



विकास शील
संयुक्त सचिव
VIKAS SHEEL
Joint Secretary



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DO No: NHSRC/14-15/QI/01/SwacchHealthFacilities&Kayakalp

Dated September 2020

Dear Colleague,

Under the Kayakalp programme there is an inbuilt system of peer and external Assessment of health facilities for selection of Kayakalp awards.


In view of prevailing COVID-19 pandemic, it may not be possible to undertake physical peer & external assessments for declaration of Kayakalp awards for FY 2020-21. Therefore, as an interim measure it has been decided to initiate virtual assessment of the facilities till the time physical assessment becomes feasible.

The States/UTs are requested to initiate the process of peer & external assessment virtually using the protocol attached as "Annexure-A".

It is expected that the States/UTs will initiate the process and complete the Kayakalp assessment in a time-bound manner and declare the Kayakalp awards by 31st January 2021.

For any query, Dr Sushant Agrawal (Mobile: 9910004638 email: sushantagrwal17@gmail.com) may be contacted

Warm regards Yours Sincerely


(Vikas Sheel)

To:
Additional Chief Secretary/Principal Secretary/ Secretary (Health & Medical Welfare) - All States/UTs

Copy to:
1. Mission Director NHM, All States/UTs
2. ED NHSRC.

Checklist for the Virtual Kayakalp Assessment (DHs/SDHs/CHCs/PHCs)

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A.	FACILITY UPKEEP			
A1	Pest & Animal Control			
A1.1	No stray animals within the facility premises	OB	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Check for intact boundary wall, presence of secured gate with cattle traps	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/ OB	Check for the evidence at the facility to control rodents, insects, anti-termite treatment and mosquito control measures	
A2	Landscaping & Gardening			
A2.1	No wild vegetation and overgrown branches of plants/trees	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly.	
A2.2	Green area are well maintained and provision of Herbal Garden	OB/SI	Gardens/ green area are secured with fence The facility maintains a herbal garden for the medicinal plants	
A3	Maintenance of Open Areas			
A3.1	No abandoned / dilapidated building within the premises and no unauthorized occupation	OB	Check for presence of any 'abandoned building' within the facility premises and any encroachment of the facility by the vendors, unauthorised shops etc.	
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.	
A4	Facility Appearance			
A4.1	Name of the facility is prominently displayed at the entrance and having uniform signage system	OB	Name of the facility is prominently displayed as per state's policy. The name board of the facility is well illuminated / florescent to have visibility in night All signage's (directional &	

			departmental) are in uniform colour scheme and in local language	
A4.2	No chipping-off plasters and faded painting in the facility	OR	Check that wall (Internal and External) plaster is not chipped-off and the building is painted/ whitewashed in uniform approved colour and Paint has not faded away. Check for presence of any outdated Posters	
A5	Infrastructure Maintenance			
A5.1	No major cracks, seepage and chipped plaster in the facility	OB/RR	No major cracks, seepage, chipped plaster & floors are seen within the building. The Building is periodically maintained	
A.5.2	Facility has adequate facility for parking of vehicles	OB	Check that there is a demarcated space for parking of the vehicles as well as for the Ambulances and vehicles are parked systematically	
A6	Illumination			
A6.1	Adequate illumination in the front of the facility and on its access road	OB	Check that the facility front, entry gate and access road are well illuminated and usage of energy efficient bulb like LED	
A6.2	Adequate illumination inside the building	OB	Check for adequate lighting arrangements through natural lights and usage of energy efficient bulbs like LED.	
A7	Maintenance of Furniture & Fixture			
A7.1	Window and doors are well maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Mesh. Doors are intact and painted /varnished	
A7.2	No broken, rusted or unpolished furniture in the facility	OB	Check that all furniture's are painted and not broken. Mattresses are clean and not torn. Look for patient beds, Trolleys, Stretchers, Wheel Chairs, IV Stands etc.	
A8	Removal of Junk Material			

