Baseline and Impact Assessment of Interventions on Cleanliness, Hygiene and Sanitation Practices in Sub-District Hospital, Rajpura

By

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Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Babandeep Kaur** student of MBA Hospital and Health Management (MBA-HM) from The IIHMR University, Jaipur has undergone dissertation training **A.P.Jain, Civil Hospital, Rajpura (NHM Punjab)** from 8-02-2016 to 30-04-2016.

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

I wish her all success in all her future endeavors.

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CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Dr. Babandeep Kaur student of the Postgraduate Diploma in Hospital and Health Management of IIHMR Jaipur has successfully completed three months dissertation under Punjab Health Systems Corporation, Punjab from 08.02.2016 to 30.4.2016.

During the dissertation the student's performance was found to be satisfactory.

We wish him/her success in all his/her future endeavors.

Hussan Lal, IAS
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled**"A Baseline And Impact Assessment Of Interventions On Cleanliness, Hygiene And Sanitation Practices in Sub District Hospital, Rajpura"** and submitted by **Dr. Babandeep Kaur** Enrollment No. **0133** under the supervision of **Dr.Anoop Khanna** (Professor) for award of MBA in Hospital Management of the University carried out during the period from 8th feb.2016 to 8th May.2016 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.

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LIST OF TABLES

LIST OF FIGURES:

1. HOSPITAL INTRODUCTION

Name of the hospital A.P.JAIN Civil Hospital, RAJPURA

Address RAJPURA, District-Patiala Punjab

Mission & Vision: Yet to be defined

Quality Policy: Yet to be defined

Genesis: A.P.JAIN Civil Hospital Rajpura was established in 1951 and. It has 100 sanctioned beds and functional beds are 95 (4 more Special rooms are under construction i.e.4 beds). It caters the health care needs of a population of about 1, 12,193 in Rajpura.

Sub district (sub-divisional) hospitals are below the district and above the block level (CHC) hospitals and act as First Referral units for the Tehsil/Taluk/Block population in which they are geographically located. Specialist services are provided through these sub district hospitals and they receive referral cases from the neighboring CHCs, PHCs and SCs. They have an important role to play as first referral units in providing emergency obstetrics care and neonatal care and help in bringing down the maternal mortality and Infant mortality rate. They form an important link between SC, PHC and CHC on one hand and District hospitals on the other hand. It also saves the travel time for the cases needing emergency care and reduces the workload of the hospitals. Civil hospital, Rajpura has been established as referral hospital for 2 PHC's, 1CD, 4 SC's and 2 CHC's. The patients are referred for tertiary care to DH Patiala, PGI Chandigarh and GMCH-32 Chandigarh.

SCOPE OF SERVICES:

General Medicine	General Surgery	Accident and emergency
General orthopedics	Obstetric & gynecology	Pediatrics & Neonatology
Anesthesia	Ophthalmology	ENT
Radiology, USG,ECG	Dental care	Homeopathy
Physiotherapy	DOTS centre	AYUSH
Post partum unit	Family planning	Immunization
ICTC	Blood transfusion and storage	Psychiatry

Dermatology	Arsh Clinic	De-addiction centre
Tobacco cessation services	Physical Medicine and Rehabilitation services	Sick newborn care unit

BED STRENGTH:

Total sanctioned Beds: 100

Total functional Beds: 99

INPATIENT BEDS=79		
1. Male ward	48	
2. Female ward	25	
3. Special rooms	6	
	Total inpatient beds	79
4. Emergency	10	
	Total functional beds	10
5. De-addiction Ward	10	10
	Total bed compliment	99

DISSERTATION REPORT

EXECUTIVE SUMMARY

Gap analysis is the initial step in the review of the available service delivery system. It is an efficient base to implement a modern management system. It can be measured against pre-set standard. It revel the areas of improvement in the existing service system. It focuses on the components of the management services and how effective they are.

The scope of improvement will mark the level up to which services are to be upgraded. Scope of improvement will give the percentage of progress needed to achieve the pre-set standard.

KAYAKALP

The Swachh Bharat Abhiyaan 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 healthcare needs of large segments of the population. Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. Swachhta guidelines for public health facilities are being issued separately. To complement this effort, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative (KAYAKALP) to give awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

The objectives of the award scheme is to promote cleanliness, hygiene and infection control practices in public health care facilities, to incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control, to inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation, to create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Sub District Hospital (SDH), Rajpura is a 100 bedded hospital. It is 1 out of the 9 hospitals being focused upon for the 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.

Then at the end of 3months 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 average score for the hospital came out to be **67.0%** and then after the implementation of the action plan it was observed that the score increased to **79.0%** at the end of 3 months.

3. REVIEW OF LITERATURE

Cleanliness, Hygiene and Sanitation are most important aspects in a hospital not only to make the hospitals look clean but also to control hospital acquired infection. Patients come to hospital to get treated and if not given proper environmental hygiene, condition can get worse. This also increases hospital burden by increasing length of stay by patient.

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, SOP's, Infrastructure with defined laid down standard of accreditation body.

Hygiene is a concept related to cleanliness, health and medicine, as well as to personal and professional care practices related to most aspects of living.

Medical hygiene pertains to the hygiene practices related to the administration of medicine, and medical care, that prevents or minimizes disease and the spreading of disease.

Medical hygiene practices include:

- Isolation or quarantine of infectious persons or materials to prevent spread of infection.
- Sterilization of instruments used in surgical procedures.
- Use of protective clothing and barriers, such as masks, gowns, caps, eyewear and gloves.
- Proper bandaging and dressing of injuries.
- Safe disposal of medical waste.
- Disinfection of reusable's (i.e. linen, pads, uniforms)
- Scrubbing up, hand-washing, especially in an operating room, but in more general health-care settings as well, where diseases can be transmitted

The constant patient inflow leads to a continuous circulation of micro-organisms in the hospital setting. Operation theatres, intensive care units, emergency rooms, labour rooms are areas where patients are at a higher risk of acquiring infection. These areas are cleaned using separate equipment with detergent/disinfectant solutions more so as the spills of body fluids are disinfected. Though the routine use of germicidal disinfectants for environmental surfaces like the hospital floor is a debatable subject, there are studies which prove that there is not much difference in the rate of healthcare infections after either a detergent or disinfectant cleaning protocol. However, there are many studies which prove beyond doubt that disinfectants are more effective in reducing the microbial load as compared to detergents.

Sources of infection

Hospital do not see Out Patient Clinic as an integral part of the hospital and would like to do as little as possible in these areas because their take is that people keep coming, going and soiling it. So it is cleaned only twice a day.

There are interventions and operations which could lead to spillage of blood, body fluids and spillage or overflowing of bio medical waste in these areas. This leads to the usage of a variety of disinfectants and cleaning agents on the patients, instruments and OTs. People coming in for deliveries and labor rooms tend to have more body fluids and more dirt than in any other area of the hospital. It is difficult to clean this area because of the volume of the patients in this area.

There are monitors on the shelf, machineries on the floor and tubes running and curtains all around which can accumulate dust and can be the potential source of bacteria, fungi, spores and microorganisms because of the very continuous nature of patient care in the ICU. It cannot be vacated randomly. Therefore certain strategies need to be devised to take care of this department. Patients succumb to their illnesses and are taken to the mortuary until the family takes control. Depending on the number of the patients, the load on the mortuaries can be tremendous particularly in government hospitals.

Visitors intervene with the housekeeping activity and are also likely to harm themselves by coming in contact with physical objects, electrical objects or body fluids, disinfectants, chemicals and other hazardous material that are used in the hospital.

4. AIM AND OBJECTIVES

4.1 AIM

To find out the ongoing practices of cleanliness and hygiene in Civil hospital, Rajpura and improve the scoring for better outcome.

4.2 OBJECTIVES

- To study the existing cleanliness and hygiene practices and identify the gaps as per KAYAKALP (MoHFW), GoI.
- To make the action plan regarding the same and fix the timeline to remove the non-compliance.
- To assess the impact of implementation of recommendations.

5. METHODOLOGY

5.1 Study Design:

The study design was Pre test-Post test study.

5.2 Type of Data:

Primary data and Secondary Data from the hospital for assessing of structure (civil work, manpower, equipment) process (Policies and procedures) and outcome.

5.3 Method of Data Collection

Primary Data: -

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

Staff interview included interview with doctors of concerned department, matron and head nurse and for cleanliness practices interview of Ward servants and sweepers.

Scoring pattern:-

Scoring of each objective element was based upon following criteria:

2 marks = full compliance
1 mark = partial compliance
0 mark = NIL compliance

Secondary Data:-

Hospital Documents Review, Clinical Record Review

5.4 Study Area:

Study was carried out in following functional departments:-

- Out Patient Department
- Operation Theatres
- In-Patient Department
- Emergency Department
- Labour Room
- Support Service Areas
  - Laboratory & Blood Bank
  - Radio-diagnostics
  - Physiotherapy
  - Pharmacy
  - Laundry
  - Medical Record Department

These departments are marked for:

- Hospital upkeep
- Sanitation and hygiene
- Infection control
- Waste management
- Hygiene promotion
- Support services

5.5 Data Collection Tool:

Data was collected through a structured KAYAKALP Self Assessment Toolkit approved by Ministry of Health and Family Welfare, GoI. (Annexure: Table 11.1)

5.6 Duration of Study:

The study was carried out for period of 3 month (4^{th} Feb -30^{th} April, 2016)

5.7 Data Analysis:

The data was analysed by using Microsoft Excel.

