Summer Training Report

On

Application of WASH Standards in Hospital settings

At

Apex Hospital

From 19 April 2021 to 2 July 2021

Report

by

Dr. Kanika Sharma

MBA-Hospital &Health Management

2020-22

IIHMR UNIVERSITY

Internship Completion Certificate

APEX HOSPITALS

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Ref. No. Apex HR IC 2021

Date: 6th July 2021

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Kanika Sharma** has successfully completed her internship program from 19th April 2021 to 02nd July 2021 at Apex Hospitals Pvt. Ltd. Malviya Nagar, Jaipur.

At part of her internship, she has done a study on **"WASH Standards Applications"** in the department of Quality.

We wish her all the best for her future endeavor.

For Apex Hospitals Pvt. Ltd.

Keshav Dixit
Assistant Manager- HR

ACKNOWLEDGMENT

I would like to take this opportunity to express my deep sense of gratitude to all those people without which this project Report would not have been so successful.

First and foremost, I would like to thank, Indian Institute of Health Management and Research who gave me the golden opportunity to do this wonderful project.

I convey my special thanks, to my mentor Dr, Anoop Khanna (Associate Professor, IIHMR University) Mrs. Nidhi Jain Ma'am (Manager in quality Department) and Dr. Sandeep Sharma sir (Manager clinical operations) for their constant support and guidance.

I would thank my parents for their inexhaustible source of inspiration.

I would also like to thank my close friends who taught me many things and corrected me throughout the time.

At last but not the least I would like to thank the almighty for blessing me with a beautiful life for giving me strength and patience to overcome difficulties. Without his blessings, the achievement would not have been possible.

Dr. Kanika Sharma

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Abbreviations

NABH	National Board for Hospitals & Healthcare Providers
HMIS	Hospital Management information system
HIRA	Hazard Identification and Risk analysis
GDA	General Duty Assistant
MSDS	Material Safety Data Sheet
TAT	Turn Around Time
QCI	Quality Council of India
WASH	Workplace assessment for Safety and Hygiene

OBSERVATIONAL LEARNING

About Apex Hospitals

Apex Hospitals is a NABH accredited chain of hospitals across the state of Rajasthan concerning to develop top quality healthcare services. Apex Hospitals provide holistic healthcare services with a brilliant team of experienced doctors and trained staff, leading and advanced medical technology and state-of-the-art infrastructure. Apex hospitals aims at not only proving healthcare services to residents of cities, but also to people living in remote locations, with perseverance, dedication and compassion.

Apex Hospitals is a chain of multi-specialty hospitals in Rajasthan with its branches present in Malviya Nagar, Mansarovar, Sawai Madhopur and Jhunjhunu at present. They are one of the fastest growing hospitals in Rajasthan.

The quality, reach, experienced doctors and facilities aiming to serve people with best of advanced medical technology and unswerving compassion that has made Apex Hospital provide top-quality and patient-focused healthcare services since 1994.

Vision

To provide quality aware and technology-driven contemporary healthcare across segments in an atmosphere that is geared toward the needs of patients and staff, with all efforts to provide ongoing education and training for multi-faceted personal and linear organizational progress.

Mission

With perseverance, devotion, and compassion, delivers holistic quality care at a low cost in a clean atmosphere.

Quality Policy

Apex Hospitals Pvt Ltd is dedicated in providing timely and adequate care to its patients through processes managed by well-trained and capable personnel.

Mode of Data Collection:

The Mode through which information is taken out and observation are made about the hospital for the whole project report is done through both primary and secondary Data including medical records, Hospital Management information system (HMIS), Questionnaire, Web Search and interviews.

General findings on Learning's

With the onset of the worldwide pandemic of COVID 19 we can noticeably witness the unparalleled demand of healthcare system in India. The pandemic has exposed the whole healthcare scenario of our country and has put the hospitals in a lot of crises and in extreme state of burden.

It is important and the need of the hour to maintain the quality standards ,efficiency and services of the healthcare settings to meet the future vision and challenges ,expecting the pandemic to persist for a longer duration given India's unique and weakened circumstances, which would make the flattening of the curve to make a much longer time.

Major critical factor affecting functioning of department and programme.

1)Checking efficiency of Patient Record back up In HMIS software

HMIS is newly developed software for Hospital use which helps the Hospitals to manage the patients' record efficiently. It eases up the burden and effort of writing in the manual register and chances of loss of data, that can be crucial for future use and needs.

On checking for a random Department in Hospital (Department of RADIO-ONCOLOGY) whether the Patient records were efficiently entered into HMIS software for the month from 1ST Jan 2021 to 30THApril 2021, the manual register entries were tallied with the HMIS software.

It was found that out of 156 entries in the manual register for the same department only 137 entries could be found in the HMIS software ie. Around 87% of the total, 19 entries were missing and not listed**.**

Limitations or Cause for the issue:

When going to the root cause of the above issue it was found that 19 patients were discharged on a manual basis and their files did not reach the billing department which caused a breach in their entries in the HMIS software.

Suggestions For improvement

Seeing the above situation with a failure of about 13% of patient entries missing in the HMIS software, it can be a reason big enough for the failure of patient management in future and can create several disputes and issue.

A proper coordination within the staff is crucial for issues like this. Suggestion could possibly be that during the discharge of the patient, the billing clearance should be seen and patients file along with the patient or its attendant should be sent to the billing department for crosschecking and further after it the entries should be made then and there to avoid any of such problems.

2) Hazard Identification and Risk analysis (HIRA)

Safety inside the hospital premises should be of the utmost importance be it for the Hospital staff and workers or the patients. No compromise should be done with respect to it. The HIRA analysis as per NABH accreditation standard should be conducted by the hospital and so that all the hidden factors come into picture and necessary steps can be taken to eliminate or reduce such hazards and associated risks.It helps us to prepare for the worst and most likely hazards that could happen and allows us for rectification of the issues, creation and implementation of emergency plans, training and exercises to be performed when in need.

