



एक कदम स्वच्छता की ओर

**AWARD**  
TO PUBLIC HEALTH FACILITIES  
**KAYAKALP**

May, 2015





# AWARD to Public Health Facilities KAYAKALP



Ministry of Health and Family Welfare  
Government of India

Ministry of Health and Family Welfare  
Government of India, Nirman Bhawan  
New Delhi-110 011

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### Background

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 health care 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. As the first principle of healthcare is “to do no harm” it is essential to have our health care facilities clean and to ensure adherence to infection control practices. Swachhta Guidelines for Public Health Facilities are being issued separately. To complement this effort, the Ministry of Health & Family Welfare, Government of India is launching a National Initiative to give Awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

### Objectives

1. To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
2. To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.



## Scope

Based on scoring, using a specific standard protocol administered by an external Assessor Team, the awards would be distributed as follows:

- ◆ Best two District Hospitals in each state (Best District hospital in small states).
- ◆ Best two Community Health Centres/Sub District Hospitals (limited to one in small states).
- ◆ One Primary Health Centre in every district

Each facility will receive a cash award with a citation.





The awards would be distributed based on the performance of the facility on the following parameters.

- I. Hospital/Facility Upkeep
- II. Sanitation and hygiene
- III. Waste Management
- IV. Infection control.
- V. Support Services
- VI. Hygiene Promotion

Score card for the award and tools for the facility assessment are given in the Annexure 'I' and Annexure 'II' respectively.

### **Criteria for application to the Awards Scheme:**

Following are the prerequisites for applying for an award-

1. Constituted a Cleanliness and Infection Control Committee.
2. Instituted a mechanism of periodic internal assessment/peer assessment based on defined criteria
3. Achieved at least 70% score in the criteria during the peer assessment process

### **Selection of facilities**

1. The awards for individual public health facility will be given to those that score the highest based on a set of defined criteria. There will be three sub categories :
  - a) **Best District Hospitals** - In every state the two top ranked district hospitals will receive an award. The first and second best district hospital level facilities will receive cash award of Rs Fifty and Rs. Twenty Lakhs respectively. For small states only the first ranking facility in this category will be awarded.



- b) **Best CHC/SDH Award** - In every state, the top two ranked CHCs / SDHs will receive an award. The first and second ranked CHCs/ SDHs will receive cash awards of Rs. Fifteen and Ten Lakhs respectively. For small states there will be only one award for the best facility in this category.
- c) **Best PHC Award** - In every district, the best PHC (24x7) will receive a cash award of Rs. Two Lakhs.

In order to motivate, sustain and improve performance in facilities that score over 70%, but do not make it to the list of top two/one in a particular year, a Certificate of Commendation plus cash award would be given as follows:.

- |                           |             |
|---------------------------|-------------|
| a) District Hospital      | Rs. 300,000 |
| b) CHC / SDH              | Rs. 100,000 |
| c) Primary Health centres | Rs. 50,000  |



**State Level:** A state level Award Committee is to be constituted under the chairpersonship of the Health Secretary/Mission Director. Suggested members include senior officers from Health Directorate, State Quality Assurance Committee, Development Partners working in the states, Superintendents of Medical College hospitals, NGOs working on health and sanitation themes, and representatives of other relevant departments like Public Health Engineering Department, Pollution Control Board and Water and Sanitation department.

The TORs of this committee would be to:

1. Disseminate the criteria and methodology of this National Initiative to public healthcare facilities in the state.
2. Constitute state level external assessment team for the purpose of facility assessment and scoring.
3. Enable training of external assessors on the defined criteria.
4. Coordinate the process of assessment and validation of internal scores
5. Finalize the list of award winners and runners up based on the assessment.
6. Facilitate an award ceremony at the state level and transfer award money to the respective facilities.
7. Resolve any conflict during the nomination and assessment process.

**External Assessment Teams-** External Assessment team would be constituted for the proposed assessment and validation of the scores of nominated facilities. State Award Committee would identify and appoint external assessors. Following can be appointed as External assessors-



1. State level program officers/ Officials from Health Directorate.
2. Experts working with Developments Partners/ International Agencies/NGOs.
3. Trained internal and external assessors for National Quality Assurance Standards/other quality standards.
4. Faculty from medical Colleges/ SIHFWs/ Technical support institutions
5. Retired senior health officials and other health experts.

Each team would consist of three assessors, of which one would be an independent expert who is not from the government. For small states, one assessment team would be adequate. For larger states one assessment team can be constituted for 5-10 districts, say at each divisional level. External assessors at state level would be trained in using the assessment tool by NHSRC/NIHFW.

