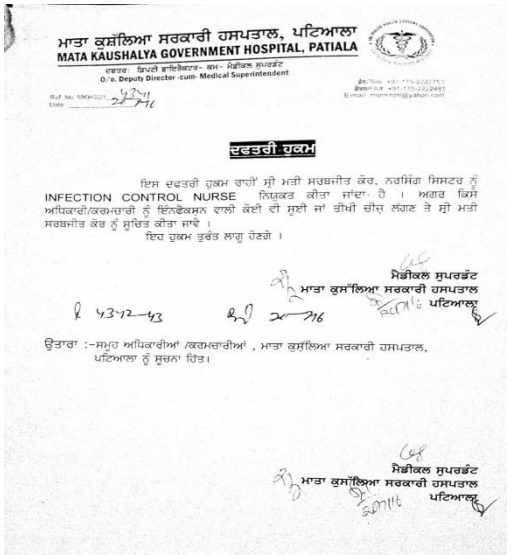
Fig(14)DISPLAY OF IEC MATERIAL ON BMW & SPILL MANAGEMENT PROTOCOL IMPLEMENTED



:

Fig(15)DISPLAY OF 6 STEP HANG WASHING TECNIQUE AT VARIOUS POINTS OF VIEWS

Fig(16)MAKING INFECTION CONTROL COMMITTEE & APPOINTING INFECTION CONTROL NURSE



ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ
MATA KAUSHALYA GOVERNMENT HOSPITAL, PATIALA
ਵਧੀਕ ਡਿਪਟੀ ਡਾਇਰੈਕਟਰ- ਕਮ- ਮੈਡੀਕਲ ਸੁਪਰਡੰਟ
O / o Deputy Director -cum- Medical Superintendent

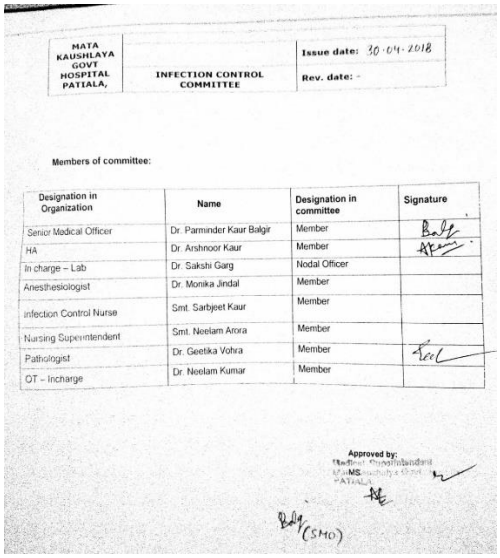
ਦਫਤਰੀ ਹੁਕਮ

ਇਸ ਦਫਤਰੀ ਹੁਕਮ ਰਾਹੀਂ ਸ੍ਰੀ ਮਤੀ ਸਰਬਜੀਤ ਕੌਰ, ਨਰਸਿੰਗ ਸਿਸਟਰ ਨੂੰ INFECTION CONTROL NURSE ਨਿਯੁਕਤ ਕੀਤਾ ਜਾਂਦਾ ਹੈ । ਅਗਰ ਕਿਸੇ ਅਧਿਕਾਰੀ/ਕਰਮਚਾਰੀ ਨੂੰ ਇੰਨਫੈਕਸਨ ਦਾਲੀ ਕੋਈ ਦੀ ਸੂਈ ਜਾਂ ਤੀਖੀ ਚੀਜ਼ ਲੱਗਣ ਤੇ ਸ੍ਰੀ ਮਤੀ ਸਰਬਜੀਤ ਕੌਰ ਨੂੰ ਸੂਚਿਤ ਕੀਤਾ ਜਾਵੇ ।
ਇਹ ਹੁਕਮ ਤੁਰੰਤ ਲਾਗੂ ਹੋਣਗੇ ।

ਮੈਡੀਕਲ ਸੁਪਰਡੰਟ
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ

ਉਤਾਰਾ :-ਸਮੂਹ ਅਧਿਕਾਰੀਆਂ /ਕਰਮਚਾਰੀਆਂ , ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ।

ਮੈਡੀਕਲ ਸੁਪਰਡੰਟ
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ



MATA KAUSHLAYA GOVT HOSPITAL PATIALA,

INFECTION CONTROL COMMITTEE

Issue date: 30-04-2018
Rev. date: -

Members of committee:

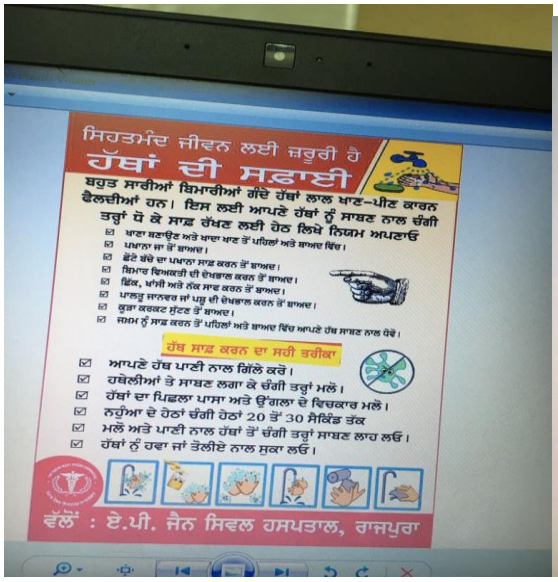
Designation in Organization	Name	Designation in committee	Signature
Senior Medical Officer	Dr. Parminder Kaur Balgir	Member	
HA	Dr. Arshnoor Kaur	Member	
In charge – Lab	Dr. Sakshi Garg	Nodal Officer	
Anesthesiologist	Dr. Monika Jindal	Member	
Infection Control Nurse	Smt. Sarbjeet Kaur	Member	
Nursing Superintendent	Smt. Neelam Arora	Member	
Pathologist	Dr. Geetika Vohra	Member	
OT – Incharge	Dr. Neelam Kumar	Member	

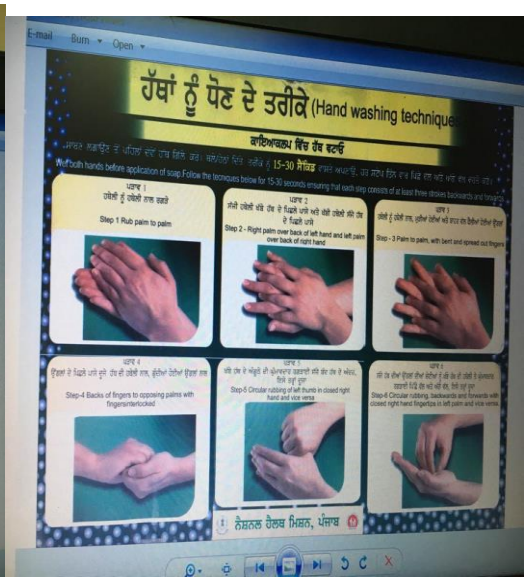
Approved by:
(SMO)