HIRA analysis for 3 departments (OT, Medical Ward and ICU) was done and following conclusions and suggestions were given: -

In the Operation theatre 3 types of significant Hazards that could happen were found

Significant Staff and Risk here	People at risk	Existing Controls	Further Controls Required
• Radiation hazards	Clinical Staff/ GDA	Shorter exposure time/longer distance from the source, Dosimeter and lea d aprons are worn	Regular checking of lead aprons for cracks and quarterly checking of dosimeter
• Occupational Hazards	Clinical Staff/ GDA	Single shift duty, Rest in between duty for 5-10 min and proper man power planning	Proper manpower planning, fixed duty of staff especially clinical and GDA so that they can be oriented properly
• Manual Handling operators	Clinical Staff/ GDA	Team work in handling heavy equipment and lifting	Staff to get regular training of lifting and moving heavy loads with care to avoid Musculoskeletal disorders (MSD) at work. Staff to be oriented with equipment and

			machinery by the in charge.

Table 1:HIRA Assessment in operation theatre

In the Medical Ward 4 types of significant Hazards that could happen were found:

Significant Staff and Risk here	People at risk	Existing Controls	Further Controls Required
• Falling Material from insecure packaging	Nursing Staff+ GDA	Items are stored at height	Usage of staircase for taking or replacing materials kept at a height
• Condition of Building	Patient+ Nursing staff+ GDA	Fall ceilings are open above few patient beds	To complete the work of Fall ceiling
• Fire hazards	All	Only 1 fire extinguisher available	Placement of few more fire extinguisher equipment
• Electrical appliances	All	Electrical Box placed in front of the door	The Box to be properly closed

Table 2:HIRA assessment in medical ward

In the ICU 6 types of significant Hazards that could happen were found:

Significant Staff and Risk here	People at risk	Existing Controls	Further Controls Required
• Radiation Hazard	All Staff	Staff are not aware of the radiational side effects	Organization of training staff on radiational hazards

• Hazardous substances	All Staff	Daily cidex being checked and sodium hypo chloride is being prepared but MSDS sheet not available	Hazardous material; once identified and labeled a Material Safety Data Sheet (MSDS) sheet is to be kept in the department
• Electrical equipment	All Staff	Daily/Weekly checkup of all electrical equipment should be done	Daily checking of the electrical equipment to be done
• Occupational Stress	All Staff	Long working hours during long surgery	Training on ergonomics to be organized
• Fire Hazard	All Staff attendant	Fire hydrant water pressure not available because of fire pump work going on	Adequate fire extinguisher should be available
• Medical Gases	All Staff	Checking of medical gas line	Regular checking and a backup cylinder to be placed

Table 3:HIRA assessment in ICU

3) Observation based on gaps found in OPD of the Hospital

ISUUES OBSERVED: -

1. No social distancing seen in the waiting area

2. Sanitizers not foot controlled

3. Less sanitizers present in the OPD area, only one near the reception

4. Not many COVID related Sinages for patient information in the OPD area

5.No Glass /Plastic shield at the Reception desk, to prevent infection of the Hospital task

6. Desk height at the Reception not appropriate for comfortable seating and communication of the staff with the patient or attendant

7. The wall clock could be placed above the wall of the reception area for easy visibility for everyone

8. Patient restless for their turn don't want to wait much

SUGGESTIONS FOR IMPROVEMENT OF THE ABOVE ISSUES: -

1. No social distancing seen in the waiting area

Alternate chairs can be marked with a cross sign using a red tape to ensure social distancing between patients hence maintain social distancing.

2. Sanitizers not foot controlled & Less sanitizers present in the OPD area, only one near the reception

More Foot controlled sanitizers to be placed

3. Not many COVID related Sinages for patient information in the OPD area

Amidst the COVID scenario it is necessary and the responsibility of the hospital to generate awareness between patients. More Sinages related to hygiene practices, social distancing, what to be done and what not to be done during the pandemic etc can educate the patients ultimately leading to the country's safety. Also, it will help patient to cope with the waiting time keeping patients engaged

4. No Glass /Plastic shield at the Reception desk, to prevent infection for the Hospital staff

The Hospital staff working at the reception should also be protected from infections which the patient or the attendant can transfer while having conversation with the staff. Along with wearing of mask by them an extra plastic shield will also help in giving extra precaution to the staff from preventing infection through passage of aerosols etc.

5.Desk height at the Reception not appropriate for comfortable seating and communication of the staff with the patient or attendant

The reception's desk level can be reduced and can be made adjusted to the level of the staff for easy communication and comfort hence also increasing the affectivity of their work.

6. The position of the wall clock can be changed for better visibility for the patients

The wall clock could be placed above the wall of the reception area for easy visibility by the patient.

7. Patient restless for their turn don't want to wait much

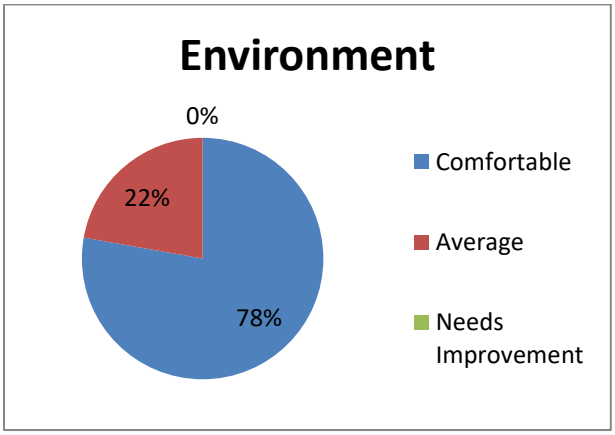
One of the main issues seen and as communicated by the reception staff was that the patients/attendant coming are restless enough and no one wants to wait for their turn even after repeated requests by the staff. To lessen this issue tokens can be given to the patients at the gate while they are entering the OPD area and their numbers can be displayed in a digitalized manner, showing the current and 2 future patients no, for them to easily analyze their turn and hence lessening the chaos at the waiting area. Only those token numbers that are being digitally displayed should be allowed to stand in a queue maintain distance. Also, Sinages Displaying Text like "Please be Patient" or "Kindly wait for your turn, we are doing Best to serve you" can be displayed.