**District level Award Nomination committee** - A three to five member committee at the district level under the chairpersonship of the DM/Chief Medical Officer (CMO). Suggested members include CMO/representative, Member of Zilla Panchayat Health Committee, District Quality Assurance Committee, civil society representatives and eminent RKS members as members of which at least one of the members should be a woman. This committee would undertake the following tasks:

1. Disseminate details of award scheme and criteria to all health care facilities in the district.
2. Ensure the process of internal and peer assessment in the district through:
  - ◆ Training facility staff in undertaking internal/peer assessments
  - ◆ Allocation of teams for peer assessments and providing logistic support
  - ◆ Monitor implementation of internal and peer assessments, and
  - ◆ Review of scores and support facilities to fill identified gaps.
3. Nominate facilities for award based on the scores obtained by internal/ peer assessment for finalization at the state level.

**National Level:** At the national level, a National Committee under the Chairpersonship of the AS & MD, would review this National Initiative periodically for any necessary modifications.



### Step 1:

**Internal Assessment-** At the beginning of the financial year, each facility should be assessed, scored and documented (including photo documentation) by its own staff using the assessment tool. Based on this assessment, the facility should identify the gaps and prepare an action plan to address these gaps. This internal assessment should be carried out every quarter and facility should maintain a record of scores for each quarter, which should also be submitted to the office of the Chief Medical Officer.

### Step 2:

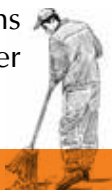
**Peer assessment-** For those facilities that have an average of 70% score on internal assessment, the state/district will ensure that Peer Assessment is carried out. Peer validation of a score of 70% and above is a criterion for application for the award. Within the district, hospital staff of one block level facility would undertake the assessment of a facility in another block. This would be determined by the DHS/CMO. At the state level, a similar process would be followed within the state allocating a team from one DH to travel to another DH to undertake an assessment. The peer assessment should be done at least once in a year for all the facilities. The scores generated by the peer assessment will be the basis for nomination for the annual Awards.

### Step 3:

**Nomination of the facilities –** The District Award Nomination committee would collate and analyse the peer assessment score of all health care facilities. The District committee will recommend the names of all facilities scoring 70% or more to the State level Awards Committee.

## External Assessment

The districts will rank the CHCs & SDHs according to the scores and submit to state Award Committee. For formal recognition and award, an external assessment would be carried out in the nominated facilities by teams of external assessors to validate the scores generated through the peer



assessment mechanism. For selecting the award winning DHs, CHCs & SDHs, it is essential to have state nominated teams for external assessment. The state may decide whether external assessment in addition to Peer assessment, of such CHCs & SDHs by state nominated teams is necessary for those that have been short listed for Certificate of Commendation.

In the case of PHCs, the state could delegate to the district committee the functions of constituting independent assessment teams, carrying out the assessment and finalize the award winning PHC from amongst the top three ranked PHCs. For PHCs scoring 70% and above but not considered for the award, scores generated through peer review assessment could be considered valid for making decision on Certificate of Commendation, provided the scores of the other shortlisted facilities are validated at least for eligibility. In the event that the scores are not validated for the shortlisted PHCs, no other PHC in the district with lower scores would receive a Certificate of Commendation.



State Award Committee will rank facilities according to the scores obtained in external assessment and identify the top two ranked for award. The list of selected facilities would be formally disseminated through circular and displayed at official website of the state health department. The state committee would also declare the eligible facilities for the Certificate of Commendation.

**Felicitation** – The awards will be distributed at a state level ceremony. A certificate and cash award would be given to the facility-in-charges of the award winning facilities. 1st Prize winners amongst District Hospitals from every state would also be facilitated at a national level ceremony on a suitable day decided by the MoHFW.

### **Cash Award –**

75 % of the cash award amount will go to the Rogi Kalyan Samities for investments in improving the amenities, upkeep and services, while 25% of the cash award will be given to the facility teams as a team incentive.

### **Budget:**

The National Initiative would be an integral part of NHM. The states will provide for this in their Programme Implementation Plans (PIP).