Fig(17)ON THE SPOT TRAINING GIVEN TO NURSING STUDENTS REGARDING INFECTION CONTROL & PERSONAL HYGIENE

Fig (18) **PATIENT AWARENESS ACTIVITY REGARDING HYGIENE PRACTICES**

Fig(19)DISPLAY OF IEC MATERIAL ON HYGIENE & SWACHHTA ABHIYAN





Fig(20)HOUSEKEEPING & SUPPORT STAFF IN THEIR UNIFORM

Fig(21)ORGANISING NUKAD NATAK REGARDING CLEANLINESS FOR COMMUNITY AWARENESS

Fig(22)DISPLAY OF IEC MATERIAL REGARDING CLEANLINESS BY LOCAL NGO'S

Fig(23)FSWACHHTA PLEDGE TAKEN BY THE STAFF

Fig(24)SWACHHTA PAKHWARA IN NEWSPAPER

ਵਿਸ਼ਵ ਸਿਹਤ ਦਿਵਸ ਮਨਾਇਆ

1 ਤੋਂ 15 ਅਪ੍ਰੈਲ ਤੱਕ ਮਨਾਇਆ ਜਾ ਰਿਹੈ ਸਵੱਛਤਾ ਪੰਦਰਵਾੜਾ

ਪਟਿਆਲਾ, 7 ਅਪ੍ਰੈਲ (ਜਗਜੀਤ ਸਿੰਘ ਮੌਹਰੂ) – ਸਥਾਨਕ ਮਾਤਾ ਕੌਸ਼ਲਿਆ ਹਸਪਤਾਲ ਵੱਲੋਂ ਵਿਸ਼ਵ ਸਿਹਤ ਦਿਵਸ ਅਤੇ ਸਵੱਛਤਾ ਤੋਂ ਸਿੱਧੀ ਤੱਕ ਦੇ ਕਿ ਭਾਰਤ ਸਰਕਾਰ ਵੱਲੋਂ ਚਿੰਢ ਮੁਹਿਮ ਸਵੱਛ ਭਾਰਤ ਤਹਿਤ ਪੰਜਾਬ ਸਰਾਕਰ ਦੇ ਦਿਸ਼ਾ ਨਿਰਦੇਸ਼ਾਂ ਹੇਠ 1 ਅਪ੍ਰੈਲ ਤੋਂ 15 ਅਪ੍ਰੈਲ ਤੱਕ ਮਨਾਇਆ ਜਾ ਰਿਹਾ ਹੈ ਜਿਸ ਦੇ ਤਹਿਤ ਡਾ. ਅੰਜੂ ਗੁਪਤਾ ਦੀ ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ ਦੀ ਅਗਵਾਈ ਵਿਚ ਵਿਸ਼ਵ ਸਿਹਤ ਦਿਵਸ ਮਨਾਇਆ ਗਿਆ। ਇਸ ਮੌਕੇ ਹਸਪਤਾਲ ਦੇ ਡਾਕਟਰਾਂ ਅਤੇ ਸਟਾਫ ਵੱਲੋਂ ਮਰੀਜਾਂ ਨੂੰ ਸਿਹਤ ਸੰਭਾਲ ਸਬੰਧੀ ਜਾਣਕਾਰੀ ਦਿੰਤੀ ਗਈ ਭਾਰਤ ਸਰਕਾਰ ਵੱਲੋਂ ਲਕਸ਼ਿਆ ਪ੍ਰੋਗਰਾਮ ਤਹਿਤ ਟੀ.ਬੀ. ਦੀ ਬਿਮਾਰੀ ਨੂੰ 2025 ਤੱਕ ਘਟਾ ਕੇ ਥੋਲੇ ਲੈ ਕੇ ਆਉਣ ਹੈ। ਵਿਸਤਰੀ ਸਿਲ੍ਹ ਸੁਰੱਖਿਆ, ਜਨਨੀ ਸੁਰੱਖਿਆ, ਜੀਐਸਵਾਈ ਸਬੰਧੀ ਲੋਕਾਂ ਨੂੰ ਪੂਰਿਤ ਕੀਤਾ।ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਸਿਹਤ ਸੇਵਾਵਾਂ ਨੂੰ ਯਕੀਨੀ ਬਣਾਉਣ ਲਈ ਘਰ-ਘਰ ਤੱਕ ਸੁਨੇਹਾ ਪਹੁੰਚਾਇਆ ਜਾਵੇ ਅਤੇ ਸਵੱਛਤਾ ਨੂੰ ਅਪਨਾਏਣੇ ਤਾਂ ਕਿ ਬਿਮਾਰੀਆਂ ਜਿਵੇਂ ਕਿ ਸਾਰੀ ਦੀ ਬਿਮਾਰੀ, ਨਿਮੋਨੀਆ, ਟਾਈਫਾਈਡ ਅਤੇ ਸਕਿਨ ਆਦਿ ਦੀਆਂ ਬਿਮਾਰੀਆਂ ਤੋਂ ਬਚਿਆ ਜਾ ਸਕੇ। ਇਸ ਸਬੰਧ ਵਿਚ ਸੋਮਵਾਰ ਤੋਂ ਡਾਕਟਰਾਂ ਅਤੇ ਮਰੀਜਾਂ ਨੂੰ ਸਵੱਛਤਾ ਅਭਿਆਨ ਬਾਰੇ ਸਹੁੰ ਚੁਕਾਈ ਜਾਵੇਗੀ। ਇਸ ਦੇ ਤਹਿਤ ਹੀ ਨੁੱਕੜ ਨਾਟਕ ਖੇਡੇ ਜਾਣਗੇ। ਸਵੱਛਤਾ ਅਭਿਆਨ ਤਹਿਤ ਅਜਿਹੀਆਂ ਬਿਮਾਰੀਆਂ ਜੋ ਕਿ ਘਾਤਕ ਹਨ, ਨੂੰ 70 ਤੋਂ 80 ਪ੍ਰਤੀਸ਼ਤ ਤੱਕ ਮੁਕਾ ਸਕੀਏ ਅਤੇ ਆਉਣ ਵਾਲਾ ਬਜਟ ਅਤੇ ਆਉਣ ਵਾਲੀ ਪੀੜ੍ਹੀ ਸਿਹਤਮੰਦ ਹੋ ਸਕੇ। ਇਸ ਮੌਕੇ ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ ਅੰਜੂ ਗੁਪਤਾ, ਐਸਐਮਓ ਪਰਮਿੰਦਰ ਕੌਰ, ਡਾ. ਵਿਕਾਸ ਗੁਪਤਾ, ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਅਤੇ ਹੋਰ ਸਟਾਫ ਮੌਜੂਦ ਸੀ।