5.8 Graphical Tools Used:

Bar graphs

5.9 Sample Size

Sample size for interview will be 60-70 employees including:

Doctors-30
Matron-2
Nursing staff-15
Ward servants and sweepers- 30

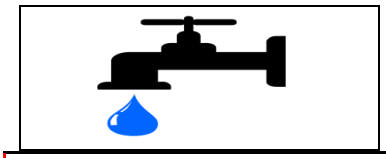
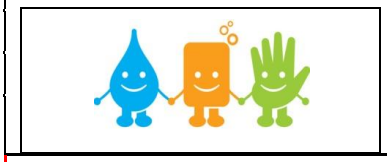
6. OBSERVATIONS AND INITIAL ASSESSMENT

Kayakalp Clean Hospitals Awards

Checklist for Assessment

The Cleanliness Score Card		
Name of Facility	**67.0%**	Level of Assessment
A.P.JAIN CIVIL HOSPITAL,RAJPURA		INITIAL ASSESSMENT
Grading		Improvement

Thematic Scores

		
A. Hospital Upkeep	B. Sanitation & Hygiene	E. Support Services
65	75	31
		
C. Waste Management	D. Infection Control	G. Hygiene Promotion
91	57	16

MEANS OF VERIFICATION:
OB: Observation
SI: Staff Interview
PI: Patient/Relative Interview
RR: Record Review

6.1 A. HOSPITAL /FACILITY UPKEEP

6.1.1 A1: PEST & ANIMAL CONTROL TOTAL :4

A1	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	Presence of cattle traps at the entrance of hospital. But no provision to control entry of dogs and cats	1
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	No breach of the boundary wall of hospital premises	2
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	No Provision for pest and rodent control	0
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	Facility building has no previous anti-termite treatment done.	0
A1.5	Measures for Mosquito free environment are in place	OB/SI /PI	Check for a. Usage of Mosquito nets by the patient 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	Mosquito nets and wire mesh in windows is present but there is not an adequate supply of mosquito nets.	1

TABLE: 1.1 A1: Pest and Animal control

6.1.2 A2: LANDSCAPING & GARDENING TOTAL: 8

A2	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Presence of garden at the entry of hospital and within hospital premises.	2
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.	Although there is regular trimming of wild grass and shrubs still presence of wild vegetation and dry leaves in outer premises of the hospital	1
A2.3	Internal Roads, Pathways, waiting area, etc. are uneven and clean	OB	Check that pathways, corridors, courtyards, waiting area, etc. are clean and land landscaped.	Landscaping is properly done.	2
A2.4	Gardens/ green area are secured with fence	OB	Barricades, fence, wire mesh, Railings, Gates, etc. have been provided for the green area.	Absence of fencing in some areas	1
A2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants	Herbal garden is well maintained with plantation of medicinal plants such as Aloe-vera , Tulsi etc.	2

TABLE: 1.2 A2: Landscaping and Gardening

6.1.3 A3: MAINTENANCE OF OPEN AREAS TOTAL: 7

A3	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises	Old emergency wing yet to be demolished	0
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.	No	2
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	No	2
A3.4	Open areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, patholes, bumps etc. in open	Presence of wild vegetation in some areas	1
A3.5	There is no	OB/SI	Check for hospital premises	No encroachment	2

	unauthorised occupation within the facility, nor there is encroachment on Hospital land		and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.		

TABLE: 1.3 A3: Maintenance of open areas

6.1.4 A4: HOSPITAL / FACILITY APPEARANCE TOTAL: 7

A4	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	Chipped off plaster in some areas	1
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.	Faded paint in some rooms like computer room, central drug store.	1
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.	Yes	2
A4.4	Uniform signage system in the Hospital	OB	All signage's (directional & departmental) are in local language and follow uniform colour scheme.	Yes	2
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.	Wall writings are present.	1

TABLE: 1.4 A4: Hospital and facility appearance

6.1.5 A5: INFRASTRUCTURE MAINTENANCE TOTAL: 5

A5	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital	Chipped corridor in front of maternity ward	1
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.	Maintenance is done as and when required and no record of annually	1
A5.3	Electric wiring and Fittings are	OB	Check to ensure that there are no loose hanging wires, open	Open electric boxes	1

	maintained		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	Not painted in uniform colour	1
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	No demarcated place for Ambulance parking	1

TABLE: 1.5 A5: Infrastructure maintenance

6.1.6 A6: ILLUMINATION TOTAL: 10

A6	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
A6.1	Adequate illumination in Circulation Area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs.	Yes	2
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	Yes	2
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.	Yes	2
A6.4	Adequate illumination in front of hospital and access road	OB	Check that hospital front, entry gate and access road are well illuminated	Yes	2
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	Yes	2

TABLE: 1.6 A6: Illumination

6.1.7 A7: MAINTENANCE OF FURNITURE & FIXTURE TOTAL:8

A7	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Broken window panels in corridors	1
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	Mattresses are not in good condition	1
A7.3	Trolleys, Stretchers, Wheel Chairs, etc.	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and	Yes	2

	are well maintained		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.	Yes	2
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.	Maintenance as and when required.	2

TABLE: 1.7 A7: Maintenance of furniture and fixture

6.1.8 A8: REMOVAL OF JUNK MATERIAL TOTAL: 9

A8	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	No junk material present	2
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.	No junk material present	2
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.	No junk material present	2
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	Secured but not in properly demarcated place	1
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	Hospital has a condemnation policy and get condemnation done once in a year, as per State guidelines	2

TABLE: 1.8 A8: Removal of Junk material

6.1.9 A9: WATER CONSERVATION TOTAL: 4

A9	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check the quantity of water including reservoir and record of its quality	Yes	2
A9.2	Water supply system is maintained in the Hospital	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns	Hospital has overflowing tanks and dysfunctional cisterns.	1
A9.3	There is a system of periodical inspection	OB	Check if staff have been assigned duty for periodical inspection of	In case of problem, concerned staff	1

	for water wastage		leaking taps, etc.	reports the wastage.	
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	No IEC material for water conservation	0
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	No rain water harvesting plant	0

TABLE: 1.9 A9: Water conservation

6.1.10 A10: WORK PLACE MANAGEMENT TOTAL: 3

A10	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	No periodic sorting of unnecessary items	0
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	No systematic keeping of records	0
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	Labelling of articles is there but not at every work station	1
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	Yes	2
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')	No training for 5's	0

TABLE: 1.10 A10: Work place management

6.2 B. SANITATION

6.2.1 B1: CLEANLINESS OF CIRCULATION AREA TOTAL: 10

B1	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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,	Clean area	2

			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.	No dust or bird nests	2
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	Corridors are cleaned twice daily	2
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	Flooding of corridors is done as and when required.	2
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning	Smooth floor surface	2

TABLE: 2.1 B1: Cleanliness of circulation area

6.2.2 B2: CLEANLINESS OF WARDS TOTAL: 9

B2	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	Clean wards	2
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.	No dust or bird nests	2
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	Wards are cleaned thrice in a day.	2
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	Daily schedule of dusting	2
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	Walls and fixtures are not cleaned once in a week	1

TABLE: 2.2 B2: Cleanliness of wards

6.2.3 B3: CLEANLINESS OF PROCEDURE AREAS TOTAL: 10

B3	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	Clean areas	2

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.	No dust/bird nests	2
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.	Labor room is cleaned with hypochlorite after each delivery	2
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	No body fluid or dust	2
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.	Yes	2

TABLE: 2.3 B3: Cleanliness of procedure areas

6.2.4 B4: CLEANLINESS OF AMBULATORY AREAS TOTAL: 10

B4	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	Clean areas	2
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.	No dust/bird nests	2
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	OPD is cleaned thrice in a day	2
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	All fixtures are clean in morning daily.	2
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	Yes	2

TABLE: 2.4 B4: Cleanliness of Ambulatory areas (OPD,Emergency,Lab)

6.2.5 B5: CLEANLINESS OF AUXILLARY AREAS TOTAL: 7

B5	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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,	Clean areas	2

			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.	No dust/bird nests	2
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.	Partial compliance for laundry	1
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	All fixtures are clean.	2
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	No	0

TABLE: 2.5 B5: Cleanliness of Auxiliary areas

6.2.6 B6: CLEANLINESS OF TOILETS TOTAL: 3

B6	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Water accumulation in Toilets	0
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	Foul smell present	0
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	Running water is present	2
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	Not cleaned every 2hrs	1
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation	Wet floors	0

TABLE: 2.6 B6: Cleanliness of Toilets

6.2.7 B7:USE OF STANDARDS MATERIALS AND EQUIPMENT FOR CLEANING TOTAL: 10

B7	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Yes	2

			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.	Yes	2
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	Yes	2
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.	Yes	2
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.	Yes	2

TABLE: 2.7 B7: Use of standards materials and equipment for cleaning

6.2.8 B8: USE OF STANDARD METHODS OF CLEANING TOTAL: 4

B8	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	No	0
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.	No	0
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.	No brooms in clinical areas	2
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	Yes	2

			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.	No	0

TABLE: 2.8 B8: Use of standards methods of cleaning

6.2.9 B9: MONITORING OF CLEANLINESS ACTIVITIES TOTAL: 2

B9	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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		0
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		0
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 is daily updated for at least last one month.		0
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.	No Housekeeping Checklist	0
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 takes feedback from cleaning staff about efficacy of the solution and takes corrective action if it is not effective.	Matron is responsible for this duty.	2

TABLE: 2.9 B9: Monitoring of cleanliness activities

6.2.10 B10: DRAINAGE AND SEWAGE MANAGEMENT TOTAL: 10

B10	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE

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.	Yes	2
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	Yes	2
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 within the premises.	Yes	2
B10.4	No blocked/ over-flowing drains in the facility	OB	Observe that the drains are not overflowing or blocked	No over flowing drain.	2
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.	Yes	2