Additional Advices

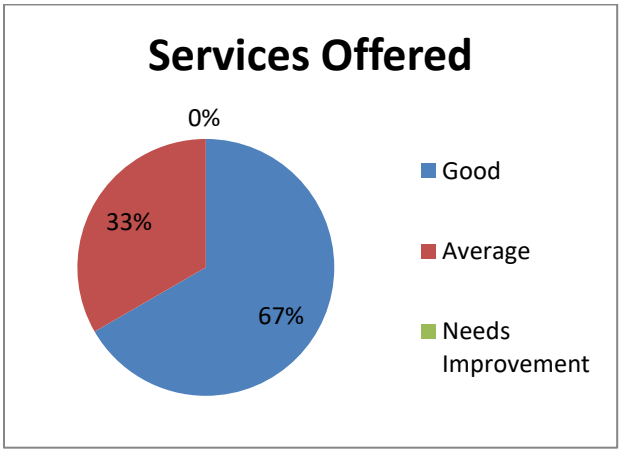
Informative Pictorial Sinages related to the respective department can be placed outside each consultation room for Patients, enhancing patient knowledge and information.

4) Patient Feedback analysis for sample collection Room

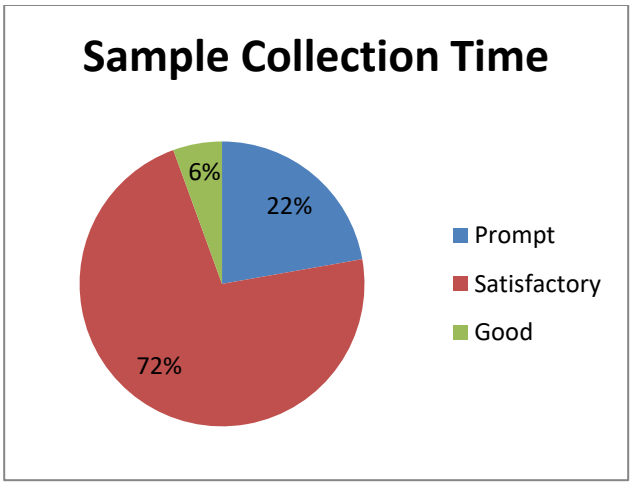
A short survey was done in the sample collection area to check the patient's feedback. Feedback forms were distributed randomly to around 18 patients in the sample collection room including questions based on the service and quality of work offered, responses were recorded based on it and analysis was done.



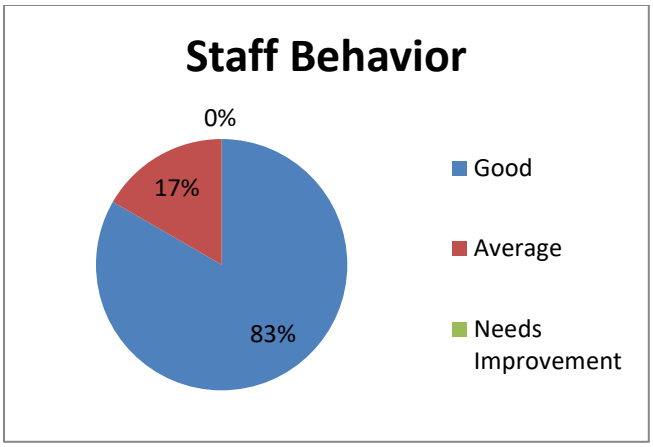
Graph 1 - Patient Feedback on Sample collection rooms environment



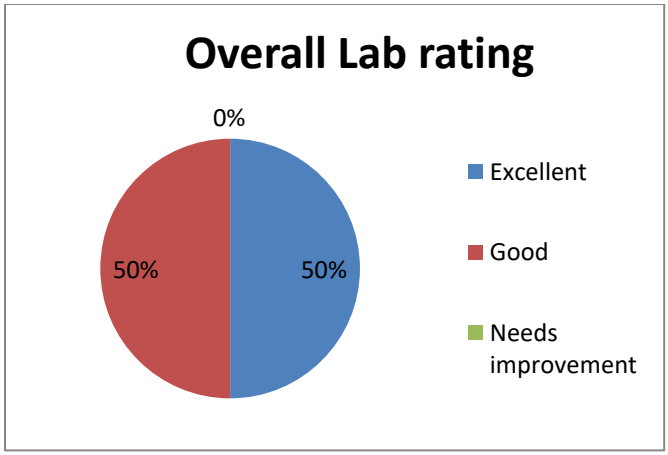
Graph 2 - Patient Feedback on Services offered in sample collection rooms



Graph 3 - Patient Feedback on time taken for sample collection



Graph 4 - Patient Feedback on staff behaviour on sample collection



Graph 5 - Patient Feedback on overall on sample collection room rating

Conclusion

By the above study it was observed that around 72% of the patients were dissatisfied with the sample collection time.

Recommendations for the issue

For the above issue an additional staff can be assigned for entry related work by this the other staff would be able to perform its task of sample collection more efficiently.

Also, Sinages displaying TAT can be displayed outside the collection room and an estimated time for sample collection can also be displayed for patient's knowledge and concerns.

Patients can also be sent with tokens for them to know about their turns for sample collection hence lessening their apprehension.