## Score Card – Kayakalp, Award to Public Health Facilities

Reference No.	Criteria	Weightage
<b>A.</b>	<b>Hospital/ Facility Upkeep</b>	<b>100</b>
A1	Pest & Animal Control	10
A2	Landscaping & Gardening	10
A3	Maintenance of Open Areas	10
A4	Facility Appearance	10
A5	Infrastructure Maintenance	10
A6	Illumination	10
A7	Maintenance of Furniture & Fixture	10
A8	Removal of Junk Material	10
A9	Water Conservation	10
A10	Work Place Management	10
<b>B.</b>	<b>Sanitation &amp; Hygiene</b>	<b>100</b>
B1.	Cleanliness of Circulation Area	10
B2	Cleanliness of Wards	10
B3	Cleanliness of Procedure Areas	10
B4	Cleanliness of Ambulatory Area	10
B5	Cleanliness of Auxiliary Areas	10
B6	Cleanliness of Toilets	10
B7	Use of standards materials and Equipment for Cleaning	10





Reference No.	Criteria	Weightage
B8	Use of Standard Methods Cleaning	10
B9	Monitoring of Cleanliness Activities	10
B10	Drainage and Sewage Management	10
<b>C.</b>	<b>Waste Management</b>	<b>100</b>
C1	Segregation of Biomedical Waste	10
C2	Collection and Transportation of Biomedical Waste	10
C3	Sharp Management	10
C4	Storage of Biomedical Waste	10
C5	Disposal of Biomedical waste	10
C6	Management Hazardous Waste	10
C7	Solid General Waste Management	10
C8	Liquid Waste Management	10
C9	Equipment and Supplies for Bio Medical Waste Management	10
C10	Statuary Compliances	10
<b>D.</b>	<b>Infection Control</b>	<b>100</b>
D1	Hand Hygiene	10
D2	Personal Protective Equipment	10
D3	Personal Protective Practices	10
D4	Decontamination and Cleaning of Instruments	10
D5	Disinfection & Sterilization of Instruments	10
D6	Spill Management	10
D7	Isolation and Barrier Nursing	10



Reference No.	Criteria	Weightage
D8	Infection Control Program	10
D9	Hospital/ Facility Acquired Infection Surveillance	10
D10	Environment Control	10
<b>E.</b>	<b>Hospital Support Services</b>	<b>50</b>
E1	Laundry Services and Linen Management	10
E2	Water Sanitation	10
E3	Kitchen Services	10
E4	Security Services	10
E5	Outsourced Services Management	10
<b>F.</b>	<b>Hygiene Promotion</b>	<b>50</b>
F1.	Community Monitoring & Patient Participation	10
F2.	Information Education and Communication	10
F3.	Leadership and Team work	10
F4.	Training and Capacity Building	10
F5.	Staff Hygiene and Dress Code	10