TABLE: 2.10 B10: Drainage and sewage management

6.3 C. WASTE MANAGEMENT

6.3.1 C1: SEGREGATION OF BIOMEDICAL WASTE TOTAL: 9

C1	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C1.1	Anatomical waste is segregated in Yellow Bin	OB/SI	Check in the departments like Labour room and OT that anatomical waste is put in yellow colour bin	Yes	2
C1.2	Soiled and Solid infectious waste (plastic) are segregated properly as per states guidelines, which are in compliance to options for segregation given the BMW (management & handling) rules 1998	OB/SI	Check soiled cotton bandages are segregated as per appropriate coloured bin. Solid waste e.g. Tubing, Catheter, Syringes are put in designated bins as per state's protocol for segregation	Yes	2
C1.3	General and Infectious waste are not mixed	OB	Check that general waste like medicine boxes, paper, food, kitchen waste is not mixed with infected wastes.	In some areas general waste gets mixed with infectious waste	1
C1.4	Display of work instructions for segregation and handling of Biomedical waste	OB	Check for instructions for segregation of waste in different colour coded bins is displayed at point of use.	Yes	2
C1.5	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol.	Yes	2

TABLE: 3.1 C1: Segregation of Biomedical waste

6.3.2 C2: COLLECTION AND TRANSPORTATION OF BIOMEDICAL WASTE TOTAL: 10

C2	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C2.1	Biomedical waste bins are not over filled	OB	Check that Bins meant for Biomedical waste are not filled beyond 2/3 capacity	Yes	2
C2.2	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with a lid	Yes	2
C2.3	There is a defined schedule for collection of Biomedical waste from point of generation	SI/RR	Ask staff how frequent bio medical waste is collected from the patient care areas. It should be collected at least twice a day or when bin is 2/3 filled	Yes	2
C2.4	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check if 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.	Yes	2
C2.5	Route of transportation of biomedical waste should be away from the general traffic in the facility	OB/SI	Check route of transportation of waste. It should be done through the dirty corridor, not used by patients and visitors. If separate route is not available in the hospital, the waste should be transferred during the lean period - Early morning or late night.	Yes	2

TABLE: 3.2 C2: Collection and transportation of Biomedical waste

6.3.3 C3: SHARP MANAGEMENT TOTAL: 9

C3	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C3.1	Staff uses needle cutters for cutting the syringe hub	OB/SI	Observe that needle cutters are being used for cutting and disposing syringes and are not idle. Observe the procedure and containers for storing the SHARPS and syringes	Yes	2
C3.2	Disinfection of sharp before disposal	OB/SI	Check if SHARPS are put in a disinfectant solution (1.0% Chlorine Solution or any other suitable disinfectant as per hospital's policy)	Yes	2
C3.3	Staff uses safe method for processing and transportation of sharp	OB/SI	Check that the staff uses either double bin with sieves or puncture poof container for transportation of the sharps	Yes	2
C3.4	Staff knows what to do in condition of	SI/RR	Ask staff about post exposure prophylaxis (PEP) after a needle	Yes	2

	needle stick injury		stick injury - immediate first aid, reporting format, and follow-up.		
C3.5	Post exposure prophylaxis is available in the hospital	SI/RR	Check if valid PEP kit is available in the hospital and the staff aware of them. PEP protocol is prominently displayed at work stations.	PEP Protocol is not displayed	1

TABLE: 3.3 C3: Sharp management

6.3.4 C4: STORAGE OF BIOMEDICAL WASTE TOTAL: 10

C4	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if hospital has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.	Temporary storage area for BMW	2
C4.2	Storage facility is located away from the patient area and is secured	OB	Check that the BMW storage is situated away from the main building and is kept in lock and key	Yes	2
C4.3	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	No	2
C4.4	General waste is not stored with biomedical waste	OB	Check that General waste is not mixed bio medical waste in storage area	No	2
C4.5	Biohazard sign is prominently displayed at storage area	OB	Observe the display of Biohazard symbol at storage areas	Yes	2

TABLE: 3.4 C4: Storage of biomedical waste

6.3.5 C5: DISPOSAL OF BIOMEDICAL WASTE TOTAL: 10

C5	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C5.1	Hospital has adequate facility for disposal of Biomedical waste	RR/OB	Check that the hospital has a valid contract with a Common Treatment facility for disposal of Bio medical waste. In absence of access to CTF, the facility should have Deep Burial Pit and Sharp Pit within premises of hospital	Yes	2
C5.2	Facility disinfects and mutilates the Plastic waste before disposal	OB/SI	Gloves are cut, Plastic Syringe are shredded and disinfected with chlorine solution (prepared within 6 - 8 hours) before disposal to prevent its reuse	Yes	2
C5.3	Anatomical waste is disposed as per	SI/RR	Check either anatomical waste is handed over to CTF incineration or disposed in deep burial pits in town	Yes	2

	guidelines		with less than 5.0 lakh population		
C5.4	Deep Burial Pit is constructed as per BMW (management & handling) Rules 1998	OB/RR	Located away from the main hospital building and water source, At least two meter deep. Closed when half filled. Secured from animals. If waste disposed through CTF, then a deep burial pit is not required.	Waste handed to Common treatment facility(CTF)	2
C5.5	Sharp Pit constructed as per guidelines	OB/SI	Constitute structure with a funnel inlet. If Sharp are disposed through CTF give full compliance		2

TABLE: 3.5 C5: Disposal of biomedical waste

6.3.6 C6: MANAGEMENT HAZARDOUS WASTE TOTAL: 4

C6	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C6.1	Staff is aware of Mercury Spill management	SI	Ask staff what he/she would do in case of Mercury spill.	No Mercury usage in hospital	0
C6.2	Availability of Mercury Spill Management Kit	OB	Check that Mercury spill management kit is readily available		0
C6.3	Disposal of Radiographic Developer and Fixer	SI/RR	Check how X-ray department disposes developer and fixer. It should be handed over to authorized agency and not drained in sewage.	Handed over to authorized agency for disposal	2
C6.4	Disposal of Disinfectant solution like Glutaraldehyde	SI	Should not be drained in sewage untreated		0
C6.5	Disposal of Lab reagents	SI/RR	As per instructions of manufacturer	Yes	2

TABLE: 3.6 C6: Management of hazardous waste

6.3.7 C7: SOLID GENERAL WASTE MANAGEMENT TOTAL: 9

C7	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C7.1	Recyclable and Bio degradable waste are segregated	OB/SI	Check if there are separate general waste bins for Recyclable and Bio degradable waste	Yes	2
C7.2	Availability of Compost pit as per specification	OB/SI	Availability of compost pit for Bio degradable waste. If it is disposed through Municipal waste management system, give full compliance	Yes	2
C7.3	Availability of waste disposal services	OB/SI	Check, if the hospital has access to solid waste disposal services through municipal or out sourced agencies	Yes	2
C7.4	There is no mixing of infectious and general waste	OB/SI	Check no infectious waste is disposed in general waste bin or storage area	In some areas general waste gets mixed with infectious waste	1

C7.5	General waste from hospital is removed daily by municipal/ outsourced agency	OB/SI/ RR	Ask staff/ verify with records for daily removal of waste. Check there is no sign of burning of waste with in hospital premises	Yes	2

TABLE: 3.7 C7: Solid general waste management

6.3.8 C8: LIQUID WASTE MANAGEMENT TOTAL: 10

C8	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C8.1	Lab samples are discarded after treatment only	OB/SI	Treated with chlorine solution before disposal	Yes	2
C8.2	Body Fluids, collection in suction apparatus, etc. are disposed after treatment	OB/SI	Treated with chlorine solution before disposal	Yes	2
C8.3	Hospital has treatment facility for infectious liquid waste	OB/SI	ETP or local Treatment with chlorine solution	Yes	2
C8.4	Facility has septic tank as per specification	OB	If connected to sewage give full compliance	Connected to sewage	2
C8.5	Septic tank is maintained as per guidelines	OB	Periodic removal of sludge and repair of septic tank		2

TABLE: 3.8 C8: Liquid waste management

6.3.9 C9: EQUIPMENT AND SUPPLIES FOR BIO MEDICAL WASTE MANAGEMENT TOTAL: 10

C9	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C9.1	Availability of Bins for segregation of Biomedical waste at point of use	OB/RR	One set of bins at each point of generation	Yes	2
C9.2	Availability of Bins for Collection of general waste	OB/RR	One at each point of waste generation	Yes	2
C9.3	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	Yes	2
C9.4	Availability of Colour coded liners for Biomedical waste and general waste	OB/SI	Check all the bins are provided with chlorine free liners. Ask staff about adequacy of supply.	Yes	2
C9.5	Availability of trolleys for waste collection and transportation	OB/RR	As per the size of the hospital	Yes	2

TABLE: 3.9 C9: Equipment and supplies for bio medical waste management

6.3.10 C10: STATUARY COMPLIANCES TOTAL: 10

C10	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
C10.1	Hospital has a valid authorization for Bio Medical waste Management from pollution control board	RR	Check for the validity of authorization	Yes	2
C10.2	Hospital submits Annual report to pollution control board	RR	Check the records that reports have been submitted before 31st January every year	Yes	2
C10.3	Hospital Keeps records of waste generated	RR	Check the records being maintained for amount of different categories of waste generated at facility	Yes	2
C10.4	There is a designated person for monitoring for Bio Medical Waste Management	SI/RR	Check for who is designated and what is his role and responsibilities	Yes	2
C10.5	Copy of Biomedical waste rules is available with hospital	RR	Check the records	Yes	2

TABLE: 3.10 C10: Statuary compliances

6.4 D. INFECTION CONTROL

6.4.1 D1: HAND HYGIENE TOTAL: 5

D1	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	Yes	2
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	Yes	2
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	Some staff not aware of correct steps	1
D1.4	Availability of Alcohol Based hand rub	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply	No	0
D1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 steps of hand washing).	No	0