माता कौशल्या अस्पताल के डाक्टरों ने स्वच्छ भारत मुहिम की शपथ ली

डाक्टरों ने खुद झाड़ू पकड़ कर की अस्पताल कैम्पस की सफाई

Fig (25) MEMBERS OF LOCAL NGO IN CLEANLINESS DRIVE AT HOSPITAL PREMISES

1.10 RECOMMENDATIONS

- Need for improving and regularly conducting training programs, where actions not performed according to guidelines.
- Need for documentation of policies and guidelines (in case of partially compliance standards)
- Proper maintenance of records of surveillance activities to be carried out regularly
- A uniform signage system should be developed, and it need to be bilingual
- Availability of PPE to staff and monitoring of hygiene practices regularly

1.11 CONCLUSION

In the project initially, present situation and gap areas were identified based on Kayakalp checklist and percentage was calculated. On the basis of these findings an action plan was developed for 3 months in order to fulfil those gaps. Then at the end of 3 months again self-assessment was done to see the impact of intervention in terms of percentage change.

Result of the analysis suggested that initially the score and percentage for the Kayakalp program came out to be 359 and 60% and then after implementation of the action plan it was observed that the score and percentage increased to 456 and76% at the end of 3 months. Although improvement in score is there but still work needs to be done to achieve full compliance. Suggestions have been given so that implementation can be done to achieve full compliance before full compliance.

1.12 LIMITATIONS OF THE STUDY

1. Some of the staff was not supportive

2. Time constraint: 3 months period of dissertation was limited and implementation for all elements was not being done.

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Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A.	**HOSPITAL / FACILITY UPKEEP**			
A1	**Pest & Animal Control**			
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff.	
A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	
A1.3	Pest Control Measures are implemented in the facility	SI/RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same	
A1.4	Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically	RR/SI	Check if the facility has a scheduled programme for anti-termite treatment at least once in a year	
A1.5	Measures for Mosquito free environment are in place	OB/SI /PI	Check for a. Usage of Mosquito nets by the patients b. Availability of adequate stock of Mosquito nets c. Wire Mesh in windows d. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled e. No water collection for mosquito breeding within the premises	
A2	**Landscaping & Gardening**			
A2.1	Facility's front area is landscaped	OB	Frontage of the facility has been maintained with grass beds, trees, Garden, etc. and it has an aesthetic appearance	

A2.2	Green Areas/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis.	
A2.3	Internal Roads, Pathways, waiting area, etc. are even and clean	OB	Check that pathways, corridors, courtyards, waiting area, etc. are clean and land landscaped.	
A2.4	Gardens/ green area are secured with fence	OB	Barricades, fence, wire mesh, Railings, Gates, etc. have been provided for the green area.	
A 2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants	
A3	**Maintenance of Open Areas**			
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises	
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.	
A 3.3	No thoroughfare / general traffic in hospital premises	OB/ SI	Check that the facility premises are not being used as 'thoroughfare' by the general public	
A3.4	Open areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in open areas	
A3.5	There is no unauthorised occupation within the facility, nor there is encroachment on Hospital land	OB/SI	Check for hospital premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.	
A4	**Hospital / Facility Appearance**			
A4.1	Walls are well-plastered and painted	OB	Check that wall plaster is not chipped-off and the building is painted/ whitewashed in uniform colour and Paint has not faded away.	
A4.2	Interior of patient care areas are plastered & painted	OB	Interior walls and roof of the outdoor and indoor area are plastered and painted in soothing colour. The Paint has not faded away.	

A4.3	Name of the hospital is prominently displayed at the entrance	OB	Name of the Hospital is prominently displayed as per state's policy and convenience of beneficiaries. The name board of the facility is well illuminated in night	
A4.4	Uniform signage system in the Hospital	OB	All signage's (directional & departmental) are in local language and follow uniform colour scheme.	
A 4.5	No unwanted/Outdated posters	OB	Check, that facility's external and internal walls are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
A5	**Infrastructure Maintenance**			
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital	
A5.2	Hospital has a system for periodic maintenance of infrastructure at pre-defined interval	SI/RR	Check the records for preventive maintenance of the building. It should be done at least annually.	
A5.3	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels	
A5.4	Hospital has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	
A.5.5	Hospital has adequate facility for parking of vehicles	OB	Check that there is a demarcated space for parking of the vehicles as well as for the Ambulances and vehicles are parked systematically	
A6	**Illumination**			
A6.1	Adequate illumination in Circulation Area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs.	
A6.2	Adequate illumination in Indoor Areas	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs. The illumination should be 150-300 Lux at Nursing station and 100 Lux in the wards	

A6.3	Adequate illumination in Procedure Areas (Labour Room/ OT)	OB	Check for Adequate lighting arrangements The illumination should be 300 Lux in procedure areas. Toilets should have at least 100 lux light.	
A6.4	Adequate illumination in front of hospital and access road	OB	Check that hospital front, entry gate and access road are well illuminated	
A6.5	Use of energy efficient bulbs	OB	Check that hospital uses energy efficient bulb like CFL or LED for lighting purpose within the Hospital Premises	
A7	**Maintenance of Furniture & Fixture**			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished	
A7.2	Patient Beds & Mattresses are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn	
A7.3	Trolleys, Stretchers, Wheel Chairs, etc. are well maintained	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and clean. Wheels of stretcher and wheel chair are aligned and properly lubricated	
A7.4	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean.	
A7.5	There is a system of preventive maintenance of furniture and fixtures	SI/RR	Check if hospital has an annual preventive maintenance programme for furniture and fixtures, at least once in a year.	
A8	**Removal of Junk Material**			
A8.1	No junk material in patient care areas	OB	Check if unused/ condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, wards, etc.	
A8.2	No junk material in Open Areas and corridors	OB	Check, if unused/ condemned equipment, vehicles, etc. are kept in the corridors, pathways, under the stairs, open areas, roof tops, balcony, etc.	