A8.1	Facility has documented and implemented States' Condemnation policy	SI/RR	Check if the facility has drafted its condemnation policy or have got one from the state. Check whether it has been complied.
A8.2	No junk material within the facility premises	OB	Check if unused / condemned articles and outdated record are kept in the Nursing stations, OPD clinics, Labour Room, Injection Room, Dressing Room, Wards, stairs, open areas, roof tops, balcony etc. No condemned vehicles are parked Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal
A9	Water Conservation		
A9.1	No wastage of water in the facility	OB	Check for leaking taps, pipes, overflowing tanks and dysfunctional cisterns
A 9.2	The facility has a functional rain water harvesting system	OB/SI	Check for rain water harvesting system and check its functionality and usage
A10	Work Place Management		
A10.1	The Staff periodically sorts useful and unnecessary articles at work stations	SI/OB	Ask the staff about the frequency of sorting and removal of unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.
A10.2	Articles are labelled for easy recognition and easy retrieval.	SI/OB	Check that drugs, instruments, record, etc. are labelled for facilitating easy identification.
B	SANITATION AND HYGIENE		
B1	Cleanliness of Circulation Area		
B1.1	No dirt/Grease/Stains / Cobwebs/Bird Nest/ Dust/ vegetation on the walls and roof in the facility circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.

B1.2	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for cleaning Check the floors and walls for cracks, uneven or any other defects which may adversely impact the cleaning procedure
B2 Cleanliness of Wards			
B2.1	No dirt/Grease/Stains / Cobwebs/Bird Nest/ Dust/ vegetation on the walls and roof in the ward	OB	Check the floors and walls of wards for any visible or tangible dirt, grease, stains, etc. Check the roof, walls, corners of wards for any Cobweb, Bird Nest, etc.
B2.2	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for cleaning Check the floors and walls for cracks, uneven or any other defects which may adversely impact the cleaning procedure
B3 Cleanliness of Procedure Areas			
B3.1	No dirt/Grease/Stains / Cobwebs/Bird Nest/ Dust/ vegetation on the walls and roof in the procedure area.	OB	Check that floors and walls of Procedure area like Labour Room, OT, Dressing Room, Immunization Room etc. (As Applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird-nest, vegetation, etc.
B3.2	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect cleaning procedure
B4 Cleanliness of Ambulatory & Diagnostic Areas			
B4.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust on walls and roof in Ambulatory & Diagnostic area	OB	Check that floors and walls of OPD, Lab, X-ray etc. (If available) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc.
B4.2	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect cleaning procedure

B5	Cleanliness of Auxiliary Areas		
B5.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Vegetation/ Dust on walls and roof in Auxiliary area	OB	Check that floors and walls of Pharmacy, Stores, cold chain Room, Meeting Room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc.
B5.2	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning check floors and walls for cracks, uneven or any other defects which may affect cleaning procedure
B6	Cleanliness of Toilets		
B6.1	No dirt/Grease/Stains / Garbage in Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets
B6.2	Toilets have running water and functional cistern	OB/SI	Ask staff to open tap and operate cistern of the flush
B7	Use of standards materials and Equipment for Cleaning		
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Ask with the cleaning staff if they are getting adequate supply. Verify the consumption record. Check, if the cleaning staffs are aware of correct concentration and dilution method for preparing cleaning solution.
B7.2	Availability of Cleaning Equipment	SI/OB/RR	Check the availability of mops, brooms, collection buckets. Verify with the consumption record
B8	Use of Standard Methods for Cleaning		
B8.1	Use of Three bucket system for cleaning	SI/OB	Check if cleaning staff uses three bucket system for cleaning. (One bucket for Cleaning solution, second for plain water and third one for wringing the mop.) Ask the cleaning staff about the process. Disinfection and washing of mops after every cleaning cycle need to be undertaken.

B8.2	Use unidirectional method and outward mopping	SI/OB	Ask the cleaning staff to demonstrate, 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. Separate mop is used for the Procedure area.
B9	Monitoring of Cleanliness Activities		
B9.1	Use of Housekeeping Checklist	OB/RR	Check that Housekeeping Checklist is displayed in the facility and updated. Check Housekeeping record if checklists are daily updated
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by person designated. Please check record of such monitoring
B10.	Drainage and Sewage Management		
B10.1	Availability of closed drainage system with adequate gradient	OB/SI	Check, the facility has a closed drainage system or else drains and it should be properly covered.
B10.2	No blocked/ overflowing drains in the facility	OB	Observe that the drains are not overflowing or blocked
C	WASTE MANAGEMENT		
C1	Segregation of Biomedical Waste		
C1.1	Segregation of BMW is done as per BMW management rule,2016 & its (amendment)	OB/SI	Anatomical waste and soiled dressing material are segregated in Yellow Bin General and infectious waste are not mixed
C1.2	Display of work instructions for segregation and handling of Biomedical waste	OB	Checks for instructions for segregation of waste in different colour coded bins are displayed at point of use.
C2	Collection and Transportation of Biomedical Waste		
C2.1	The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority)	OB/ RR/ SI	Check record for functional linkage with a CWTF In absence of such linkage, check existence of deep burial pit, which has approval of the prescribed authority.