TABLE: 4.1 D1: Hand Hygiene

6.4.2 D2: PERSONAL PROTECTIVE EQUIPMENT (PPE) TOTAL: 6

D2	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	Yes	2
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	Only used in OT	1
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	No Gum boots	1
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.	No Lab coats by technicians	1
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.	Less supply of masks	1

TABLE: 4.2 D2: Personal protective equipment

6.4.3 D3: PERSONAL PROTECTIVE PRACTICES TOTAL: 8

D3	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Yes	2
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	Yes	2
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	Yes	2
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.	No re-use	2
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	No	0

TABLE: 4.3 D3: Personal protective practices

6.4.4 D4: DECONTAMINATION AND CLEANING OF INSTRUMENTS TOTAL: 9

D4	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	No	1
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	Yes	2
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	Yes	2
D4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization	Yes	2
D4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)	Yes	2

TABLE: 4.4 D4: Decontamination and cleaning of instruments

6.4.5 D5: DISINFECTION & STERILIZATION OF INSTRUMENTS TOTAL: 8

D5	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Yes	2
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	Yes	2
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)	No	0
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	Yes	2
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.	Yes	2

TABLE: 4.5 D5: Disinfection and sterilization of instruments

6.4.6 D6: SPILL MANAGEMENT TOTAL: 2

D6	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
D6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols	Not all staff know	1
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	No	0
D6.3	Staff has been trained for spill management	SI/RR	Check for the training records	No	0
D6.4	Spill management protocols are displayed at points if use	OB	Check for display	No	0
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	Not all staff know	1

TABLE: 4.6 D6: Spill management

6.4.7 D7: ISOLATION AND BARRIER NURSING TOTAL: 10

D7	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital	Yes	2
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	Yes	2
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	Yes	2
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.	Yes	2
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU,SNCU, Burn Ward, etc.	Yes	2

TABLE: 4.7 D7: Isolation and Barrier nursing

6.4.8 D8: INFECTION CONTROL PROGRAM TOTAL: 5

D8	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting	No	0
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	Nursing sister keep a check on this	2
D8.3	Antibiotic Policy is	RR/SI	Check if the hospital has	No	0

	implemented at the facility		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	No	0
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	No	0

TABLE: 4.8 D8: Infection control program

6.4.9 D9: HOSPITAL ACQUIRED INFECTION SURVEILLANCE TOTAL: 3

D9	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	Not regular	1
D9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records	No	0
D9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records	No	0
D9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	Yes	2
D9.5	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	No	0

TABLE: 4.9 D9: Hospital acquired infection surveliance

6.4.10 D10: ENVIRONMENT CONTROL TOTAL: 2

D10	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
D10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	No	0
D10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least availability of air conditioner	No	0
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	Yes	2
D10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily	Yes	2
D10.5	General and patient traffic are segregated in Hospitals	OB/SI	Check for the layout and patient traffic. There should be no crisscross between general and patient traffic.	No	0

TABLE: 4.10 D10: Environment control

6.5 E. SUPPORT SERVICES

6.5.1 E1: LAUNDARY SERVICES & LINEN MANAGEMENT TOTAL: 9

E1	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Yes	2
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.	Some bed sheets were stained	1
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bed sheets and pillow cover have been changed daily. Please interview the patients as well.	Yes	2
E1.4	Soiled linen is removed, segregated and disinfected, as per procedure	SI/OB	Check, how the soiled linen is handled at the facility. It should be removed immediately and sluiced and disinfected immediately	Yes	2
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition	Yes	2

TABLE: 5.1 E1: Laundry services and linen management

6.5.2 E2: WATER SANITATION TOTAL: 10

E2	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Yes	2
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.	Yes	2
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.	Yes	2
E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination	Yes	2
E2.5	Water is available at all points of use	OB/SI/PI	Water is available for hand-washing, OT, Labour Room,	Yes	2

			Wards, Patients' toilet & bath, waiting area.		

TABLE: 5.2 E2: Water sanitation

6.5.3 E3: KITCHEN SERVICES TOTAL: 0

E3	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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.	No kitchen facility	0
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.		0
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.		0
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress, while cooking. Nails & hair are trimmed. Ill staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available.		0
E3.5	Food to patients is distributed through covered trolleys and patients utensils are not dented or chipped	OB	Check that adequate number of trolleys is available and are in use. Look for the condition of patients' crockery and utensils.		0

TABLE: 5.3 E3: Kitchen services

6.5.4 E4: SECURITY SERVICES TOTAL: 4

E4	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	No security guards	0
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.	No security guards	0
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.	Adequate waiting area is there	2
E4.4	Security personal reprimands attendants, who found indulging into	OB	Check, if security personnel watch behaviour of patients and their attendants,	No security guards	0

	unhygienic behaviour - spitting, open field urination & defecation, etc.		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.	No rag pickers	2

TABLE: 5.4 E4: Security services

6.5.5 E5: OUT-SOURCED SERVICES TOTAL: 8

E5	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
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	Yes	2
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	Yes	2
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	Yes	2
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	No periodic performance evaluation	0
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	Yes	2

TABLE: 5.5 E5: Outsourced services management

6.6 F. HYGIENE PROMOTION

6.6.1 F1: COMMUNITY MONITORING & PATIENT PARTICIPATION TOTAL: 7

F1	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
F1.1	Members of RKS and Local Governance bodies monitor the cleanliness of the hospital	SI/RR	At least once in month.	Yes	2

	at pre-defined intervals				
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	Yes	2
F1.3	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices	No	1
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	Presence of patient roles & responsibilities board	2
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	No feedback system	0

TABLE: 6.1 F1: Community monitoring & patient participation

6.6.2 F2: INFORMATION EDUCATION AND COMMUNICATION TOTAL: 0

F2	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language	No IEC material	0
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language		0
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language	No IEC material	0
F2.4	IEC regarding water sanitation is displayed in the hospital premises	OB	Should be displayed prominently in local language		0
F2.5	Hospital disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.		0

TABLE: 6.2 F2: Information education and communication

6.6.3 F3: LEADERSHIP AND TEAM WORK TOTAL: 0

F3	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning	No Infection control committee constituted	0
F3.2	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and	RR/SI	Verify with the records		0

	cleanings staff				
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities		0
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	No	0
F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice	No	0

TABLE: 6.3 F3: Leadership and team work

6.6.4 F4: TRAINING AND CAPACITY BUILDING AND STANDARDIZATION TOTAL: 4

F4	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if trg. Need assessment has been done	No	0
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	No	0
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records	Yes	2
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users	No	0
F4.5	Hospital has documented Standard Operating procedures for BMW management and Infection Control	RR	Check availability of SOP with respective users	Yes	2

TABLE: 6.4 F4: Training and capacity building

6.6.5 F5: STAFF HYGIENE AND DRESS CODE TOTAL: 5

F5	CRITERIA	ASSESSMENT METHOD	MEANS OF VERIFICATION	OBSERVATION	COMPLIANCE
F5.1	Hospital has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented	Yes	2
F5.2	Nursing staff adhere to designated dress code	OB	Observation	Contractual staff do not adhere to dress code.	1
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation	No dress code	0
F5.4	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the hospital administration	No	0
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation	Yes	2

TABLE: 6.5 F5: Staff hygiene and dress code

7. GRAPHICAL PRESENTATION & DATA ANALYSIS

A. HOSPITAL / FACILITY UPKEEP

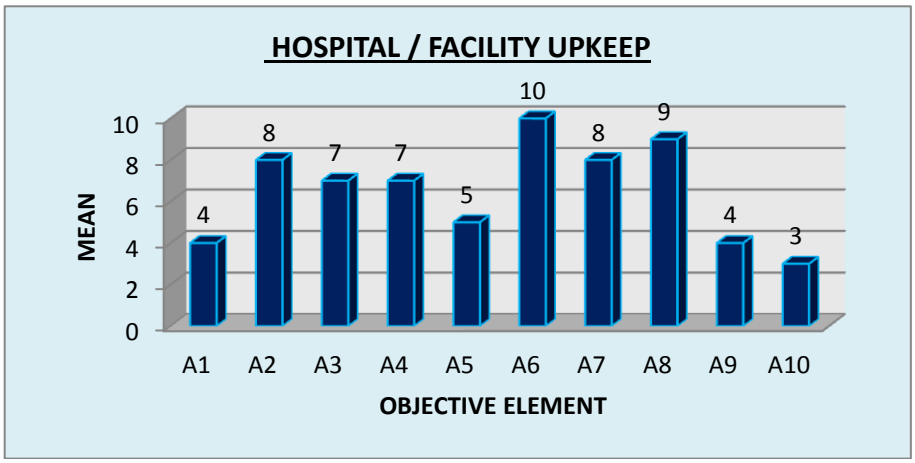


Fig.1.1 Hospital / Facility Upkeep

INTERPRETATION:

1. Hospital has no **Anti-termite treatment** schedule.
2. Lowest score on objective element A10 for no **work place management and training for 5's**.
3. No **Rain water harvesting plant** in the hospital.
4. Presence of **abandoned building** within the hospital premises.