## Thematic Scores - Kayakalp, Award to Public Health Facilities

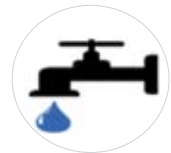


Hospital  
Upkeep



Sanitation &  
Hygiene

Waste  
Management



Support  
Services

Infection  
Control



Hygiene  
Promotion



### Means of Verification –

OB – Direct Observation

SI – Staff Interview

PI – Patient (/Relatives) Interview

RR – Review of records & documents

### Marking –

2 Marks for full compliance

1 Mark for partial compliance

0 Mark for NIL compliance



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



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A2.2	Green Areas/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis	
A2.3	Internal Roads, Pathways, waiting area, etc. are uneven and clean	OB	Check that pathways, corridors, courtyards, waiting area, etc. are clean and land landscaped	
A2.4	Gardens/ green area are secured with fence	OB	Barricades, fence, wire mesh, Railings, Gates, etc. have been provided for the green area	
A 2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants	
<b>A3</b>	<b>Maintenance of Open Areas</b>			
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises	
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.	
A 3.3	No thoroughfare / general traffic in Facility premises	OB/ SI	Check that the facility premises are not being used as 'thoroughfare' by the general public	
A3.4	Open areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in open areas	
A3.5	There is no unauthorised occupation within the facility, nor there is encroachment on Hospital/Facility land	OB/SI	Check for hospital/ Facility premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A4</b>	<b>Hospital/ Facility Appearance</b>			
A4.1	Walls are well-plastered and painted	OB	Check that wall plaster is not chipped-off and the building is painted/ whitewashed in uniform colour and Paint has not faded away	
A4.2	Interior of patient care areas are plastered & painted	OB	Interior walls and roof of the outdoor and indoor area are plastered and painted in soothing colour. The Paint has not faded away	
A4.3	Name of the Facility is prominently displayed at the entrance	OB	Name of the Facility is prominently displayed as per state's policy and convenience of beneficiaries. The name board of the facility is well illuminated in night	
A4.4	Uniform signage system in the Facility	OB	All signages (directional & departmental) are in local language and follow uniform colour scheme	
A 4.5	No unwanted/Outdated posters	OB	Check that, Facility's external and internal walls are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	
<b>A5</b>	<b>Infrastructure Maintenance</b>			
A5.1	Facility Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the Facility	
A5.2	Facility has a system for periodic maintenance of infrastructure at pre-defined interval	SI/RR	Check the records for preventive maintenance of the building. It should be done at least annually	
A5.3	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels,	
A5.4	Facility has intact boundary wall and functional gates at entry	OB	Check that there is proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A.5.5	Adequate facility exists 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	
<b>A6</b>	<b>Illumination</b>			
A6.1	Adequate illumination in Circulation Area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs	
A6.2	Adequate illumination in Indoor Areas	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs. The illumination should be 150-300 Lux at Nursing station and 100 Lux in the wards	
A6.3	Adequate illumination in Procedure Areas (Labour Room/ OT)	OB	Check for Adequate lighting arrangements The illumination should be 300 Lux in procedure areas. Toilets should have at least 100 lux light	
A6.4	Adequate illumination in front of facility and on its access road	OB	Check that, Facility front, entry gate and access road are well illuminated	
A6.5	Use of energy efficient bulbs	OB	Check that Facility uses energy efficient bulb like CFL or LED for lighting purpose within the Facility Premises	
<b>A7</b>	<b>Maintenance of Furniture &amp; Fixture</b>			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted / varnished	
A7.2	Patient Beds & Mattresses are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A7.3	Trolleys, Stretchers, Wheel Chairs, etc. are well maintained	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and clean. Wheels of stretcher and wheel chair are aligned and properly lubricated	
A7.4	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean	
A7.5	There is a system of preventive maintenance of furniture and fixtures	SI/RR	Check, if Facility has an annual preventive maintenance programme for furniture and fixtures, at least once in a year	
<b>A8</b>	<b>Removal of Junk Material</b>			
A8.1	No junk material in patient Care areas	OB	Check, if unused/condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, wards, etc.	
A8.2	No junk material in Open Areas and corridors	OB	Check, if unused/condemned equipment, vehicles, etc. are kept in the corridors, pathways, under the stairs, open areas, roof tops, balcony, etc.	
A8.3	No junk material in critical service area	OB	Check, if unused articles, and old records are kept in the Labour room, OT, Injection room, Dressing room, etc.	
A8.4	Facility has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	
A8.5	Facility has documented and implemented Condemnation policy	SI/RR	Check, if Facility has drafted its condemnation policy or have got one from the state. Check whether they are complying with it	





Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>A9</b>	<b>Water Conservation</b>			
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check the quantity of water including reservoir and record of its quality	
A9.2	Water supply system is maintained in the Facility	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns	
A9.3	There is a system of periodical inspection for water wastage	OB	Check, if staff have been assigned duty for periodical inspection of leaking taps, etc.	
A9.4	The Facility promotes water conservation	SI/OB	Check, if IEC material is displayed for water conservation, and staff & users are made aware of its importance	
A 9.5	Facility has a functional rain water harvesting system	OB/SI	Check, if Facility Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity	
<b>A10</b>	<b>Work Place Management</b>			
A10.1	Staff periodically sort useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles	
A10.2	The Staff arrange the useful articles, records in systematic manner	SI/OB	Check, if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in arranged manner. The place has been demarcated for keeping different articles	
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A10.4	Work stations are clean and free of dirt/dust	SI/OB	Check nursing station, dispensing counter, lab benches, etc. are clean and shining	
A10.5	Staff has been trained for work place management	SI/RR	Check, if the facility staff has got any formal/hands on training for managing the workplace (e. g. 5's')	
<b>B</b>	<b>SANITATION &amp; HYGIENE</b>			
<b>B1</b>	<b>Cleanliness of Circulation Area</b>			
B1.1	No dirt/Grease/Stains in the Circulation area	OB	Check floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc.	
B1.2	No Cobwebs/Bird Nest/ Dust on walls and roofs of corridors	OB	Check roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.3	Corridors are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning	
<b>B2.</b>	<b>Cleanliness of Wards</b>			
B2.1	No dirt/Grease/ Stains/ Garbage in wards	OB	Check floors and walls of indoor department for any visible or tangible dirt, grease, stains, etc.	
B2.2	No Cobwebs/Bird Nest/ Dust/Seepage on walls and roofs of wards	OB	Check roof, corners of ward for any Cobweb, Bird Nest, Dust, etc.	
B2.3	Wards are cleaned at least thrice in the day with wet mop	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with the Housekeeping records	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B2.4	Patient Furniture, Mattresses, Fixtures are without grease and dust	OB	Check for visible dirt, dust, grease etc. Check if the items are wiped/dusted daily	
B2.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records if available	
<b>B3</b>	<b>Cleanliness of Procedure Areas</b>			
B3.1	No dirt/Grease/ Stains/ Garbage in Procedure Areas	OB	Check floors and walls of Labour room, OT, Dressing room for any visible or tangible dirt, grease, stains etc.	
B3.2	No Cobwebs/Bird Nest/Seepage in OT & Labour Room	OB	Check roof, walls, corners of Labour Room, OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.	
B3.3	OT/Labour Room floors and procedures surfaces are cleaned at least twice a day / after every surgery	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B3.4	OT & Labour Room Tables are without grease, body fluid and dust	OB	Check Top, side and legs of OT Tables, Dressing Room Tables, Labour Room Tables for dirt, dried human tissue, body fluid etc.	
B3.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask cleaning staff about frequency of cleaning day. Verify with Housekeeping records if available	
<b>B4</b>	<b>Cleanliness of Ambulatory Area (OPD, Emergency, Lab)</b>			
B4.1	No dirt/Grease/Stains / Garbage in Ambulatory Area	OB	Check floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B4.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of ambulatory area	OB	Check roof , walls, corners of OPD, Emergency, Laboratory, Radiology for any Cobweb, Bird Nest, Dust, Seepage, etc.	
B4.3	Ambulatory Areas are cleaned at least thrice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	
B4.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask staff about schedule of cleaning and verify with records	
<b>B5</b>	<b>Cleanliness of Auxiliary Areas</b>			
B5.1	No dirt/Grease/ Stains/ Garbage in Auxiliary Area	OB	Check floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any visible or tangible dirt, grease, stains, etc.	
B5.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of Auxiliary Area	OB	Check roof , walls, corners of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any Cobweb, Bird Nest, Seepage, etc.	
B5.3	Auxiliary Areas are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	
B5.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a month	SI/RR	Ask staff about schedule of cleaning and verify with records	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>B6</b>	<b>Cleanliness of Toilets</b>			
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets	
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	
B6.4	Sinks and Cistern are cleaned every two hours or whenever required	SI/RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records	
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation	
<b>B7</b>	<b>Use of standards materials and Equipment for Cleaning</b>			
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records	
B7.2	Cleaning staff uses correct concentration of cleaning solution	SI/RR	Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution. Ask them to demonstrate. Verify it with the instruction given solution bottle.	
B7.3	Availability of carbolic Acid/ Baciloid 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	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B7.4	Availability of Buckets and carts for Mopping	SI/RR	Check, if adequate numbers of Buckets and carts are available. General and critical areas should have separate bucket and carts	
B7.5	Availability of Cleaning Equipment	SI/OB	Check availability of mops, brooms, collection buckets etc. as per requirement. Hospital Facility with a size of more than 300 beds should have mechanized mopping machine	
<b>B8</b>	<b>Use of Standard Methods Cleaning</b>			
B8.1	Use of Three bucket system for cleaning	SI/OB	Check, if cleaning staff uses three bucket system for cleaning. One bucket for cleaning solution, second for plain water and third one for wringing the mop. Ask the cleaning staff about the process	
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room	
B8.3	No use of brooms in patient care areas	SI/OB	Check, if brooms are stored in patient care areas. Ask cleaning staff if they are using brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
B8.4	Use of separate mops for critical and semi critical areas and procedures surfaces	SI/OB	Check, if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT Table and Labour Room Tables should not be used for mopping the floors	
B8.5	Disinfection and washing of mops after every cleaning cycle	SI/OB	Check, if cleaning staff disinfect, clean and dry the mop before using it for next cleaning cycle	
<b>B9</b>	<b>Monitoring of Cleanliness Activities</b>			
B9.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.2	Use of Housekeeping Checklist in Patient Care Areas	OB/RR	Check that Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.3	Use of Housekeeping Checklist in Procedure Areas	OB/RR	Check Housekeeping Checklist is displayed in Labour room, OT Dressing room etc. Check Housekeeping records if checklist are daily updated for at least last one month	
B9.4	A person is designated for monitoring of Housekeeping Activities	SI/RR	Check, if a staff-member from the hospital/ Facility has been designated to monitor the housekeeping activities and verify them with counter signature on housekeeping checklist	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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/Facility administration take feedback from cleaning staff about efficacy of the solution and take corrective action if it is not effective	
<b>B10. Drainage and Sewage Management</b>				
B10.1	Availability of closed drainage system	OB	Check, if there is any open drain in the hospital/ Facility premises. Hospital/ Facility should have a closed drainage system. If, the hospital/Facility's infrastructure is old and it is not possible create closed draining system, the open drains should properly covered	
B10.2	Gradient of Drains is conducive for adequate for maintaining flow	OB	Check that the drains have adequate slope and there is no accumulation of water or debris in it	
B10.3	Availability of connection with Municipal Sewage System/ or Soak Pit	OB/SI	Check, if Facility sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, Facility should have a septic tank with-in the premises	
B10.4	No blocked/ overflowing drains in the facility	OB	Observe that the drains are not overflowing or blocked	
B10.5	All the drains are cleaned once in a week	SI/RR	Check with the cleaning staff about the frequency of cleaning of drains. Verify with the records	





Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C</b>	<b>WASTE MANAGEMENT</b>			
<b>C1</b>	<b>Segregation of Biomedical Waste</b>			
C1.1	Anatomical waste is segregated in Yellow Bin	OB/SI	Check in departments like Labour room and OT that anatomical waste is put in yellow colour bin	
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 and 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	
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.	
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.	
C1.5	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol.	
<b>C2</b>	<b>Collection and Transportation of Biomedical Waste</b>			
C2.1	Biomedical waste bins are not over filled	OB	Check that bins meant for Biomedical waste are not 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	
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	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	
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 Facility, the waste should be transferred during the lean period - Early morning or late night	
<b>C3</b>	<b>Sharp Management</b>			
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	
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 Facility's policy)	
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 proof container for transportation of the sharps	
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	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C3.5	Post exposure prophylaxis is available in the Facility	SI/RR	Check, if valid PEP kit is available in the Facility and the staff is aware of them. PEP protocol is prominently displayed at work stations	
<b>C4</b>	<b>Storage of Biomedical Waste</b>			
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check, if Facility has dedicated room for storage of Biomedical waste before disposal/ handing 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	
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	
C4.4	General waste is not stored with biomedical waste	OB	Check that General waste is not mixed bio medical waste in storage area	
C4.5	Biohazard sign is prominently displayed at storage area	OB	Observe the display of Biohazard symbol at storage areas	
<b>C5</b>	<b>Disposal of Biomedical waste</b>			
C5.1	Facility has adequate facility for disposal of Biomedical waste	RR/OB	Check that the Facility 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 Facility	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	
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 pit (in towns 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 Facility 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	
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	
<b>C6</b>	<b>Management Hazardous Waste</b>			
C6.1	Staff is aware of Mercury Spill management	SI	Ask staff what he/she would do in case of Mercury spill	
C6.2	Availability of Mercury Spill Management Kit	OB	Check that Mercury spill management kit is readily available	
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	
C6.4	Disposal of Disinfectant solution like Glutaraldehyde	SI	Should not be drained in sewage untreated	
C6.5	Disposal of Lab reagents	SI/RR	As per instructions of manufacturer	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>C7</b>	<b>Solid General Waste Management</b>			
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	
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	
C7.3	Availability of waste disposal services	OB/SI	Check, if the Facility has access to solid waste disposal services through municipal or out-sourced agencies	
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	
C7.5	General waste from Facility 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 within Facility's premises	
<b>C8</b>	<b>Liquid Waste Management</b>			
C8.1	Lab samples are discarded after treatment only	OB/SI	Treated with chlorine solution before disposal	
C8.2	Body Fluids, collection in suction apparatus, etc. are disposed after treatment	OB/SI	Treated with chlorine solution before disposal	
C8.3	Facility has treatment facility for infectious liquid waste	OB/SI	ETP or local Treatment with chlorine solution	
C8.4	Facility has septic tank as per specification	OB	If connected to sewage give full compliance	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
C8.5	Septic tank is maintained as per guidelines	OB	Periodic removal of Sludge repair of septic tank	
<b>C9</b>	<b>Equipment and Supplies for Bio Medical Waste Management</b>			
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	
C9.2	Availability of Bins for Collection of general waste	OB/RR	One at each point of waste generation	
C9.3	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
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	
C9.5	Availability of trolleys for waste collection and transportation	OB/RR	As per the size of the Facility	
<b>C10</b>	<b>Statutory Compliances</b>			
C10.1	Facility has a valid authorization for Bio Medical waste Management from pollution control board	RR	Check for the validity of authorization	
C10.2	Facility submits Annual report to pollution control board	RR	Check the records that reports have been submitted before 31st January every year	
C10.3	Facility Keeps records of waste generated	RR	Check the records being maintained for amount of different categories of waste generated at facility	
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	
C10.5	Copy of Biomedical waste rules is available with Facility	RR	Check the records	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
<b>D</b>	<b>INFECTION CONTROL</b>			
<b>D1</b>	<b>Hand Hygiene</b>			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water availability at all points of use including nursing stations, OPD clinics, OT, labour room, etc.	
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	
D1.4	Availability of Alcohol Based hand rub	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply	
D1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 moments of hand washing)	
<b>D2</b>	<b>Personal Protective Equipment (PPE)</b>			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	
D2.3	Use of Heavy Duty Gloves and gumboot by waste handlers	SI/OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots	
D2.4	Use of aprons/ Lab coat by the clinical staff	SI/OB	Check the usage of protective attire e.g. Apron by the doctor and nurses, lab coat by the lab technicians, gown in OT, etc.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	
<b>D3</b>	<b>Personal Protective Practices</b>			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	
D3.4	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization	
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	
<b>D4</b>	<b>Decontamination and Cleaning of Instruments</b>			
D4.1	Staff knows how to make Chlorine solution	SI/OB	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution	
D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedures	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid	
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	





Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization	
D4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)	
<b>D5</b>	<b>Disinfection &amp; Sterilization of Instruments</b>			
D5.1	Adherence to Protocols for autoclaving	SI/OB	Check about awareness of recommended temperature, duration and pressure for autoclaving Instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff about process of High Level disinfection using Boiling or Chlorine solution	
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)	
D5.4	Chemical Sterilization of instruments done as per protocol	Is/OB	Check, if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	
D5.5	Sterility of autoclaved pack maintained during storage	SI/OB	Check, if autoclaved instruments are kept in the clean area. Their expiry date is mentioned on the package. Instruments are not used later once instrument pack has been opened	
<b>D6</b>	<b>Spill Management</b>			
D6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D6.3	Staff has been trained for spill management	SI/RR	Check for the training records	
D6.4	Spill management protocols are displayed at points if use	OB	Check for display	
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	
<b>D7</b>	<b>Isolation and Barrier Nursing</b>			
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the Facility	
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	
D7.3	Maintenance of adequate bed to bed distance in wards	OB	A distance of 3.5 Foot is maintained between two beds in wards	
D7.4	Restriction of external foot wear in critical areas	OB	External foot wear are not allowed in labour room, OT, ICU, Burn ward, SNCU, etc.	
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU, SNCU, Burn Ward, etc.	
<b>D8</b>	<b>Infection Control Program</b>			
D8.1	Infection Control Committee is constituted and functional in the Facility	RR/SI	Check for the enabling order and minutes of the meeting	
D8.2	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	
D8.3	Antibiotic Policy is implemented at the facility	RR/SI	Check, if the Facility has documented Anti biotic policy and doctors are aware of it.	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D8.4	Immunization of Service Providers	RR/SI	Facility staff has been immunized against Hepatitis B	
D8.5	Regular Medical check-ups of food handlers and housekeeping staff	RR/SI	Check for the records and lab investigations of Food handlers and housekeeping staff	
<b>D9</b>	<b>Hospital/Facility Acquired Infection Surveillance</b>			
D9.1	Regular microbiological surveillance of Critical areas	RR/SI	Check for the records of microbiological surveillance of critical areas like OT, Labour room, ICU, SNCU etc.	
D9.2	Facility measures Surgical Site Infection Rates	RR/SI	Check for the records	
D9.3	Facility measures Device Related HAI rates	RR/SI	Check for the records	
D9.4	Facility measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	
D9.5	Facility takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	
<b>D10</b>	<b>Environment Control</b>			
D10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	
D10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least availability of air conditioner	
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	
D10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
D10.5	General and patient traffic are segregated in Facility	OB/SI	Check for the layout and patient traffic . There should be no criss cross between general and patient traffic	
<b>E</b>	<b>SUPPORT SERVICES</b>			
<b>E.1</b>	<b>Laundry Services &amp; Linen Management</b>			
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI/PI	Check the stock position and its turn-over during last one year in term of demand and availability	
E1.2	Bed-sheets and pillow cover are stain free and clean	OB/SI/PI	Observe the condition of linen in use in the wards, Accident & Emergency Department, other patient care area, etc.	
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bedsheets and pillow cover have been changed daily. Please interview the patients as well	
E1.4	Soiled linen is removed, segregated and disinfected, as per procedure	SI/OB	Check, how is the soiled linen handled at the facility. It should be removed immediately and sluiced and disinfected immediately	
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition	
<b>E2</b>	<b>Water Sanitation</b>			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	At least 200 litres of water per bed per day is available (if municipal supply) or the water is available on 24x7 basis at all points of usage	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The Facility should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E2.3	Drinking Water is chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples, drawn from the potable water	
E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination	
E2.5	Water is available at all points of use	OB/SI/PI	Water is available for hand-washing, OT, Labour Room, Wards, Patients' toilet & bath, waiting area	
<b>E3</b>	<b>Kitchen Services</b>			
E3.1	Facility kitchen is located in a separate building, away from patient care area and functions meticulously	OB	The Facility kitchen is functional in a separate building with proper lay out. Cooking takes place on LPG/ PNG. No fire-wood is used. Kitchen waste is collected separately and not mixed with the Biomedical waste.	