Project Report

Workplace assessment for safety and hygiene

Introduction and Rationale of the project

WASH Standards is a scheme passed by Quality Council of India (QCI) aiming in helping any organization/Hospital to access and checks its readiness in order to restart and run all the operations safely amid COVID-19.

The post virus scenario will be clearly focusing on health, safety and hygiene conditions of the hospital and its staff. India's condition to rebuild its economy post COVID would be a big issue and concern requiring a plan to make sure that quality and services of hospitals are maintained and henceforth reducing the future development of recurrences and spread. At this crucial time with the devastating effects of COVID it becomes necessary to bring specific protocols for the hospitals ensuring that they are able to operate their day to day work safely with very little or no occurrences of COVID cases.

This requires few priorities and protocols to be followed for the Hospitals as mentioned below: -

- Ensuring safe operations and workplace for safeguarding health and safety of employees, customers and public.
- Complying with all new COVID-19 related requirements from regulatory/health authorities and/or other Government bodies.
- Ensuring business continuity in operations to serve customers and protect businesses.

For the benefit of people and Hospital, QCI has developed a standard "Workplace Assessment for Safety and Hygiene" (WASH)" Consisting of 15 main parameters to help the organizations evaluate and judge their preparedness to restart and run their operations safely.

The assessment can be done as an onsite survey by trained assessors. The assessment report generated will provide an overview about the current condition of the hospital, its gaps and areas of improvement in a go for future corrections and development.

The inspection report generated at the end may enable the Hospital to build confidence not only among its workforce and staff but also amongst other service providers engaged with it.

The Assessment will be based on the checklist covering 15 main parameters from WASH scheme launched by QCI

1. Management Commitment
2. Regulatory and other requirements
3. Business Continuity
4. Risk Management
5. Communication
6. Hygiene and Safety
7. Preventive Measures
8. Training and awareness
9. Waste Management
10. Ventilation
11. Public interaction
12. Supply Chain

13. Transportation
14. Document Requirement
15. Control of Discriminatory Practices

Intent of assessment

- To give the Hospital with a comprehensive report on the preparedness of its Hygiene & Safety system and processes in relation to COVID-19 risk.
- To give information valuable for identifying and improving the Hospitals weak institution's links in terms of hygiene and safety in its operations and workplace

Objective of the study

The study aims in assessing the workplace safety and hygiene standards following the COVID-19 outbreak

Research Question: -

What is the status of work place safety of the hospital amidst COVID-19 and how much is the readiness present in hospitals to combat the current pandemic situation?

Research Methodology

An interview-based study using fixed set of questions concerning the 15 parameters was conducted and the concerned staff and authorities were interviewed for the same. The result so found was analyzed and interpreted to see the readiness of the hospital based on the WASH scheme.

Study Design

A Survey based quantitative research was undertaken at Apex Hospital, Malviya Nagar for around two months in order to access the safety and readiness of the hospital amidst COVID-19Pandemic.

Description of the no of questions interviewed under Response Function

Response function	No of questions
Management Commitment	**27**
Regulatory and other Requirements	**10**
Business Continuity	**10**
Risk Management	**5**
Communication	**13**
Hygiene and Safety	**23**
Preventive Measures	**50**
Waste Management	**16**
Training & Awareness	**8**
Ventilation	**12**
Public Interaction	**13**
Supply Chain Management	**12**
Transportation	**21**
Documentation Requirement	**11**
Discriminatory Practices	**19**

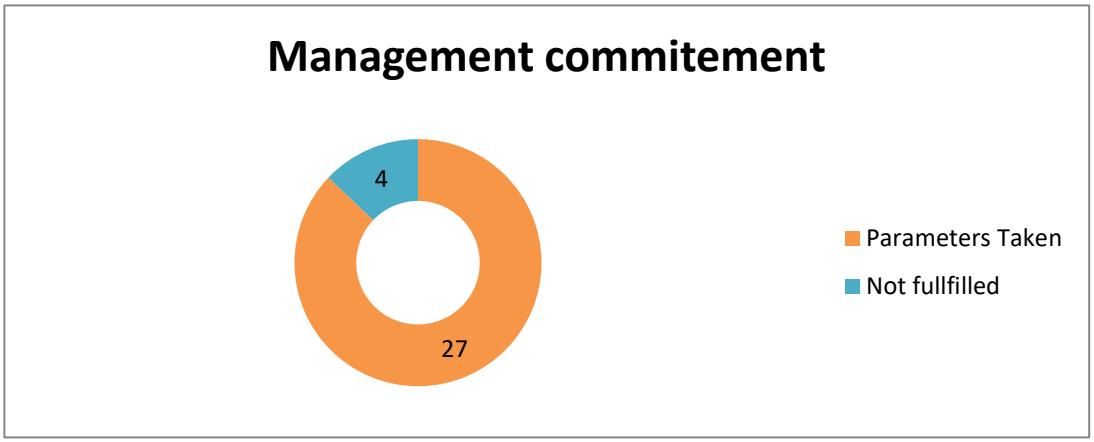
Table 4:Description of total no of question surveyed under each response function

Data Collection Tools and techniques

A structured interview method was used for the study and responses were marked in order to see the compliance required in each section.