B. SANITATION AND HYGIENE

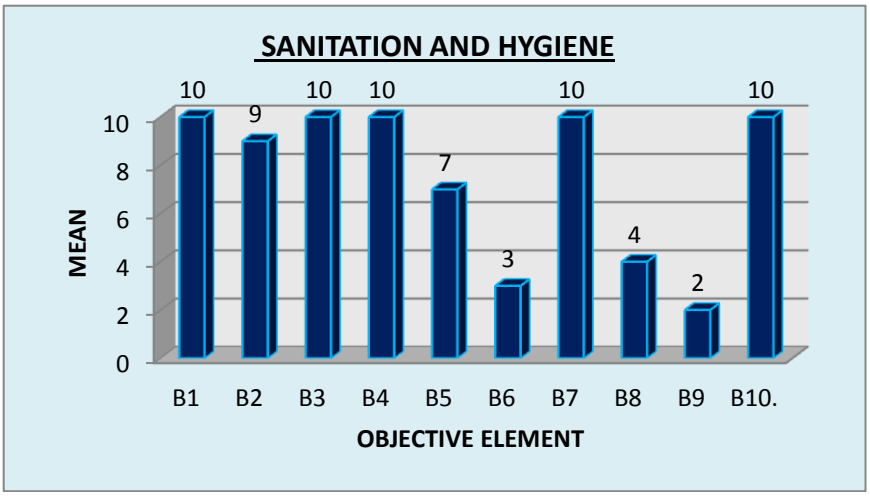


Fig.1.2 Sanitation and Hygiene

INTERPRETATION:

1. There is no **proper training on correct method of mopping and cleanliness.**

1. Absence of **three bucket system of mopping** and usage of same dirty cloth for dry and wet mop.
2. No **housekeeping checklist** and fixed cleanliness schedule.
3. Sweepers are not **sensitized** about their role in cleanliness.

C. WASTE MANAGEMENT

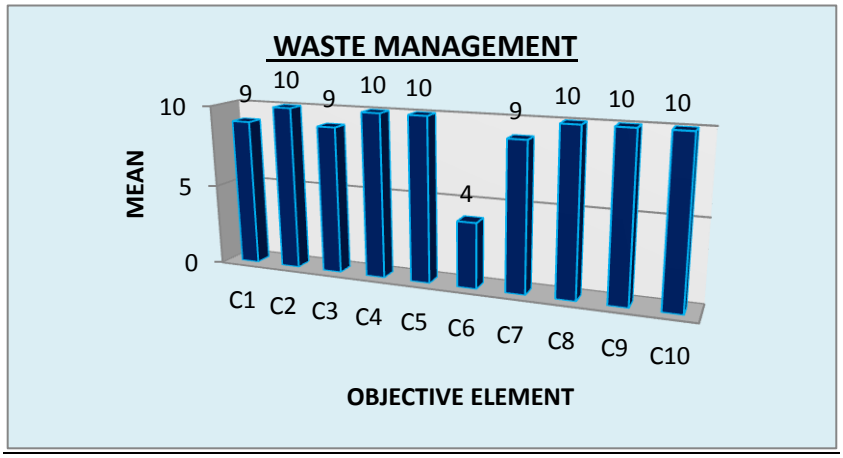


Fig.1.3 Waste Management

INTERPRETATION:

1. Although **segregation of waste** is done effectively still because of heavy rush general waste gets mixed with infectious waste such as in laboratory soiled cotton swabs are in green bins used for general waste.

2. No **Post Exposure Prophylaxis (PEP) Protocol**

D. INFECTION CONTROL

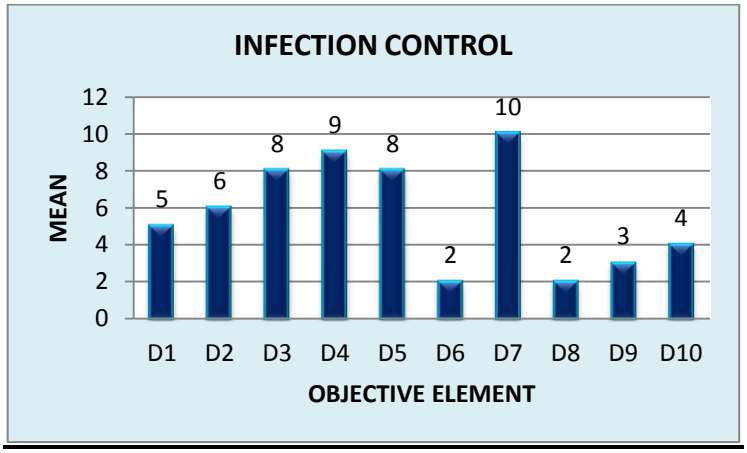


Fig 1.4 Infection Control

INTERPRETATION:

1. No adherence to **6 steps of hand washing** by the hospital staff
2. Staff is not sensitized for **when to wash** hands during handling a patient.
3. Non-availability of **heavy duty gum boots** to the sweepers handling the infectious waste.
4. Staff use gloves but except in OT and Labor room, there is **minimum usage of masks** and head caps during patient handling and treatment such as in minor OT.
5. Lab Technicians do not wear **Lab coats.**
6. No usage of **sterilization indicators** to check the efficacy of autoclave.
7. Absence of **spill management kit**, its protocol and training of staff regarding spill management.
8. Hospital has no provision for **regular medical checkup** of its staff and their immunization.
9. Indicators like surgical site infection rate, hospital acquired infection and device related HAI rate is not monitored in the hospital.
10. Because of old building construction, no provision for maintaining **positive air pressure or air exchanges in OT**.

E. SUPPORT SERVICES

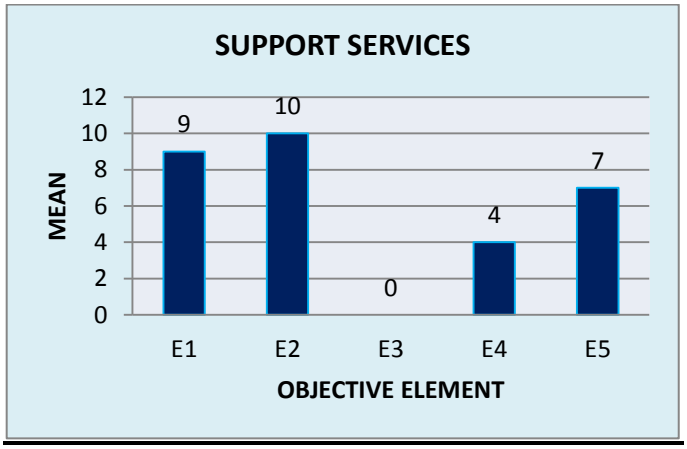


Fig 1.5 Support Services

INTERPRETATION:

1. Dietary services are not being provided in the Hospital as **there is no Kitchen/dietary** department.
2. Absence of **security services** in the hospital.
3. There is **no provision of evaluating the performance of vendors** and giving them written feedback.

F. HYGIENE PROMOTION

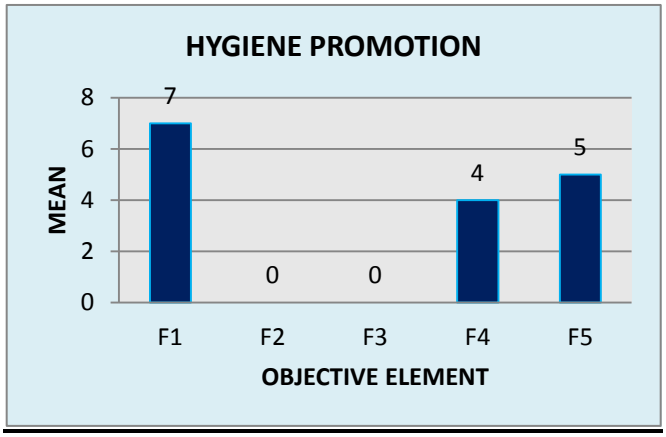


Fig.1.6 Hygiene Promotion

INTERPRETATION:

1. No **Patient feedback system** is in the hospital to take the views regarding cleanliness and other services of the hospital.
2. No **IEC material** displayed regarding water conservation hand hygiene or awareness regarding Swatch Bharat in the hospital premises.

3. No training is provided regarding bio-medical waste or infection control to the staff on periodic basis. The **knowledge and practices about BMW management are rudimentary** and need repeated training and monitoring.

4. **No infection Control committee and programme** practiced in the hospital.

5. **No SOP** regarding bio medical waste and infection control in the hospital.

6. No **dress code** for housekeeping staff

7. No **regular health check-up or immunization** of housekeeping as well as other staff.

8. ACTION PLAN

To remove the non-conformities Action Plan is made.

Following are the parameters:-
1. Clearly state the action required to remove a particular non-compliance.
2. Identify the person who will be responsible for removing that non-compliance.
3. He /She will be given a target date to remove that non-compliance.

Sr. No.	ACTION TAKEN	RESPONSIBLE STAFF	TARGET DATE TO REMOVE NON-COMPLIANCE
	A. HOSPITAL / FACILITY UPKEEP		
1	Installation of Insect repellents and Mosquito nets	Senior Medical Officer along with Hospital administrator	15-4-16
2	Regular cutting of wild vegetation	Gardener	20-4-16
3	Informing the state engineering wing to demolish the abandoned old emergency building	Senior Medical Officer	18-4-16
4	Removing all wall painting information and get it on flex boards	Hospital Administrator	30-5-16
5	Parking area to be demarcated for visitors and ambulance	Senior Medical Officer along with Hospital administrator	30-5-16
6	Demarcating an area for junk room	Hospital Administrator	1-4-16
7	Training the staff for Workplace management and 5's	Hospital Administrator	1-4-16

B. Sanitation & Hygiene			
1	Use of Three Bucket System	Senior Medical Officer along with Hospital administrator	15-04-2016
2	Making and Implementing Housekeeping Checklist	Hospital Administrator	31-03-2016
3	Training of sweepers for correct methods of mopping	Hospital Administrator	31-03-2016
C. Waste Management			
1	Making Post Exposure Prophylaxis protocol	Hospital Administrator	01-04-2016
2	Training the staff for segregation of general and infectious waste	Hospital Administrator	15-03-2016
D. Infection Control			
1	Training on how to make chlorine solution	Hospital Administrator	15-03-2016
2	6 steps of Hand Washing	Hospital Administrator	15-03-2016
3	Training on spill management	Hospital Administrator	15-03-2016
4	Spill management kit	Hospital Administrator	05-05-2016
5	Infection control committee	Hospital Administrator	01-04-2016
6	Regular Medical check-up of staff	Senior Medical Officer along with HA	15-05-2016
E. SUPPORT SERVICES			
1	No security personnel	Senior Medical Officer	30-06-2016
2	Performance evaluation of Out-sourced vendors	Hospital Administrator	15-06-2016
F. Hygiene Promotion			
1	Feedback form for patients and visitors	Hospital Administrator	01-04-2016
2	Display of IEC material for water sanitation, hand hygiene	Hospital Administrator	15-03-2016
3	Constitute Infection control committee	Hospital Administrator	01-04-2016
4	Dress code for housekeeping staff	Hospital Administrator	01-05-2016