A8.3	No junk material in critical service area	OB	Check if unused articles, and old records are kept in the Labour room, OT, Injection room, Dressing room etc.	
A8.4	Hospital has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	
A8.5	Hospital has documented and implemented Condemnation policy	SI/RR	Check if Hospital has drafted its condemnation policy or have got one from the state. Check whether they are complying with it	
A9	**Water Conservation**			
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check the quantity of water including reservoir and record of its quality	
A9.2	Water supply system is maintained in the Hospital	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns	
A9.3	There is a system of periodical inspection for water wastage	OB	Check if staff have been assigned duty for periodical inspection of leaking taps, etc.	
A9.4	Hospital promotes water conservation	SI/OB	Check if IEC material is displayed for water conservation, and staff & users are made aware of its importance	
A 9.5	Hospital has a functional rain water harvesting system	OB/SI	Check if Hospital Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity	
A10	**Work Place Management**			
A10.1	Staff periodically sort useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.	
A10.2	The Staff arrange the useful articles, records in systematic manner	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in arranged manner. The place has been demarcated for keeping different articles	

A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	
A10.4	Work stations are clean and free of dirt/dust	SI/OB	Check that nursing station, dispensing counter, lab benches, etc. are clean and shining	
A10.5	Staff has been trained for work place management	SI/RR	Check, if the facility staff has got any formal/hands on training for managing the workplace (e. g.5's')	
B	**Sanitation & Hygiene**			
B1	**Cleanliness of Circulation Area**			
B1.1	No dirt/Grease/Stains in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc.	
B1.2	No Cobwebs/Bird Nest/ Dust on walls and roofs of corridors	OB	Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.3	Corridors are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning	
B2	**Cleanliness of Wards**			
B2.1	No dirt/Grease/ Stains/ Garbage in wards	OB	Check that floors and walls of indoor department for any visible or tangible dirt, grease, stains, etc.	
B2.2	No Cobwebs/Bird Nest/ Dust/Seepage on walls and roofs of wards	OB	Check for the roof, corners of ward for any Cobweb, Bird Nest, Dust etc.	
B2.3	Wards are cleaned at least thrice in the day with wet mop	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B2.4	Patient Furniture, Mattresses, Fixtures are without grease and dust	OB	Check for visible dirt, dust, grease etc. Check if the items are wiped/dusted daily	
B2.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping	

			records if available	
B3	**Cleanliness of Procedure Areas**			
B3.1	No dirt/Grease/ Stains/ Garbage in Procedure Areas	OB	Check that floors and walls of Labour room, OT, Dressing room for any visible or tangible dirt, grease, stains etc.	
B3.2	No Cobwebs/Bird Nest/ Seepage in OT & Labour Room	OB	Check for roof, walls, corners of Labour Room, OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.	
B3.3	OT/Labour Room floors and procedures surfaces are cleaned at least twice a day / after every surgery	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	
B3.4	OT & Labour Room Tables are without grease, body fluid and dust	OB	Check that Top, side and legs of OT Tables, Dressing Room Tables, Labour Room Tables for dirt, dried human tissue, body fluid etc.	
B3.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask cleaning staff about frequency of cleaning day. Verify with Housekeeping records if available.	
B4	**Cleanliness of Ambulatory Area (OPD, Emergency, Lab)**			
B4.1	No dirt/Grease/Stains / Garbage in Ambulatory Area	OB	Check for floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.	
B4.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of ambulatory area	OB	Check for roof , walls, corners of OPD, Emergency, Laboratory, Radiology for any Cobweb, Bird Nest, Dust, Seepage, etc.	
B4.3	Ambulatory Areas are cleaned at least thrice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	
B4.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask staff about schedule of cleaning and verify with records	
B5	**Cleanliness of Auxiliary Areas**			

B5.1	No dirt/Grease/ Stains/ Garbage in Auxiliary Area	OB	Check for the floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices, for any visible or tangible dirt, grease, stains, etc.	
B5.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of Auxiliary Area	OB	Check the roof , walls, corners of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any Cobweb, Bird Nest, Seepage, etc.	
B5.3	Auxiliary Areas are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	
B5.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a month	SI/RR	Ask staff about schedule of cleaning and verify with records	
B6	**Cleanliness of Toilets**			
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets	
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	
B6.4	Sinks and Cistern are cleaned every two hours or whenever required	SI/RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records	
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation	
B7	**Use of standards materials and Equipment for Cleaning**			
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records.	

B7.2	Cleaning staff uses correct concentration of cleaning solution	SI/RR	Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution. Ask them to demonstrate. Verify it with the instruction given solution bottle.	
B7.3	Availability of carbolic Acid/ Bacilocid for surface cleaning in procedure areas- OT, Labour Room	SI/RR	Check for adequacy of the supply. Verify with the records of stock outs, if any	
B7.4	Availability of Buckets and carts for Mopping	SI/RR	Check if adequate numbers of Buckets and carts are available. General and critical areas should have separate bucket and carts.	
B7.5	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement. Hospital with a size of more than 300 beds should have mechanized mopping machine.	
B8	**Use of Standard Methods Cleaning**			
B8.1	Use of Three bucket system for cleaning	SI/OB	Check if cleaning staff uses three bucket system for cleaning. One bucket for Cleaning solution, second for plain water and third one for wringing the mop. Ask the cleaning staff about the process	
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room.	
B8.3	No use of brooms in patient care areas	SI/OB	Check if brooms are stored in patient care areas. Ask cleaning staff if they are using brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas.	

B8.4	Use of separate mops for critical and semi critical areas and procedures surfaces	SI/OB	Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT Table and Labour Room Tables should not be used for mopping the floors.	
B8.5	Disinfection and washing of mops after every cleaning cycle	SI/OB	Check if cleaning staff disinfect, clean and dry the mop before using it for next cleaning cycle.	
B9	**Monitoring of Cleanliness Activities**			
B9.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.2	Use of Housekeeping Checklist in Patient Care Areas	OB/RR	Check that Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.3	Use of Housekeeping Checklist in Procedure Areas	OB/RR	Check that Housekeeping Checklist is displayed in Labour room, OT Dressing room etc. Check Housekeeping records if checklist are daily updated for at least last one month.	
B9.4	A person is designated for monitoring of Housekeeping Activities	SI/RR	Check if a staff-member from the hospital has been designated to monitor the housekeeping activities and verify them with counter signature on housekeeping checklist.	
B9.5	Monitoring of adequacy and quality of material used for cleaning	SI/RR	Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning. Hospital administration take feedback from cleaning staff about efficacy of the solution and take corrective action if it is not effective.	
B10.	**Drainage and Sewage Management**			