Results and Analysis

1-Management Commitment-A good Management System is the root and strength of proper working of hospital. Preparedness of management system makes it easy for the hospital to make things fall in compliance and have a vision for all the issues and opportunities that the hospital could face in future upcoming alarming situations like the current Covid 19-Pandemic.The Management of the organization needs to demonstrate commitment to safeguard all the employees and the workplace in order to run efficiently



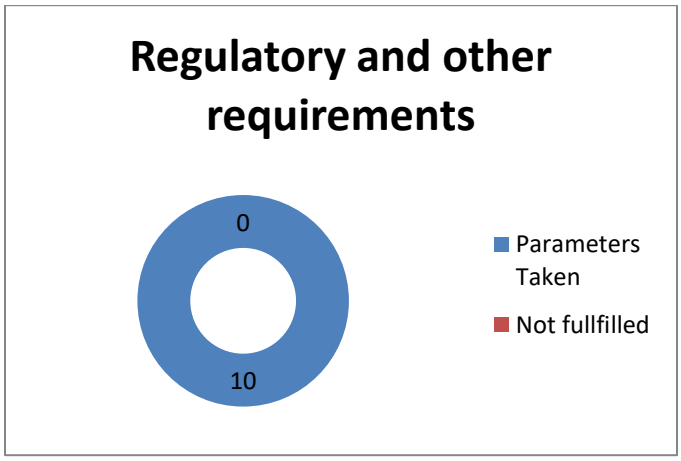
Graph 6 - Management Commitment Compliance in hospital

Out of 27 parameters taken to see the efficiency and readiness of the hospital on basis of Management commitment a non -compliance in 4 parameters was seen that were:

- No presence of Hospital Incident Management System as such having representatives from all related departments and units.
- No sitting capacity was marked for the canteen area following social distancing norms.
- No regular screening done for hospital staff at the entry gate including Doctors, paramedics, Nurses, housekeeping, workers, canteen workers etc.
- No SOP related to quarantine and checking area for what is brought into hospital present.

2.Regulatory and other Requirements

To maintain compliance, the organization must design and maintain a process for identifying applicable regulatory and other essential requirements and determining how they apply to its activities and procedures.

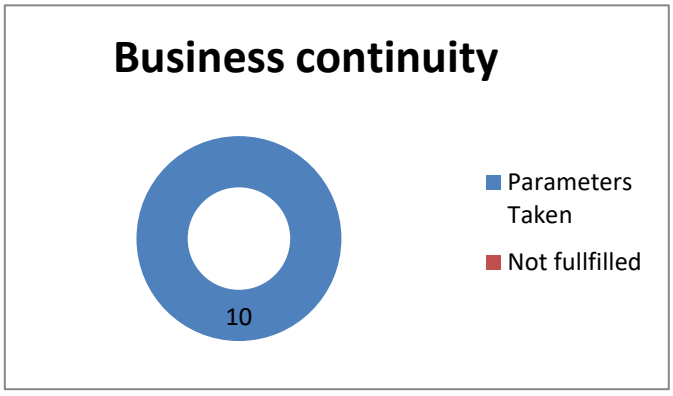


Graph 7 – Regulatory and other requirements Compliance in hospital

In all out of 10 parameters taken to see the efficiency and readiness of the hospital based on regulatory and other requirements, full compliance was seen.

3. Business Continuity

The Hospital must demonstrate its ability to maintain business continuity while identifying potential disruptions as a result of the COVID-19 issues.

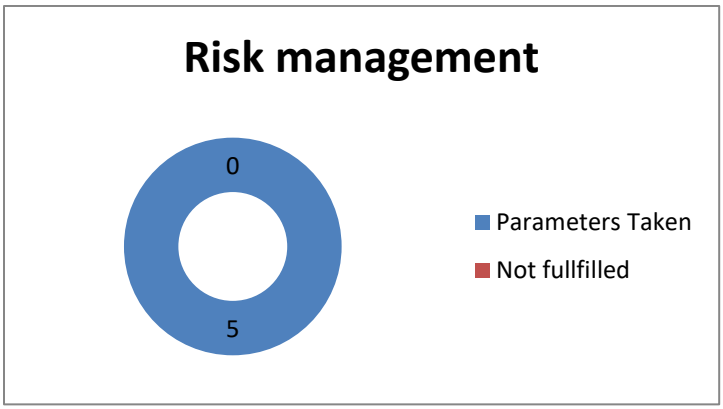


Graph 8 – Business Continuity Compliance in hospital

In all out of 10 parameters taken to see the efficiency and readiness of the hospital based on Business Continuity, full compliance was seen.

4.Risk management

The Hospital must be aware of the risks posed by the COVID-19 crises and implement appropriate risk mitigation procedures to ensure safe operations.

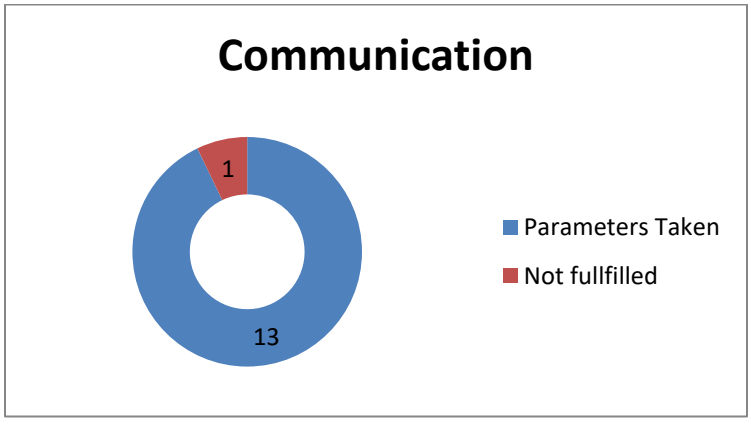


Graph 9 – Risk management Compliance in hospital

In all out of 5 parameters taken to see the efficiency and readiness of the hospital based on Risk management, full compliance was seen.

5.Communication

To manage and preventCOVID-19 infection, the hospital must define and develop mechanisms to ensure communication with all stakeholders, including regulatory authorities.