E3.2	The Kitchen has provision to store dry ration and fresh ration separately.	OB	Dry ration is stored on pellet, away from wall in closed containers. Vegetables are stored at appropriate temperature. Milk, curd and other perishable items are stored in the fridge, which is cleaned and defrosted regularly	
E3.3	The Kitchen is smoke-free and fly-proofed	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proofed. No fly nuisance is noticed inside the kitchen	
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress, while cooking. Nails & hair are trimmed. Ill staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
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	
<b>E4</b>	<b>Security Services</b>			
E4.1	The main gate of premises, Facility building, wards, OT and Labour room are secured	OB	Check for the presence of security personnel at critical locations	
E4.2	The security personal are meticulously dressed and smartly turned-out.	OB	Check if Security personnel themselves observe the commensurate behaviour such no spitting, no chewing of tobacco, non-smoker, etc.	
E4.3	There is a robust crowd management system.	OB	Crowd in OPD has waiting place, seats, etc. Dust bins are available and there is adequate ventilation for the patients and their attendants	
E4.4	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.	
E4.5	Un-authorized vendors are not present inside the campus. Waste storage is secured and there is no authorised collection of 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.	
<b>E5</b>	<b>Out-sourced Services Management</b>			
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	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
E5.2	The Contract has well defined measurable deliverables	RR	Check the contract documents to see, whether the deliverables of the out-sourced organisation have been well defined in term of the work to be done and how it would be verified	
E5.3	The contract has penalty clause and it has been evoked in the event of non-performance or sub-standard performance	RR/ SI/ Interview with vendor	Look for the penalty clause in the contract and how often it has been used	
E5.4	Services provided by the out-sourced organisation are measured periodically and performance evaluation is formally recorded.	RR	Check if Performance of the vendors have been evaluated and recorded	
E5.5	There is defined time-line for release of payment to the contractors for the services delivered by the organisation.	RR/ Interview with vendor	Check the record for the time taken in releasing the payment due to the out-sourced organisation	
<b>F</b>	<b>HYGIENE PROMOTION</b>			
<b>F1</b>	<b>Community Monitoring &amp; Patient Participation</b>			
F1.1	Members of RKS and Local Governance bodies monitor the cleanliness of the Facility at pre-defined intervals	SI/RR	At least once in month.	
F1.2	Local NGO/ Civil Society Organizations are involved in cleanliness of the Facility	SI	Discuss with Facility administration about involvement of local NGOs/ Civil society	
F1.3	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F1.4	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.5	The Health facility has a system to take feedback 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	
<b>F2</b>	<b>Information Education and Communication</b>			
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in Facility premises	OB	Should be displayed prominently in local language	
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F2.3	IEC regarding use of toilets is displayed within Facility premises	OB	Should be displayed prominently in local language	
F2.4	IEC regarding water sanitation is displayed in the Facility premises	OB	Should be displayed prominently in local language	
F2.5	Facility disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	
<b>F3.</b>	<b>Leadership and Team work</b>			
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning	
F3.2	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the records	





Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	
F3.4	Facility's leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meeting and monitoring activities regarding cleanliness drive	
F3.5	Facility's leadership identifies good performing staff members and departments	SI	Check with Facility administration if there is any such good practice	
<b>F4</b>	<b>Training and Capacity Building and Standardization</b>			
F4.1	Facility conducts are training need assessment regarding cleanliness and infection control in Facility	RR	Verify with the records, if trg. need assessment has been done	
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records	
F4.4	Facility has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users	
F4.5	Facility has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	
<b>F5.</b>	<b>Staff Hygiene and Dress Code</b>			
F5.1	Facility has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
F5.2	Nursing staff adhere to designated dress code	OB	Observation	
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation	
F5.4	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the Facility administration	
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation	







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