B10.1	Availability of closed drainage system	OB	Check if there is any open drain in the hospital premises. Hospital should have a closed drainage system. If, the hospital's infrastructure is old and it is not possible create closed draining system, the open drains should properly covered.	
B10.2	Gradient of Drains is conducive for adequate for maintaining flow	OB	Check that the drains have adequate slope and there is no accumulation of water or debris in it	
B10.3	Availability of connection with Municipal Sewage System/ or Soak Pit	OB/SI	Check if Hospital sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, hospital should have a septic tank with in the premises.	
B10.4	No blocked/ over-flowing drains in the facility	OB	Observe that the drains are not overflowing or blocked	
B10.5	All the drains are cleaned once in a week	SI/RR	Check with the cleaning staff about the frequency of cleaning of drains. Verify with the records.	
C	**Waste Management**			
C1	**Implementation of Biomedical Waste Rules 2016**			
C1.1	The Hospital leadership is aware of Biomedical Waste Rules 2016 including key changes in the rule vis~a~vis Biomedical Waste Rule 1998.	SI/OB	A copy of the Biomedical waste management rules is available at the facility.	
C1.2	The facility has implemented Biomedical Waste Rules	OB/SI/RR	Interview the concerned personnel and verify following actions - a. Change in colour scheme b. Linkage with CWTF, if located within 75 kms OR Approval for Deep Burial pit c. 'On-site' pre-treatment of laboratory waste before handing over to the CTF Operator	

C1.3	The facility has started undertaking actions, which are to be complied by March 2017	SI/RR	Please check the records and interview the personnel to ascertain that the hospital has started actions for procurement of Bar coded bags & containers	
C1.4	The facility has started undertaking actions, which are to be complied by March 2018	SI/RR	Please check the records and interview the personnel to ascertain that the hospital has started actions for followings - a. Procurement of Non-chlorinated bags b. Development of Website and uploading of Annual Report c. Actions for meeting emission standards as given in BMW Rules 2016.	
C1.5	An existing committee or newly constituted committee for review and monitoring of BMW management at DH/CHC level	SI/RR	Check the record to ensure that the committee has met at least at six monthly interval and BMW status has been reviewed	
C2	**Segregated Collection and Transportation of Biomedical Waste**			
C2.1	Segregation of BMW is done as per BMW management rule,2016	OB/SI	Anatomical waste and soiled dressing material are segregated in yellow bins & bags General and infectious waste are not mixed	
C2.2	Work instructions for segregation and handling of Biomedical waste has been displayed prominently	OB	Check availability of instructions for segregation of waste in different colour coded bins and instructions are displayed at point of use.	
C2.3	The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority)	OB/ RR/ SI	Check record for functional linkage with a CWTF In absence of such linkage, check existence of deep burial pit, which has approval of the prescribed authority.	
C2.4	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with lids	
C2.5	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check, transportation of waste from clinical areas to storage areas is done in covered trolleys / Bins. Trolleys used for patient shifting should not be used for transportation of	

			waste.	
C3	**Sharp Management**			
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check if such waste is pre-treated either with 10% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave,	
C.3.2	Disinfected Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016	OB/SI/ RR	Verify that all glassware is stored in a Cardboard with Blue coloured marking and later sent for recycling	
C3.3	The Staff uses needle cutters for cutting/burning the syringe hub	OB/SI	Observe that needle cutters are available at every point of waste generation and also being used	
C.3.4	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.	
C3.4	Staff is aware of needle stick injury Protocol and PEP is available to the staff	SI/RR	Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. Please check records of reporting of Needle Stick Injury case, PEP, and follow-up	
C4	**Storage of Biomedical Waste**			
C4.1	Dedicated Storage facility is available for biomedical waste and its has biohazard symbol displayed	OB	Check if the health facility has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.	
C4.2	The Storage facility is located away from the patient area and has connectivity of a motor able road.	OB	Look at the location and its connectivity through a road for CWTF vehicle to reach the storage area un-hindrance. The storage area does not pose any threat to patients, indoor & outdoor both.	

C4.3	The Storage facility is secured against pilferage and reach of animal and rodents.	OB	Check the security (Lock and key) and rodent proofing of the storage area	
C4.4	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	
C4.5	The storage facility has hand-washing facilities for the workers	OB	Check availability of soap, running water in vicinity of storage facility	
C5	**Disposal of Biomedical waste**			
C5.1	The Health Facility has adequate arrangements for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or The facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should approved by the Prescribed Authority	
C5.2	Recyclable waste is disposed as per procedure given in the BMW Rules 2016	OB/SI/RR	Check if Recyclable waste (catheter, syringes, gloves, IV tubes, Ryle's tube, etc.) is shredded / mutilated after treatment (options autoclaving/microwave/hydroclave) and then sent back to registered recyclers. Alternatively it can also be sent for energy recovery or road construction. Ascertain that waste is never sent for incineration or land-fill site.	
C5.3	Deep Burial Pit is constructed as per norms given in the Biomedical Waste Rules 2016	OB/RR	Located away from the main building and water source, A pit or trench should be approx. two meters deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil. Secured from animals . If waste disposed through CTF, then a deep burial pit is not required.(Give Full Compliance)	

C5.4	Disposal of Expired or discarded medicine is done as per protocol given in Schedule I of BMW Rules 2016	OB/SI/RR	Check, if there is a system of sending discarded medicines back to manufacturer or disposed by incineration.	
C5.5	Discarded / contaminated linen is disposed as per procedure given in the BMW Rules 2016	OB/SI/RR	Check that discarded linen, mattresses & bedding contaminated with blood or body fluid is subjected to disinfection by non-chlorinated disinfection (e.g. Hydrogen Peroxide) followed by incineration. Alternatively it can be shredded or mutilated.	
C6	**Management Hazardous Waste**			
C6.1	The Staff is aware of Mercury Spill management	SI	Interact with the staff to ascertain their awareness of Mercury spill management	
C6.2	Availability of Mercury Spill Management Kit	OB	Check physical availability of Mercury spill management kit, more so at the locations functional on 24x7 basis (Emergency Department, Ward, etc.)	
C6.3	Disposal of Radiographic Developer and Fixer	SI/RR	Check in the Radiology Department about the procedure being followed for disposal of Radiographic developers and fixer. It should be handed over to an authorised agency, not discharged in the drain	
C6.4	Disposal of Disinfectant solution like Glutaraldehyde	SI	Should not be drained in sewage untreated	
C6.3	Disposal of Lab reagents	SI/RR	As per instructions of the manufacturer	
C7	**Solid General Waste Management**			
C7.1	Recyclable and Biodegradable Wastes have segregated collection	OB/SI	Check availability of two types of bins for collecting Recyclables and Biodegradables - Kerb collection point, wards, OPD, Patient Waiting Area, Pharmacy, Office, Cafeteria	