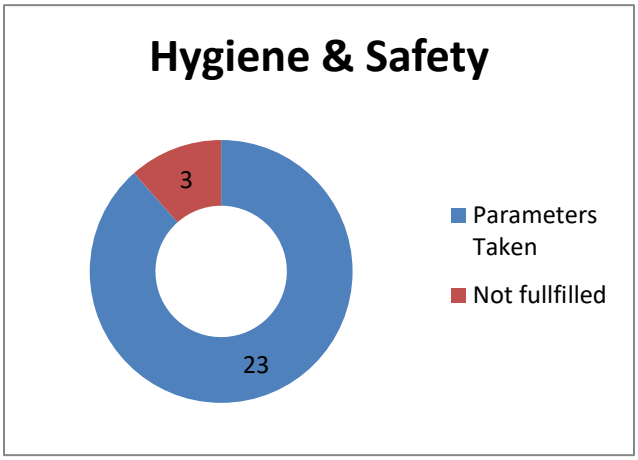
Graph 10 – Communication Compliance in hospital

Out of 13 parameters taken to see the efficiency and readiness of the hospital based on Communication Noncompliance was seen it. 1 parameter i.e.: -

- A spokesperson for public information can be appointed to coordinate and maintain consistent communication with the public, the media, and health officials

6.Hygiene and Safety

To achieve desirable levels of hygiene and safety for a safe environment and people, including employees, patients, and others, the hospital must define appropriate practices and show their application.



Graph 10 – Communication Compliance in hospital

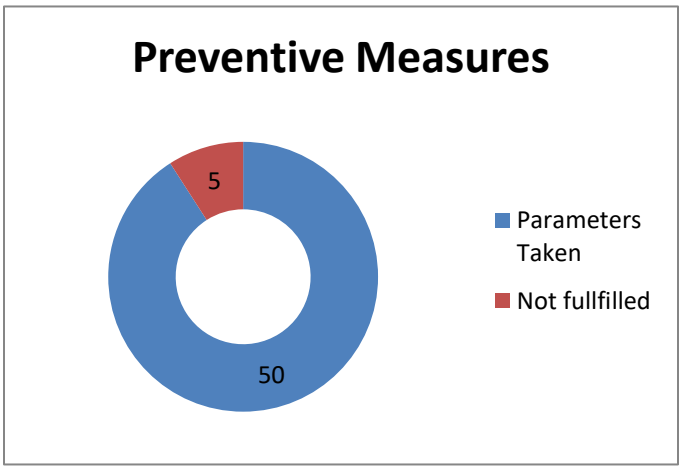
Out of 23 parameters taken to see the efficiency and readiness of the hospital based on Communication Noncompliance was seen irt. 3 parameter ie:-

- No social distancing followed in the canteen and in RT-PCR sample collection area
- No social distancing followed in the patient waiting area in OPD. People sitting without chair gaps, to help achieve this Cross sign can be made with red tape on alternate chair.

- Insufficient amount of Sanitizers placed at different locations in the hospitals ie.(Entrance, Reception, Waiting area etc.),Also the sanitizer's can be made foot operated

7.Preventive Measures

To avoid the transmission of infection, the hospital must create the required arrangements for dealing with situations originating from suspected COVID 19 infections.



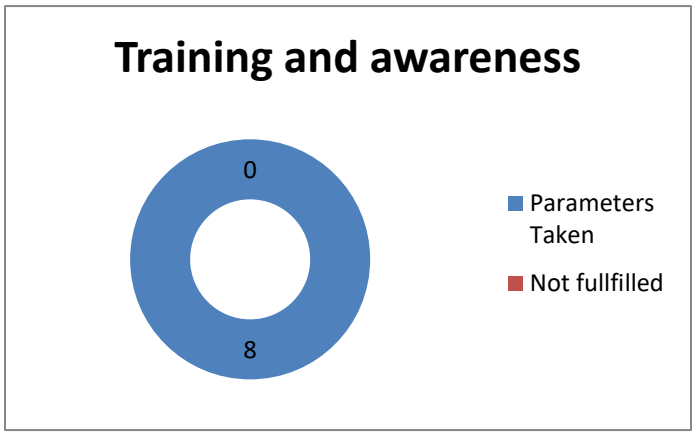
Graph 11 – Preventive Measures Compliance in hospital

Out of 50 parameters taken to see the efficiency and readiness of the hospital based on Preventive Measures Noncompliance was seen irt. 5 parameter that are: -

- There is no provision for isolating unwell employees of the Hospital until medical assistance comes.
- There is no designated waiting space for persons who are experiencing respiratory problems.
- No Physical barriers like plastic screen or glass screen present at the reception area of OPD
- The isolation/ wards not following negative pressure criteria
- Staff not following triple bucket mopping technique

8.Training and Awareness

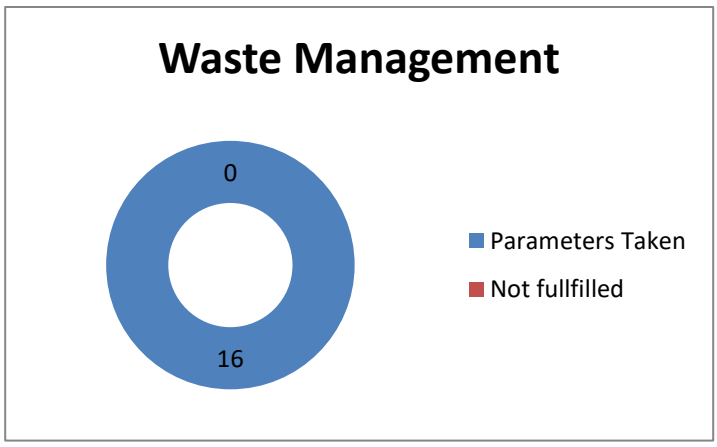
Effective training must be provided to ensure that employees and hospital personnel adhere to good hygiene and safety measures.



Graph 12 – Training and awareness Compliance in hospital

In all out of 8 parameters taken to see the efficiency and readiness of the hospital based on Training and awareness no noncompliance as seen.

9.Waste Management: The hospital must determine the regulatory and essential waste management requirements and implement them to ensure safe waste management and disposal.