C2.2	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.
C3	Sharp Management		
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check if such waste is either pre-treated with 1-2% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave, followed storage in puncture proof and leak proof boxes or containers with blue coloured marking for re-cycling.
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.
C4	Storage of Biomedical Waste		
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if the facility has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.
C4.2	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
C5	Disposal of Biomedical waste		
C5.1	The facility has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority

C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/ Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors.
C6 Management Hazardous Waste			
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/she would do in case of Mercury spill. (If facility is mercury free give full compliance)
C6.2	Disposal of Expired or discarded medicine	SI/RR	Returned back to manufacturer or supplier Alternatively handed over to CWTF Operator for incineration at temperature > 1200°C
C7 Solid General Waste Management			
C7.1	Availability of Compost pit as per specification	OB/SI	Availability of compost pit for Bio degradable general waste.
C7.2	Innovations in managing general waste	OB/SI	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.
C8 Liquid Waste Management			
C8.1	Body fluids, secretions in suction apparatus, blood and other exudates in OT, Labour room etc. are disposed only after treatment.	OB/SI	Check that such secretions, blood and exudates are treated as per protocol.
C8.2	The facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of effluent treatment system.
C9 Equipment and Supplies for Bio Medical Waste Management			
C9.1	Availability of Bins & liners for segregated collection of waste	OB/SI	One set of bins of appropriate size at each point of generation for Biomedical and General waste with chlorine free liners

	at point of use			
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C10	Statuary Compliances			
C10.1	The facility has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate and facility submit annual report regularly to the prescribed authority	
C10.2	The facility maintains record, as required under the Biomedical Waste Rules 2016 & its amendments	RR	Check following record - a. Yearly Health Check-up record of all handlers b. BMW training record of all staff (once in year training) c. Immunisation record of all waste handlers	
D	INFECTION CONTROL			
D1	Hand Hygiene			
D1.1	Availability of Sink and running water at point of use with display of hand washing instructions	OB	Check for washbasin with functional tap, soap and running water at all points of use with display of hand washing instructions	
D1.2	Staff is aware of standard hand washing protocol	SI	Ask facility staff to demonstrate 6 steps of normal hand wash and 5 moments of hand washing	
D2	Personal Protective Equipment (PPE)			
D2.1	Use of Gloves, Masks ,Head cap, Apron etc.	OB	Check, if staff uses Gloves, mask head caps , and aprons in patient care and procedure areas	
D2.2	Use of Heavy Duty Gloves and gumboot by waste handlers	OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots	
D3	Personal Protective Practices			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI	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 PPEs	SI	Ask the staff to demonstrate correct method of wearing and removing Gloves, caps and masks etc.
D4	Decontamination and Cleaning of Instruments		
D4.1	Staff knows how to make Chlorine solution	SI	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
D5	Disinfection & Sterilization of Instruments		
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	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. Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes.
D6	Spill Management		
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits
D7	Isolation and Barrier Nursing		
D7.1	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are separated from other patients

D7.2	Maintenance of adequate bed to bed distance in wards	OB	A distance of 3.5 Foot is maintained between two beds in wards	
D8	Infection Control Program			
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	Immunization and medical check-up of the facility staff	RR/SI	Check the staff has been immunized against Hepatitis B Check for the medical check-up record	
D9	Hospital Acquired Infection Surveillance			
D9.1	Regular microbiological surveillance of critical areas	RR/SI	Check for the record of microbiological surveillance of critical areas like OT, SNCU, ICU etc.	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check that the facility has list of all notifiable disease needs immediate/periodic reporting to higher authority. Check record that notifiable diseases have been reported in program such as IDSP and AEFI Surveillance.	
D10	Environment Control			
D10.1	Cross-ventilation at Patient Care areas (ward, labour room and dressing room)	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement	
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	
E	SUPPORT SERVICES			
E1	Laundry Services & Linen Management			
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI	Check the stock position and its turn-over during last one year in term of demand and availability	
E1.2	No stained bedsheets, pillows, curtains used in the facility	OB/SI	Observe the condition of linen in use in the facility	
E2	Water Sanitation			