C7.2	The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes	PI/OB	Posters/ Work instructions are displayed at the locations, where two types of bins have been kept	
C7.3	General Waste is not mixed with infected waste	OB	Check bins to ascertain that such mixing does not take place	
C7.4	Availability of Compost Pit within the premises	OB/SI	Check availability of pit within the premises; If a facility has linkage with municipal waste management system for collection of general waste, please award full compliance	
C7.5	The facility has introduced innovations in managing General Waste	OB/SI/RR/PI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	
C8	**Liquid Waste Management**			
C8.1	The laboratory has a functional protocol for managing discarded samples	OB/SI/ RR	A copy of such protocol should be available and staff should be aware of the same. Discarded Lab samples made safe before mixing with other waste water	
C8.2	Body fluids, Secretions in suction apparatus, blood and other exudates in OT, Labour room, minor OT, Dressing room are disposed only after treatment	OB/SI	Check that such secretions, blood and exudates are treated as per protocol	
C8.3	The Facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of ETP or a system for treatment with Chlorine Solution	
C8.4	Sullage is managed scientifically	OB/SI	Check that Sullage (waste water from bathrooms & kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to Municipal system. In absence of such system, the facility should have soakage pit for Sullage.	

C8.5	Runoff is drained into the municipal drain	OB/SI	Check availability of surface drainage system and its connectivity and gradient with the municipal drains for the Runoff during rains, etc.	
C9	**Equipment and Supplies for Bio Medical Waste Management**			
C9.1	Availability of Bins and liners for segregated collection of waste at point of use	OB/SI/ RR	One set of bins and liners of appropriate size at each point of generation for Biomedical and General waste and its supply record	
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C9.3	Availability and supply of personal protective equipment	OB/SI/RR	Please look at availability of PPE (cap, mask, gloves, boots, goggles) for waste handlers and its supply record	
C9.4	Availability of Sodium Hypochlorite Solution	OB/SI/RR	Please look at availability of Sodium Hypochlorite and its supply record	
C9.5	Availability of trolleys for waste collection and transportation	OB/SI	Number and size would depend upon the size of facility and waste inventory	
C10	**Statuary Compliances**			
C10.1	The Health Facility has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for availability of the authorization certificate and its validity	
C10.2	The Health Facility submits Annual report to pollution control board	RR	Check the records that reports have been submitted to the prescribed authority on or before 30th June every year.	
C10.3	The Health Facility has a system of review and monitoring of BMW Management through an existing committee or by forming a new committee	RR/SI	Check following records - a. Office order for constitution of committee or its review by existing committee - Quality Committee/ infection control committee b. Frequency of committee meetings - at least 6 monthly c. Minutes of meetings	
C10.4	The Health facility maintains its website and annual report is uploaded	RR	Check, if the facility has its own website and annual report under the BMW Rules 2016 is uploaded	

C10.5	The Health Facility maintains records, as required under the Biomedical Waste Rules 2016	RR	Check following records -a. Yearly Health Check-up record of all handlersb. BMW training records of all staff (once in year training)c. Immunisation records of all waste handlersd. Records of operations of Autoclave and other equipment for last five years	
D	**Infection Control**			
D1	**Hand Hygiene**			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water availability at all points of use including nursing stations, OPD clinics, OT, labour room etc.	
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	
D1.4	Availability of Alcohol Based hand rub	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply	
D1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 moments of hand washing).	
D2	**Personal Protective Equipment (PPE)**			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	
D2.3	Use of Heavy Duty Gloves and gumboot by waste handlers	SI/OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots	
D2.4	Use of aprons/ Lab coat by the clinical staff	SI/OB	Check the usage of protective attire e.g. Apron by the doctor and nurses, lab coat by the lab technicians, gown in OT, etc.	

D2.5	Adequate supply of Personal Protective Equipment (PPE)	SI/RR	Check with staff whether they have adequate supply of personal protective equipment. Verify the records for any stock outs.	
D3	**Personal Protective Practices**			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	
D3.4	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.	
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	
D4	**Decontamination and Cleaning of Instruments**			
D4.1	Staff knows how to make Chlorine solution	SI/OB	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution	
D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedures	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid	
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	
D4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization	
D4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)	
D5	**Disinfection & Sterilization of Instruments**			

D5.1	Adherence to Protocols for autoclaving	SI/OB	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling or Chlorine solution	
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)	
D5.4	Chemical Sterilization of instruments done as per protocol	SI/OB	Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	
D5.5	Sterility of autoclaved pack maintained during storage	SI/OB	Check if autoclaved instruments are kept in the clean area. Their expiry date is mentioned on the package. Instruments are not used later once instrument pack has been opened.	
D6	**Spill Management**			
D6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	
D6.3	Staff has been trained for spill management	SI/RR	Check for the training records	
D6.4	Spill management protocols are displayed at points if use	OB	Check for display	
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	
D7	**Isolation and Barrier Nursing**			
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital	
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	

D7.3	Maintenance of adequate bed to bed distance in wards	OB	A distance of 3.5 Foot is maintained between two beds in wards	
D7.4	Restriction of external foot wear in critical areas	OB	External foot wear are not allowed in labour room, OT,ICU, Burn ward, SNCU, etc.	
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU,SNCU, Burn Ward, etc.	
D8	**Infection Control Program**			
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting	
D8.2	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	
D8.3	Antibiotic Policy is implemented at the facility	RR/SI	Check if the hospital has documented Anti biotic policy and doctors are aware of it.	
D8.4	Immunization of Service Providers	RR/SI	Hospital staff has been immunized against Hepatitis B	
D8.5	Regular Medical check- ups of food handlers and housekeeping staff	RR/SI	Check for the records and lab investigations of Food handlers and housekeeping staff	
D9	**Hospital Acquired Infection Surveillance**			
D9.1	Regular microbiological surveillance of Critical areas	RR/SI	Check for the records of microbiological surveillance of critical areas like OT, Labour room, ICU, SNCU etc.	
D9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records	
D9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records	
D9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	
D9.5	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	
D10	**Environment Control**			

D10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	
D10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least availability of air conditioner	
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	
D10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily	
D10.5	General and patient traffic are segregated in Hospitals	OB/SI	Check for the layout and patient traffic . There should be no criss cross between general and patient traffic.	
E	**SUPPORT SERVICES**			
E1	**Laundry Services & Linen Management**			
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI/PI	Check the stock position and its turn-over during last one year in term of demand and availability	
E1.2	Bed-sheets and pillow cover are stain free and clean	OB/SI/PI	Observe the condition of linen in use in the wards, Accident & Emergency Department, other patient care area, etc.	
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bedsheets and pillow cover have been changed daily. Please interview the patients as well.	
E1.4	Soiled linen is removed, segregated and disinfected, as per procedure	SI/OB	Check, how is the soiled linen handled at the facility. It should be removed immediately and sluiced and disinfected immediately	
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition	
E2	**Water Sanitation**			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	At least 200 litres of water per bed per day is available (if municipal supply). or the water is available on 24x7 basis at all points of usage	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The hospital should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.	
E2.3	Drinking Water is chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples, drawn from the potable water.	