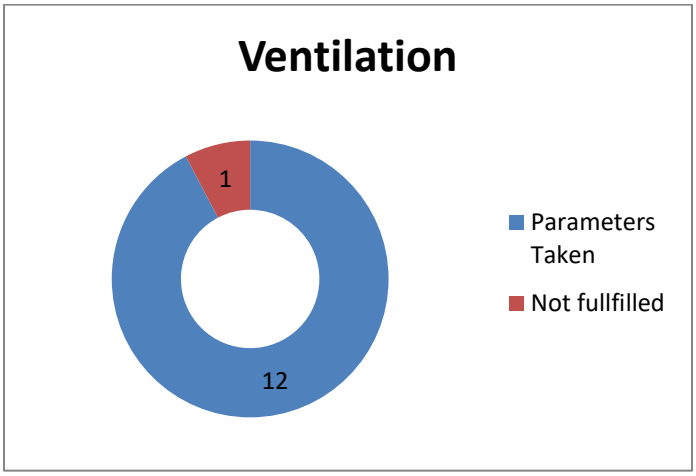


Graph 13 – Waste Management Compliance in hospital

In all out of 16 parameters taken to see the efficiency and readiness of the hospital based on Waste Management no noncompliance was seen.

10. Ventilation

To ensure that the air circulating is clean, proper ventilation is required, and the hospital must define the requirements and implement actions to keep the interior quality clean.



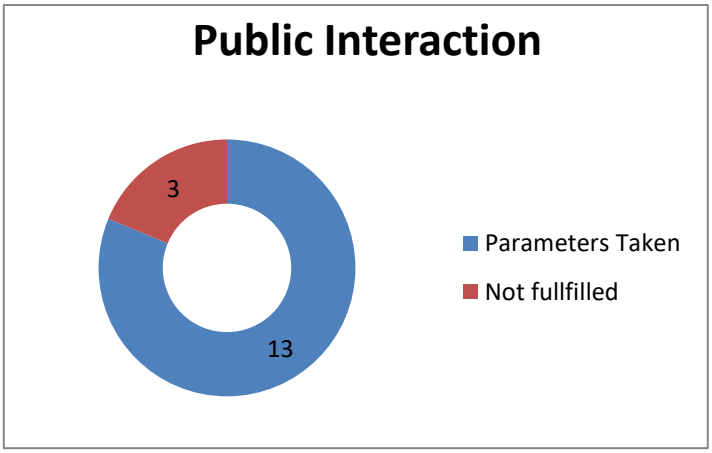
Graph 14 – Training and awareness Compliance in hospital

Out of 12 parameters taken to see the efficiency and readiness of the hospital based on Ventilation requirements noncompliance seen irt 1 parameter ie.

• There is no check list provided to examine whether the HVAC system meets or exceeds all applicable codes, standards, guidelines, and supplier instructions.

11.Public Interaction

To avoid Covid-19 infection, the hospital must set procedures for guaranteeing safe interaction.



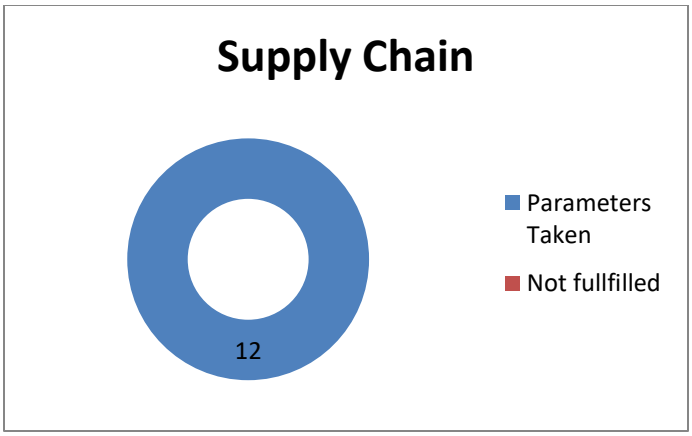
Graph 15 – Public Interaction Compliance in hospital

Out of 13 parameters taken to see the efficiency and readiness of the hospital based on Public Interaction requirements noncompliance seen irt 3 parameters that are:

- There are no protocols or processes in place for screening and work limits for health-care workers who have been exposed to or are ill.
- No facility or programmes for managing mental health of doctors and paramedic staff
- There is no protocol in place to monitor and manage workers who are suspected or confirmed to have COVID-19, or who have been exposed to a COVID-19 patient who is confirmed, probable, or suspected.

12.Supply Chain

The hospital must plan for communication with the supply chain, including contractors, and seek assurance from them that the workplace will be safe and that end-to-end procedures will be completed**.**

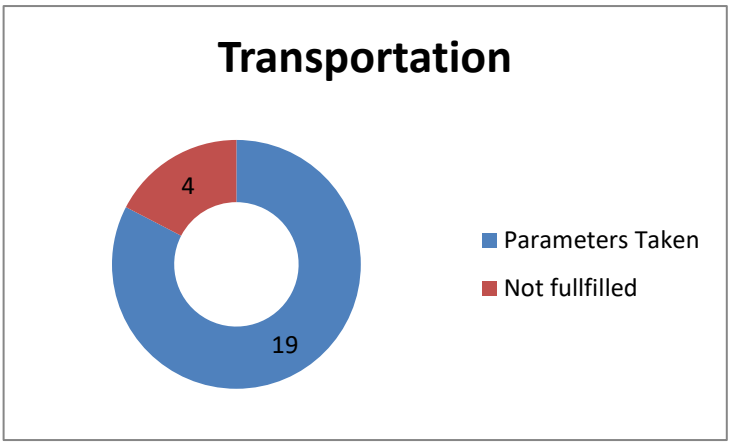


Graph 16 – Supply Chain Management Compliance in hospital

All out of 12 parameters taken to see the efficiency and readiness of the hospital based on Supply Chain management no noncompliance was seen.