Table 7.1 Action Plan

9. POST ACTION PLAN

9.1 SECOND ASSESSMENT

	PRE-ASSESSMENT (15-03-16)	POST ASSESSMENT (30-4-16)
OBJECTIVE ELEMENTS	**SCORE**	**SCORE**
A	65	72
B	75	87

C	91	93
D	57	72
E	31	31
F	16	40
	67%	79%

Table 7.2 Comparative Assessment

9.2 COMPARISON GRAPH AND WORK DONE

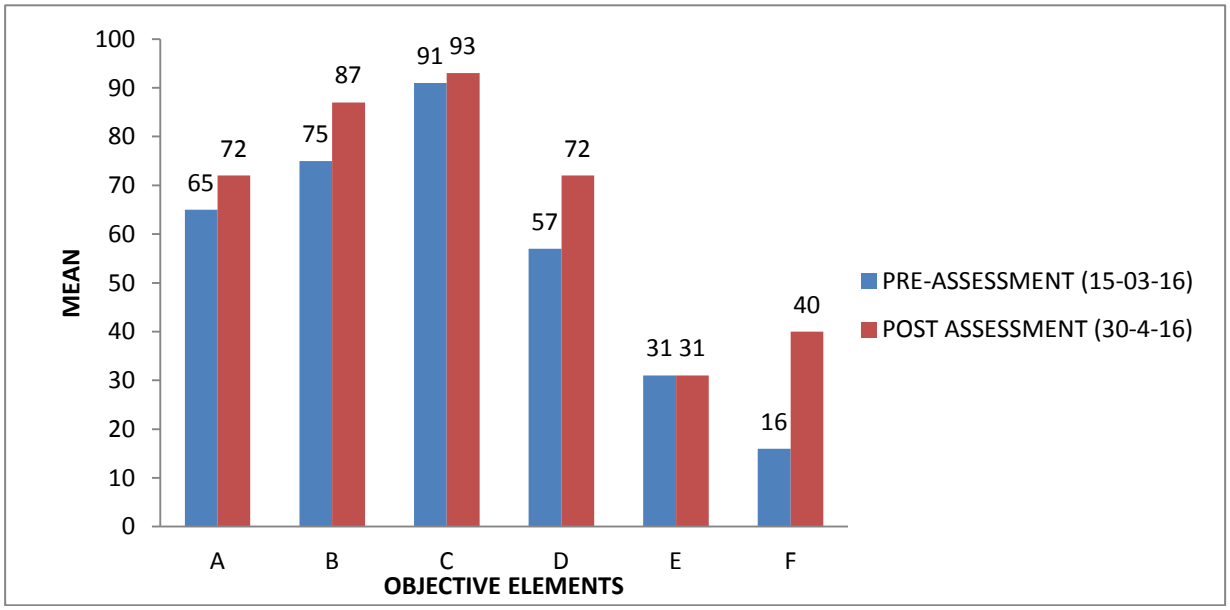


Fig.1.7 Pre-Post Comparative Graph

1. UPDATING OF POSTERS

Fig 1.8 Updated Posters

2. SPILL MANAGEMENT KIT AND PROTOCOL IMPLEMENTED

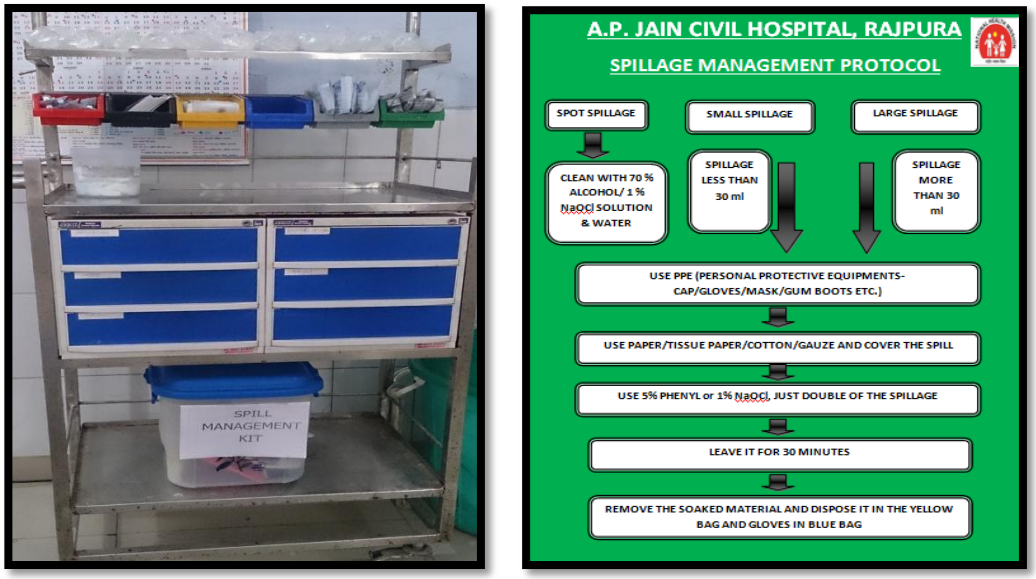
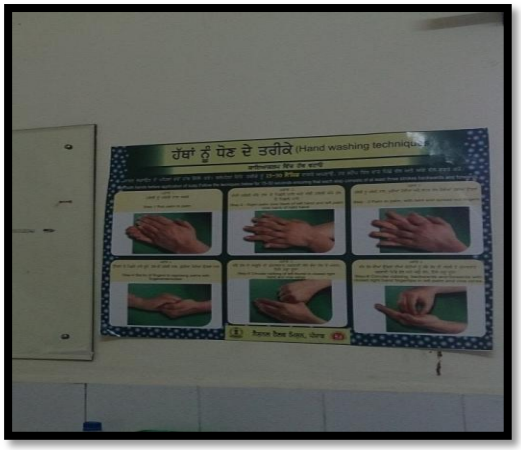


Fig.1.9 Spill Management

3. THREE BUCKET SYSTEM STARTED

Fig.1.10 Three bucket system

4. DISPLAY OF IEC MATERIAL AND VARIOUS PROTOCOLS



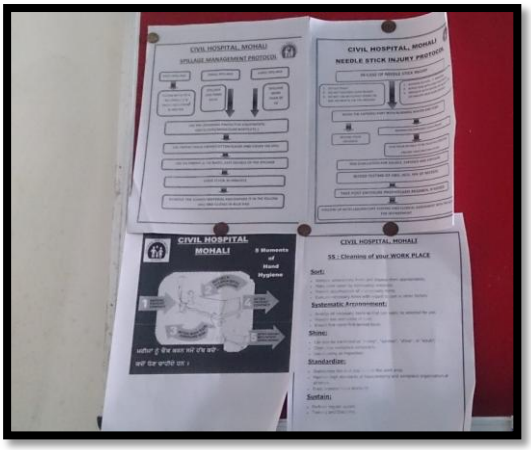
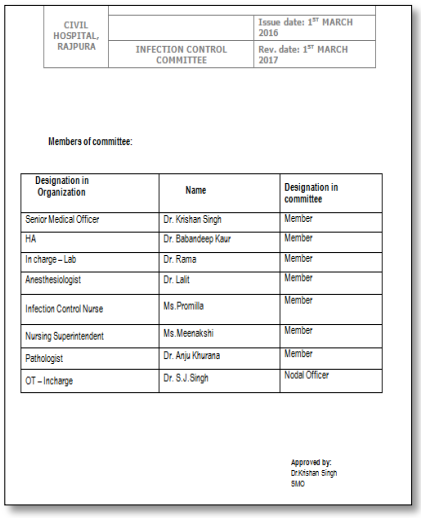


Fig.1.11 Display of IEC material

5. MAKING ID CARDS OF THE EMPLOYEES

Fig.1.12 ID Cards

6. MAKING INFECTION CONTROL COMMITTEE AND APPOINTING INFECTION CONTROL NURSE

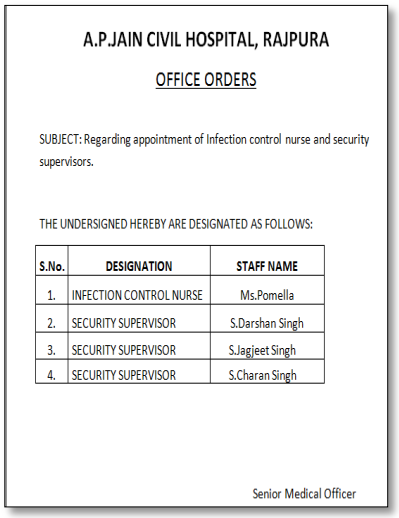


CIVIL HOSPITAL, RAJPURA | | Issue date: 1ST MARCH 2016
INFECTION CONTROL COMMITTEE | Rev. date: 1ST MARCH 2017

Members of committee:

Designation in Organization	Name	Designation in committee
Senior Medical Officer	Dr. Krishan Singh	Member
HA	Dr. Babandeep Kaur	Member
In charge – Lab	Dr. Rama	Member
Anesthesiologist	Dr. Lalit	Member
Infection Control Nurse	Ms.Promilla	Member
Nursing Superintendent	Ms.Meenakshi	Member
Pathologist	Dr. Anju Khurana	Member
OT – Incharge	Dr. S.J.Singh	Nodal Officer

Approved by:
Dr.Krishan Singh
SMO



A.P.JAIN CIVIL HOSPITAL, RAJPURA

OFFICE ORDERS

SUBJECT: Regarding appointment of Infection control nurse and security supervisors.