E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination	
E2.5	Water is available at all points of use	OB/SI/PI	Water is available for hand-washing, OT, Labour Room, Wards, Patients' toilet & bath, waiting area.	
E3	**Kitchen Services**			
E3.1	Hospital kitchen is located in a separate building, away from patient care area and functions meticulously	OB	The Hospital kitchen is functional in a separate building with proper lay out. Cooking takes place on LPG/ PNG. No fire wood is used. Kitchen waste is collected separately and not mixed with the Biomedical waste.	
E3.2	The Kitchen has provision to store dry ration and fresh ration separately.	OB	Dry ration is stored on pellet, away from wall in closed containers. Vegetables are stored at appropriate temperature. Milk, curd and other perishable items are stored in the fridge, which is cleaned and defrosted regularly.	
E3.3	The Kitchen is smoke-free and fly-proofed	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proofed. No fly nuisance is noticed inside the kitchen.	
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress, while cooking. Nails & hair are trimmed. All staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available.	
E3.5	Food to patients is distributed through covered trolleys and patients utensils are not dented or chipped - off	OB	Check that adequate number of trolleys are available and are in use. Look for the condition of patients crockery and utensils.	
E4	**Security Services**			
E4.1	The main gate of premises, Hospital building, wards, OT and Labour room are secured	OB	Check for the presence of security personnel at critical locations	

E4.2	The security personal are meticulously dressed and smartly turned-out.	OB	Check if Security personnel themselves observe the commensurate behaviour such no spitting, no chewing of tobacco, non-smoker, etc.	
E4.3	There is a robust crowd management system.	OB	Crowd in OPD has waiting place, seats, etc. Dust bins are available and there is adequate ventilation for the patients and their attendants.	
E4.4	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.	
E4.5	Un-authorised vendors are not present inside the campus. Waste storage is secured and there is no plastic items, card board etc.	OB/SI/PI	Check, entry of vendors is controlled or not. Unauthorised entry of rag-pickers should not be there.	
E5	**Out-sourced Services Management**			
E5.1	There is valid contract for out-sourced services, like house-keeping, BMW management, security, etc.	RR	Please check contract document of all out-sourced services	
E5.2	The Contract has well defined measurable deliverables	RR	Check the contract documents to see, whether the deliverables of the out-sourced organisation have been well defined in term of the work to be done and how it would be verified	
E5.3	The contract has penalty clause and it has been evoked in the event of non-performance or sub-standard performance	RR/ SI/Interview with vendor	Look for the penalty clause in the contract and how often it has been used	
E5.4	Services provided by the out-sourced organisation are measured periodically and performance evaluation is formally recorded.	RR	Check if Performance of the vendors have been evaluated and recorded	

E5.5	There is defined time-line for release of payment to the contractors for the services delivered by the organisation.	RR/Interview with vendor	Check the record for the time taken in releasing the payment due to the out-sourced organisation	
F	**Hygiene Promotion**			
F1	**Community Monitoring & Patient Participation**			
F1.1	Members of RKS and Local Governance bodies monitor the cleanliness of the hospital at pre-defined intervals	SI/RR	At least once in month.	
F1.2	Local NGO/ Civil Society Organizations are involved in cleanliness of the hospital	SI	Discuss with hospital administration about involvement of local NGOs/Civil society	
F1.3	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices	
F1.4	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.5	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	Check if there is a feedback system for the patients. Verify the records	
F2	**Information Education and Communication**			
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language	
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language	
F2.4	IEC regarding water sanitation is displayed in the hospital premises	OB	Should be displayed prominently in local language	

F2.5	Hospital disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	
F3	**Leadership and Team work**			
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning	
F3.2	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the records	
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	
F3.4	Hospital leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	
F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice	
F4	**Training and Capacity Building and Standardization**			
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if training need assessment has been done	
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records	
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users	

F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	
F5	**Staff Hygiene and Dress Code**			
F5.1	Hospital has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented	
F5.2	Nursing staff adhere to designated dress code	OB	Observation	
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation	
F5.4	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the hospital administration	
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
	Beyond Hospital Boundary			
G1	**Promotion of Swachhata in surrounding area**			
G1.1	Local community actively participates during Swachhata Pakhwara (fortnight)	RR/SI	Local community is actively involved in administration of ''Swachhata Pledge'' and distribution of caps/T-shirts, badge with cleanliness message and logos of ''Swachh Bharat Abhiyan'' and ''Kayakalp''.	
G1.2	Implementation of IEC activities related to ' Swachh Bharat Abhiyan'	OB/RR/SI	Advertisement in news-papers/ electronic media, distribution of booklets/ pamphlets, posters/wall writing for promotion of use of toilets, hand washing, safe drinking water and tree plantation, etc.	
G1.3	Community awareness by organising physical activities	RR/SI	Like rally, marathon, Swachhata walk, human Chain, etc.	
G1.4	Community awareness by organising cultural programs	RR/SI	Like street plays/Nukar Natak/ folk arts/folk-music, etc.	
G1.5	Community awareness through competition and rewards	RR/SI	Like essay writing/poem/slogan writing/painting etc.	
G2	**Coordination with local Institutions**			
G2.1	The Facility coordinates with the local Municipal corporation/ PRI for improving the sanitation and hygiene	SI/RR	Look for evidence of collective action such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	

G2.2	The Facility has linkage with Local NGOs, who work in the area of water, sanitation and hygiene	SI/RR	Check for evidence of coordination with NGOs for improving sanitation and hygiene in the vicinity of the facility. Also look at collaborative action for maintenance of Public Conveniences, etc.	
G2.3	The Facility coordinates with nearby market welfare associations, Resident Welfare associations, etc. for improving & maintaining sanitation and hygiene in surrounding area	SI/RR	Look for evidence of collective action such as cleaning of drains, Swachhata Pakhwara, maintenance of parking space, orderly arrangement of hawkers (outside the facility), removing cattle nuisance, etc.	
G2.4	The Facility coordinates with nearby schools & colleges, National Service Scheme, NSG (National Scouts and Guides), NCC (National Cadet Core), etc. for promotion of hygiene & sanitation	SI/RR	Look for evidence of collective action such as cleaning of drains, Swachhata Pakhwara, IEC Campaign, Plantations drive, etc. in near vicinity of the health facility	
G2.5	The Facility coordinates with other Department for improving sanitation and hygiene in the surroundings	SI /RR	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water and Sanitation (making area ODF), PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc., which contributes strengthening towards of hygiene & sanitation	
G3	**Alternative Financing and support Mechanism**			
G3.1	The Facility endeavours to attract support under the Corporate social responsibility	RR/SI	Look for evidence that Corporate organisations have supported health facilities in its cleanliness drive	