13.Transportation

The hospital must develop procedures for the safe transportation of patients, goods, and services.



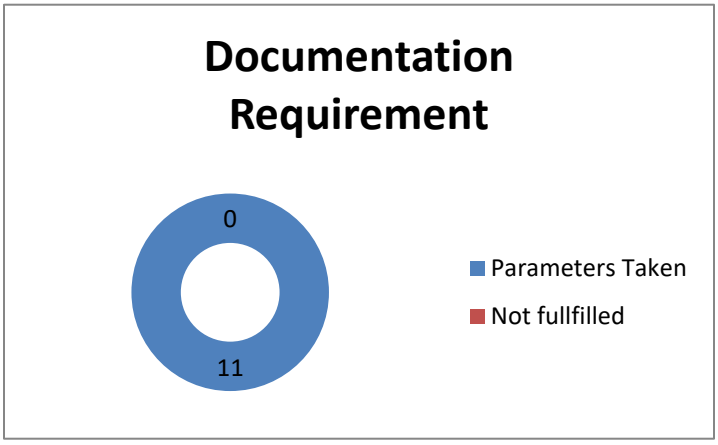
Graph 17 – Transportation Compliance in hospital

Out of 21 parameters taken to see the efficiency and readiness of the hospital based on Transportation requirements noncompliance seen irt 5 parameters that are:

- No disinfection of goods container prior or after arriving at the loading location of the hospital
- Sterilization of all incoming and outgoing vehicles bringing goods etc for the hospitals using detergents and disinfection sprays rarely followed and done
- Hospital vehicle drivers /helpers not screened regularly for COVID19 symptoms
- Ambulances not disinfected or sterilized after every visit
- Not all details written on Covid 19 sample like (UN no, temperature, requirement, upright arrow mark for direction etc)

14.Documentation Requirements

The hospital must keep documented information and records to the degree required to support the operation of processes and to have confidence that the procedures are being carried out as intended.

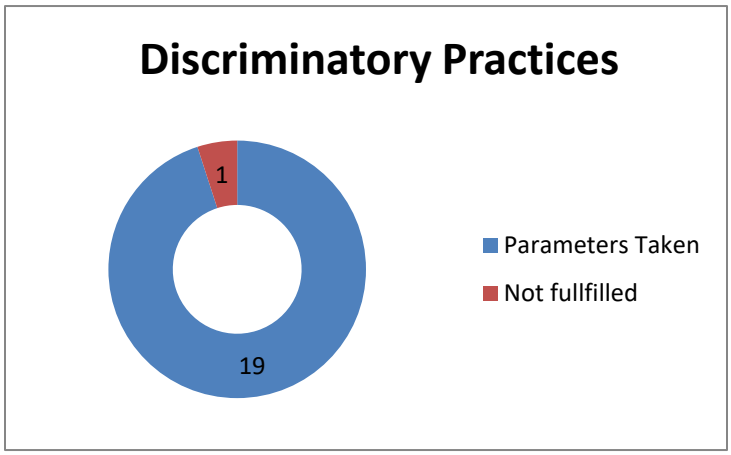


Graph 18 – Documentation Requirement Compliance in hospital

In all out of 11 parameters taken to see the efficiency and readiness of the hospital based on Documentation requirement no noncompliance was seen.

15.Control of discriminatory practices

If there are any discriminatory practices, the Hospital must identify them and make arrangements to prohibit them.



Graph 19 – Discriminatory Practices Compliance in hospital

Out of 19 parameters taken to see the efficiency and readiness of the hospital based on Discriminatory practices noncompliance seen irt 1 parameter:

- The policies that exist in the hospital against the rights of the employees or staff are not properly known by all, especially at lower levels.

Discussion

The Wash standard assessment done in order to find the workplace safety and hygiene revealed about the hospital that out of 15 parameters taken it was doing good in about 7 parameters that are Regulatory requirements, business Continuity, Risk Management, Waste Management, Training and Awareness, Supply Chain management and Documentation Requirement part. However, in remaining 8 parameters of Management Commitment, Hygiene and safety, Preventive measures, Communication, Ventilation, Public Interaction, Transportation, and Discriminatory Practices some or the other issues were seen.

The Hospital was standing good with respect to WASH standards with overall of about 91% compliance.

The findings of this study will further guide us towards the remaining scope of improvement about the neglected areas for the further readiness of the hospital for any alarming situation or future outbreaks.

Conclusion

The hospitals own safety, hygiene, and readiness will be a major hurdle to overcome in order to gain a better view and prepare for the upcoming waves of Covid 19.

The current Covid situation in our country has exposed the Government's and Private hospital's deteriorating administration on many fronts. Preparation of the hospital on all fronts is critical in all aspects, and the application of WASH standards provides a good indication of how a hospital can prepare for any forthcoming challenges and close any gaps that may exist.

References

https://qcin.org/workplace-assessment-for-safety-and-hygiene-(wash)#:~:text=For%20the%20benefit%20of%20citizens,and%20run%20their%20operations%20safely.&text=WASH%20Scheme%20Document,Standard%20and%20Guidance%20Document

http://www.emro.who.int/images/stories/coronavirus/documents/hospital_readiness_checklist_for_covid_19.pdf?ua=1

https://www.qcin.org/WashScheme/Site-Assessment%20Checklist%20&%20Report%2029.06.2020.docx

https://covid.aiims.edu/biomedical-waste-management-disinfection-cleaning-in-covid-19-areas/

http://www.gmch.gov.in/sites/default/files/documents/Biomedical%20Waste%20Management.pdf

https://www.mohfw.gov.in/pdf/5Sample%20collection_packaging%20%202019-nCoV.pdf

ANNEXURES

https://drive.google.com/file/d/1YDtHYEEW55Nux1NR3ieQQ5yWDwAs0s53/view?usp=sharing