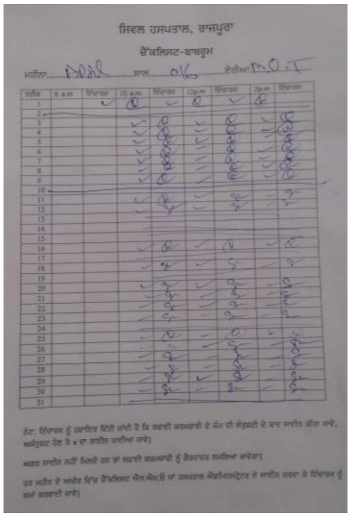
THE UNDERSIGNED HEREBY ARE DESIGNATED AS FOLLOWS:

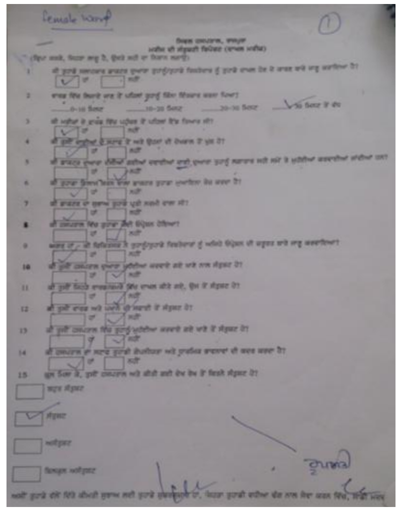
S.No.	DESIGNATION	STAFF NAME
1.	INFECTION CONTROL NURSE	Ms.Pomella
2.	SECURITY SUPERVISOR	S.Darshan Singh
3.	SECURITY SUPERVISOR	S.Jagjeet Singh
4.	SECURITY SUPERVISOR	S.Charan Singh

Senior Medical Officer

Fig 1.13 Infection control committee

7. HOUSEKEEPING CHECKLIST AND FEEDBACK FORMS STARTED


ਸਿਵਲ ਹਸਪਤਾਲ, ਰਾਜਪੁਰਾ
ਚੈੱਕਲਿਸਟ-ਬਾਥਰੂਮ



HK CHECKLIST **OPD FEEDBACK FORM**

Fig 1.14 HK checklist and feedback forms

REFERENCES

- Proper cleaning and disinfection to arrive at hospital hygiene by Dr Shalini Naik, Associate Professor, Department of Microbiology, MS Ramaiah Hospital, Bengaluru in Clean India Journal.
- Christian Institute of Medical Sciences, Gap Analysis Report for Pondicherry Institute of Medical Science.
- Swachhta guidelines for public health facilities by Ministry Of Health And Family Welfare.
- KAYAKALP award scheme by Ministry Of Health And Family Welfare.

11. ANNEXURE:

11.1 KAYAKALP CHECKLIST

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A.	**HOSPITAL / FACILITY UPKEEP**				
A1	**Pest & Animal Control**			**0**	
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.	0	
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	0	
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	0	
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	0	
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	0	
A2	**Landscaping & Gardening**			**0**	
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	0	

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.	0	
A2.3	Internal Roads, Pathways, waiting area, etc. are uneven and clean	OB	Check that pathways, corridors, courtyards, waiting area, etc. are clean and land landscaped.	0	
A2.4	Gardens/ green area are secured with fence	OB	Barricades, fence, wire mesh, Railings, Gates, etc. have been provided for the green area.	0	
A 2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants	0	
A3	**Maintenance of Open Areas**			**0**	
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises	0	
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.	0	
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	0	
A3.4	Open areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, patholes, bumps etc. in open areas	0	
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.	0	
A4	**Hospital / Facility Appearance**			**0**	
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.	0	
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.	0	
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	0	

			the facility is well illuminated in night		
A4.4	Uniform signage system in the Hospital	OB	All signages (directional & departmental) are in local language and follow uniform colour scheme.	0	
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.	0	
A5	**Infrastructure Maintenance**			**0**	
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital	0	
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.	0	
A5.3	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels	0	
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	0	
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	0	
A6	**Illumination**			**0**	
A6.1	Adequate illumination in Circulation Area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs.	0	
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	0	
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.	0	
A6.4	Adequate illumination in front of hospital and access road	OB	Check that hospital front, entry gate and access road are well illuminated	0	
A6.5	Use of energy efficient bulbs	OB	Check that hospital uses energy efficient bulb like CFL or LED for lighting purpose within the	0	

			Hospital Premises		
A7	**Maintenance of Furniture & Fixture**			**0**	
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	0	
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	0	
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	0	
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.	0	
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.	0	
A8	**Removal of Junk Material**			**0**	
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.	0	
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.	0	
A8.3	No junk material in critical service area	OB	Check if unused articles, and old records are kept in the Labourroom, OT, Injection room, Dressing room etc.	0	
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	0	
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	0	
A9	**Water Conservation**			**0**	
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check the quantity of water including reservoir and record of its quality	0	
A9.2	Water supply system is maintained in the Hospital	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns	0	
A9.3	There is a system of	OB	Check if staff have been assigned	0	

	periodical inspection for water wastage		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	0	
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	0	
A10	**Work Place Management**			**0**	
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.	0	
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	0	
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	0	
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	0	
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')	0	
B	**Sanitation & Hygiene**				
B1	**Cleanliness of Circulation Area**			**0**	
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.	0	
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.	0	
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	0	
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	0	
B1.5	Surfaces are	OB	Check if surfaces are smooth	0	

	conducive of effective cleaning		enough for cleaning		
B2	**Cleanliness of Wards**			**0**	
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.	0	
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.	0	
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	0	
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	0	
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	0	
B3	**Cleanliness of Procedure Areas**			**0**	
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.	0	
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.	0	
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.	0	
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.	0	
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.	0	
B4	**Cleanliness of Ambulatory Area (OPD, Emergency, Lab)**			**0**	
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.	0	
B4.2	No Cobwebs/Bird Nest/ Seepage on	OB	Check for roof , walls, corners of OPD, Emergency, Laboratory,	0	

	walls and roofs of ambulatory area		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	0	
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	0	
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	0	
B5	**Cleanliness of Auxiliary Areas**			**0**	
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.	0	
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.	0	
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.	0	
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	0	
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	0	
B6	**Cleanliness of Toilets**			**0**	
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	0	
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	0	
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	0	
B6.4	Sinks and Cistern are cleaned every two hours or whenever	SI/RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records	0	

	required				
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation	0	
B7	**Use of standards materials and Equipment for Cleaning**			**0**	
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.	0	
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.	0	
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	0	
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.	0	
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.	0	
B8	**Use of Standard Methods Cleaning**			**0**	
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	0	
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.	0	
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	0	

			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.	0	
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.	0	
B9	**Monitoring of Cleanliness Activities**			**0**	
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	0	
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	0	
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.	0	
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.	0	
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.	0	
B10.	**Drainage and Sewage Management**			**0**	
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	0	

			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 haveadequate slope and there is no accumulation of water or debris in it	0	
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.	0	
B10.4	No blocked/ over-flowing drains in the facility	OB	Observe that the drains are not overflowing or blocked	0	
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.	0	
C	**Waste Management**				
C1	**Segregation of Biomedical Waste**			**0**	
C1.1	Anatomical waste is segregated in Yellow Bin	OB/SI	Check in the departments like Labour room and OT that anatomical waste is put in yellow colour bin	0	
C1.2	Soiled and Solid infectious waste (plastic) are segregated properly as per states guidelines, which are in compliance to options for segregation given the BMW (management & handling) rules 1998	OB/SI	Check soiled cotton bandages are segregated as per appropriate coloured bin. Solid waste e.g. Tubing, Catheter, Syringes are put in designated bins as per state's protocol for segregation	0	
C1.3	General and Infectious waste are not mixed	OB	Check that general waste like medicine boxes, paper, food, kitchen waste are not mixed with infected wastes.	0	
C1.4	Display of work instructions for segregation and handling of Biomedical waste	OB	Check for instructions for segregation of waste in different colour coded bins are displayed at point of use.	0	
C1.5	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol.	0	
C2	**Collection and Transportation of Biomedical Waste**			**0**	
C2.1	Biomedical waste bins are not over	OB	Check that Bins meant for Biomedical waste are not filled	0	

	filled		beyond 2/3 capacity		
C2.2	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with a lid	0	
C2.3	There is a defined schedule for collection of Biomedical waste from point of generation	SI/RR	Ask staff how frequent bio medical waste is collected from the patient care areas. It should be collected at least twice a day or when bin is 2/3 filled	0	
C2.4	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check if 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.	0	
C2.5	Route of transportation of biomedical waste should be away from the general traffic in the facility	OB/SI	Check route of transportation of waste. It should be done through the dirty corridor, not used by patients and visitors. If separate route is not available in the hospital, the waste should be transferred during the lean period - Early morning or late night.	0	
C3	**Sharp Management**			**0**	
C3.1	Staff uses needle cutters for cutting the syringe hub	OB/SI	Observe that needle cutters are being used for cutting and disposing syringes and are not idle. Observe the procedure and containers for storing the SHARPS and syringes	0	
C3.2	Disinfection of sharp before disposal	OB/SI	Check if SHARPS are put in a disinfectant solution (1.0% Chlorine Solution or any other suitable disinfectant as per hospital's policy)	0	
C3.3	Staff uses safe method for processing and transportation of sharp	OB/SI	Check that the staff uses either double bin with sieves or puncture poof container for transportation of the sharps	0	
C3.4	Staff knows what to do in condition of needle stick injury	SI/RR	Ask staff about post exposure prophylaxis (PEP) after a needle stick injury - immediate first aid, reporting format, and follow-up.	0	
C3.5	Post exposure prophylaxis is available in the hospital	SI/RR	Check if valid PEP kit is available in the hospital and the staff aware of them. PEP protocol is prominently displayed at work stations.	0	
C4	**Storage of Biomedical Waste**			**0**	
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if hospital has dedicated room for storage of Biomedical waste before disposal/handing	0	