	&initiative			
G3.2	The Facility endeavours to attract support from Philanthropic Organisations	RR/SI	Look for evidence that philanthropic organizations including religious bodies, trusts, NGOs, Rotary clubs, Lion club, etc. have supported the health facility in its cleanliness efforts.	
G3.3	The Facility endeavours to attract support from the local support	RR/SI	Look for evidence that local leaders such as MPs, MLAs, Municipal counsellors, Panchayat members, individual donations, etc. have supported the health facility in its cleanliness drive efforts either in cash or in kind.	
G3.4	The facility engages the local Community for reducing household pollutions in the vicinity	RR/SI	Look for evidence that the facility has engaged in reducing household level pollution in near vicinity of the health facility – Presence of community bins for segregated collection of general (biodegradable & recyclable), Roll-out of PM Ujjwala Scheme in nearby slum, etc.	
G3.5	Facility coordinate with local school/ college	RR/SI	Look for evidence that local School/College has implemented 'Swachh Bharat-Swachh Vidyalaya' initiative through coordinated efforts	
G4	**Leadership & Governance in Surrounding area**			
G4.1	Surrounding area is declared Open Defecation Free	SI/RR	Check district/ward/block is declared ODF	
G4.2	A person is designated to supervise and monitor activities related to cleanliness, sanitation and hygiene in surrounding area	SI/RR	Person may be regular/contractual or voluntary. Full time or Part time.	

G4.3	Promotion of water conservation	OB	Self-closing taps in drinking water area are in use; Evidence of IEC on water conservation	
G4.4	Measure to control air pollution in surrounding area	OB/PI	Check for any poisonous pollutant emitting establishments, chimneys, etc. in near vicinity	
G4.5	Measure to control noise pollution in Surrounding area	OB/PI	Check for presence of noise causing factories, highway, etc. in the vicinity of the facility and installation of noise reduction measure	
G5	**Approach Road to Health facility**			
G5.1	On the way signage's are available	OB	Check for directional signage with name of the facility on the approach road.	
G5.2	No unauthorised encroachments alongside of approach road	OB/SI	Check for any unauthorised encroachment/vendors/ shops alongside the approach road.	
G5.3	Approach roads are even and free from pot-holes	OB/SI	Check that approach roads are clean and free from pot-holes, water stagnation	
G5.4	Approach roads are wide enough for smooth traffic flow	OB/SI/PI	Free to-and-fro movements of ambulances and other hospital vehicles	
G5.5	Functional street lights are available along the approach road	OB/SI	Check for street lights and their functionality. Trees or other buildings should not be blocking the lights.	
G6	**Cleanliness of Surrounding areas**			
G6.1	Area around the Facility is clean, neat & tidy	OB	Check for any litter/garbage/refuse in the surrounding area	
G6.2	No water logging in surrounding area.	OB	Check for evidences of water accumulation or any potential mosquito breeding place	
G6.3	All drains and sewer are covered.	OB	Check for open manhole and overflowing drains.	
G6.4	Footpaths and pavements are clean	OB	Check for dust, garbage, outgrown weeds, moss on footpaths and pavements.	

G6.5	Exterior of hospital boundary wall is painted and maintained	OB	Exterior of boundary wall is clean and of uniformed colour. No unwanted posters on exterior of hospital boundary wall.	
G7	**Public Amenities in Surrounding Area**			
G7.1	Availability of Public toilets in surrounding Area	OB	Check for separate toilets for male and female and they are conveniently located and clean.	
G7.2	Availability of urinals in surrounding area	OB	Check that urinals are conveniently located and they are clean	
G7.3	Public toilets & urinal in surrounding areas are clean	OB	Check for regular water supply, dry floor and no foul smell from toilets.	
G7.4	Presence of safe drinking water facility outside the health facility	OB	Check for its presence & functionality and safety & potability of water.	
G7.5	Availability of adequate parking stand	OB/SI	Check for parking stand for auto/ rickshaw/taxi etc., and they are not parked haphazardly.	
G8	**Aesthetics of Surrounding area**			
G8.1	Parks and green areas in the surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G8.2	There are no stray animals in surrounding area	OB/SI	Observe for the presence of stray animals such as pigs, dogs, cattle, etc.	
G8.3	Illumination in surrounding area	OB	Check that hospital front, approach road and surrounding area are well illuminated with street lights	
G8.4	No unwanted/broken/ torn / loose hanging posters/ billboards.	OB	Check that hospital surrounding are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
G8.5	No loose hanging wires in and around the bill-	OB	Check for any loose hanging wires	

	boards, electric poles, etc			
G9	**General Waste Management in surrounding**			
G9.1	Availability of bins for general recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste in the nearby market	
G9.2	Segregation of general waste is done	OB	Check content of recyclable and Biodegradable bins to ascertain their usage	
G5.3	Availability of Garbage Storage area	OB	Garbage storage area is away from residential/commercial areas and is covered/fenced. It is not causing public nuisance.	
G5.4	Daily collections of general waste by Municipal corporation	OB/SI	Municipal corporation vehicles pick up garbage from the storage area on daily basis. Look for piling of garbage.	
G5.5	Innovations in managing general waste	OB/SI	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	
G10	**Maintenance of Surrounding Area**			
G10.1	Surrounding areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in surrounding areas	
G10.2	Vector control measures are taken for disease prevention.	RR/SI	Regular fogging, DDT Spray, Gambusia (mosquito fish) in ponds and other water bodies.	
G10.3	Regular cleaning of drains	RR/SI	At least twice in a year and before onset of monsoon.	
G10.4	Regular repairs and maintained of roads, footpaths and pavements	OB/SI/RR	Check when was the last repair done, details of the repair and current condition of the road-pot-holes, broken footpath etc.	

G10.5	Periodic cleaning of dust bins and garbage storage area	OB/SI/RR	Check for condition of dust bins (breakage, foul smell) and garbage storage area (covered, no stray animals)	