			over to Common Treatment Facility.		
C4.2	Storage facility is located away from the patient area and is secured	OB	Check that the BMW storage is situated away from the main building and is kept in lock and key	0	
C4.3	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	0	
C4.4	General waste is not stored with biomedical waste	OB	Check that General waste is not mixed bio medical waste in storage area	0	
C4.5	Biohazard sign is prominently displayed at storage area	OB	Observe the display of Biohazard symbol at storage areas	0	
C5	**Disposal of Biomedical waste**			**0**	
C5.1	Hospital has adequate facility for disposal of Biomedical waste	RR/OB	Check that the hospital has a valid contract with a Common Treatment facility for disposal of Bio medical waste. In absence of access to CTF, the facility should have Deep Burial Pit and Sharp Pit within premises of hospital	0	
C5.2	Facility disinfects and mutilates the Plastic waste before disposal	OB/SI	Gloves are cut, Plastic Syringe are shredded and disinfected with chlorine solution (prepared within 6 - 8 hours) before disposal to prevent its reuse	0	
C5.3	Anatomical waste is disposed as per guidelines	SI/RR	Check either anatomical waste is handed over to CTF incineration or disposed in deep burial pits in town with less than 5.0 lakh population	0	
C5.4	Deep Burial Pit is constructed as per BMW (management & handling) Rules 1998	OB/RR	Located away from the main hospital building and water source, At least two meter deep. Closed when half filled. Secured from animals . If waste disposed through CTF, then a deep burial pit is not required.	0	
C5.5	Sharp Pit constructed as per guidelines	OB/SI	Constitute structure with a funnel inlet. If Sharp are disposed through CTF give full compliance	0	
C6	**Management Hazardous Waste**			**0**	
C6.1	Staff is aware of Mercury Spill management	SI	Ask staff what he/she would do in case of Mercury spill.	0	
C6.2	Availability of Mercury Spill Management Kit	OB	Check that Mercury spill management kit is readily available	0	
C6.3	Disposal of	SI/RR	Check how X-ray department	0	

	Radiographic Developer and Fixer		disposes developer and fixer. It should be handed over to authorized agency and not drained in sewage.		
C6.4	Disposal of Disinfectant solution like Glutaraldehyde	SI	Should not be drained in sewage untreated	0	
C6.5	Disposal of Lab reagents	SI/RR	As per instructions of manufacturer	0	
C7	**Solid General Waste Management**			**0**	
C7.1	Recyclable and Bio degradable waste are segregated	OB/SI	Check if there are separate general waste bins for Recyclable and Bio degradable waste	0	
C7.2	Availability of Compost pit as per specification	OB/SI	Availability of compost pit for Bio degradable waste. If it is disposed through Municipal waste management system, give full compliance	0	
C7.3	Availability of waste disposal services	OB/SI	Check, if the hospital has access to solid waste disposal services through municipal or out sourced agencies	0	
C7.4	There is no mixing of infectious and general waste	OB/SI	Check no infectious waste is disposed in general waste bin or storage area	0	
C7.5	General waste from hospital is removed daily by municipal/ outsourced agency	OB/SI/ RR	Ask staff/ verify with records for daily removal of waste. Check there is no sign of burning of waste with in hospital premises	0	
C8	**Liquid Waste Management**			**0**	
C8.1	Lab samples are discarded after treatment only	OB/SI	Treated with chlorine solution before disposal	0	
C8.2	Body Fluids, collection in suction apparatus, etc. are disposed after treatment	OB/SI	Treated with chlorine solution before disposal	0	
C8.3	Hospital has treatment facility for infectious liquid waste	OB/SI	ETP or local Treatment with chlorine solution	0	
C8.4	Facility has septic tank as per specification	OB	If connected to sewage give full compliance	0	
C8.5	Septic tank is maintained as per guidelines	OB	Periodic removal of sludge and repair of septic tank	0	
C9	**Equipment and Supplies for Bio Medical Waste Management**			**0**	
C9.1	Availability of Bins for segregation of Biomedical waste at point of use	OB/RR	One set of bins at each point of generation	0	
C9.2	Availability of Bins	OB/RR	One at each point of waste	0	

	for Collection of general waste		generation		
C9.3	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	0	
C9.4	Availability of Colour coded liners for Biomedical waste and general waste	OB/SI	Check all the bins are provided with chlorine free liners. Ask staff about adequacy of supply.	0	
C9.5	Availability of trolleys for waste collection and transportation	OB/RR	As per the size of the hospital	0	
C10	**Statuary Compliances**			**0**	
C10.1	Hospital has a valid authorization for Bio Medical waste Management from pollution control board	RR	Check for the validity of authorization	0	
C10.2	Hospital submits Annual report to pollution control board	RR	Check the records that reports have been submitted before 31st January every year	0	
C10.3	Hospital Keeps records of waste generated	RR	Check the records being maintained for amount of different categories of waste generated at facility	0	
C10.4	There is a designated person for monitoring for Bio Medical Waste Management	SI/RR	Check for who is designated and what is his role and responsibilities	0	
C10.5	Copy of Biomedical waste rules is available with hospital	RR	Check the records	0	
D	**Infection Control**				
D1	**Hand Hygiene**			**0**	
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.	0	
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	0	
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	0	
D1.4	Availability of Alcohol Based hand rub	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply	0	

D1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 steps of hand washing).	0	
D2	**Personal Protective Equipment (PPE)**			**0**	
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	0	
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	0	
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	0	
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.	0	
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.	0	
D3	**Personal Protective Practices**			**0**	
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	0	
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	0	
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	0	
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.	0	
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	0	
D4	**Decontamination and Cleaning of Instruments**			**0**	
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	0	
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	0	
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	0	
D4.4	Cleaning of	SI/OB	Check instruments are cleaned	0	

	instruments done after decontamination		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)	0	
D5	**Disinfection & Sterilization of Instruments**			**0**	
D5.1	Adherence to Protocols for autoclaving	SI/OB	Check about awarness of recommended temperature, duration and pressure for autoclaving instruments Instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes	0	
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	0	
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)	0	
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	0	
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.	0	
D6	**Spill Management**			**0**	
D6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols	0	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	0	
D6.3	Staff has been trained for spill management	SI/RR	Check for the training records	0	
D6.4	Spill management protocols are displayed at points if use	OB	Check for display	0	
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	0	
D7	**Isolation and Barrier Nursing**			**0**	
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital	0	
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	0	
D7.3	Maintenance of adequate bed to bed	OB	A distance of 3.5 Foot is maintained between two beds in	0	

	distance in wards		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.	0	
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU,SNCU, Burn Ward, etc.	0	
D8	**Infection Control Program**			**0**	
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting	0	
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	0	
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.	0	
D8.4	Immunization of Service Providers	RR/SI	Hospital staff has been immunized against Hepatitis B	0	
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	0	
D9	**Hospital Acquired Infection Surveillance**			**0**	
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.	0	
D9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records	0	
D9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records	0	
D9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	0	
D9.5	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	0	
D10	**Environment Control**			**0**	
D10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	0	
D10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least availability of air conditioner	0	
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	0	

D10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily	0	
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.	0	
E	**SUPPORT SERVICES**				
E1	**Laundary Services & Linen Management**			**0**	
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	0	
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.	0	
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.	0	
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	0	
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition	0	
E2	**Water Sanitation**			**0**	
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	0	
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.	0	
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.	0	
E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination	0	
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.	0	
E3	**Kitchen Services**			**0**	
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	0	

			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.	0	
E3.3	The Kitchen is smoke-free and fly-proofed	OB	There is proper ventilation in the kitchen. Doors and Windows arefly-proofed.No fly nuisance is noticed inside the kitchen.	0	
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress,while cooking. Nails & hair are trimmed.Ill staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available.	0	
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.	0	
E4	**Security Services**			**0**	
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	0	
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.	0	
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.	0	
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.	0	
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.	0	

E5	**Out-sourced Services Management**			**0**	
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	0	
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 termof the work to be done and how it would be verified	0	
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	0	
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 beenevaluated and recorded	0	
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	0	
F	**Hygiene Promotion**				
F1	**Community Monitoring & Patient Participation**			**0**	
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.	0	
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	0	
F1.3	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices	0	
F1.4	Patients are made aware of their responsibility of keeping the health	PI/OB	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be	0	

	facility clean		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	0	
F2	**Information Education and Communication**			**0**	
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language	0	
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	0	
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language	0	
F2.4	IEC regarding water sanitation is displayed in the hospital premises	OB	Should be displayed prominently in local language	0	
F2.5	Hospital disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	0	
F3	**Leadership and Team work**			**0**	
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning	0	
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	0	
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	0	
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	0	

F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice	0	
F4	**Training and Capacity Building and Standardization**			**0**	
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if trg. Need assessment has been done	0	
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	0	
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records	0	
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users	0	
F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	0	
F5	**Staff Hygiene and Dress Code**			**0**	
F5.1	Hospital has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented	0	
F5.2	Nursing staff adhere to designated dress code	OB	Observation	0	
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation	0	
F5.4	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the hospital administration	0	
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation	0	