E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	At least 200 litres of water per bed per day is available (if municipal supply). or the water is available on 24x7 basis at all points of usage
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The facility should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and record of bacteriological examination is available
E3	Pharmacy and Stores		
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in pharmacy and drug store Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall
E3.2	Cold storage equipment's are clean and managed properly	OB	Check ILR, Deep freezers and Ice packs are clean Check there is a practice of regular cleaning. Check vaccines are kept in sequence Check work instruction for storage of vaccines are displayed at point of use
E4	Security Services		
E4.1	The main gate of the facility building, wards, OT, labour room are secured	OB	Check for the presence of security personnel at critical location
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Store, Administrative office etc. are locked after working hours.
E5	Outsource service management		
E5.1	There is valid contract for outsource services (if any) like housekeeping, BMW Management	RR/SI	Check for contract document of all outsource services Check for defined and measurable deliverables

E5.2	Service provided by the outsource agency are measured periodically	SI/RR	Check if performance of the vendors have been evaluated and recorded	
F	HYGIENE PROMOTION			
F1	Community Monitoring & Patient Participation			
F1.1	Local community and organisations are involved in monitoring and promoting cleanliness	SI/RR	Members of RKS and Local Governance bodies monitor the cleanliness of the facility at pre-defined intervals Local NGO/ Civil Society Organizations/Panchayati Raj Institution are involved in cleanliness of the facility	
F1.2	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	
F2	Information Education and Communication			
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in the facility	OB	Should be displayed prominently in local language	
F2.2	IEC regarding Swachhta Abhiyaan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F3	Leadership and Team work			
F3.1	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the record Ask different members about their roles and responsibilities	
F3.2	The facility identifies good performing staff members and departments	SI/RR	Check with the facility administration about any such practices	
F4	Training and Capacity Building and Standardization			

F4.1	SOPs for Bio medical waste Management and training	SI/RR	Check the SOPs and training of staff as per defined SOPs of BMW management	
F4.2	SOPs for Cleaning and infection control practices and training	SI/RR	Check the SOPs and training of staff as per defined SOPs of cleaning and infection control practices	
F5	Staff Hygiene and Dress Code			
F5.1	The facility has dress code policy for all cadre of staff	OB/SI	The facility staff adhere to dress code	
F5.2	Identity cards and name plates have been provided to all staff	OB	Check staff uses I Card and name plate	
G	BEYOND HOSPITAL BOUNDARY			
G1	Promotion of Swachhata & Coordination with Local bodies			
G1.1	The Facility coordinates with local Gram Panchayat/Urban local bodies and NGOs for improving Swachhata in vicinity of the health facility	RR/SI	Check for evidence of any collective action to improve Swachhata in the vicinity of the facility such as cleaning of drains, maintenance of parking space, orderly arrangement of hawkers (outside the facility), rickshaw, auto, taxi, construction & maintenance of public toilets, improving street-lighting, removing cattle nuisance, etc.	
G1.2	Facility coordinates with other departments for improving Swachhata	RR/SI	Look for evidence of coordination with departments such as Education (school programs on hygiene promotions), Water and Sanitation (making area ODF), PWD (Repair & Maintenance), Forest Department (Plantation Drive) etc., which contributes strengthening towards of hygiene & sanitation	
G2	Cleanliness of approach road and surrounding area			

G2.1	Area around the facility is clean, neat and tidy	OB	Check for any litter/garbage/refuse in the surrounding area No stagnation of water in the surrounding and open drains	
G2.2	Approach road are clean, even and free from pot-holes	OB	Check that approach roads are clean and free from pot-holes and water stagnation	
G3	Public Amenities in Surrounding Area			
G3.1	Availability of Public amenities in the surrounding Area	OB	Check for availability of public amenities in the surrounding area like toilets, urinals and drinking water facility	
G3.2	Availability of adequate parking facilities for Public Transport such as Cycle Rickshaw, Tanga, Auto, Taxi etc.	OB	Check signage & parking space: Also check that such transports are not parked haphazardly	
G4	Aesthetics of Surrounding area			
G4.1	Parks and green areas in the surrounding area are well maintained	OB/SI	Check that there no wild vegetation & growth in the surroundings. Shrubs and trees are well maintained. Dry leaves and green waste are removed regularly.	
G4.2	Illumination in surrounding area	OB	Check that hospital front, approach road and surrounding area are having provision of street lights	
G5	Maintenance of surrounding area and Waste Management			
G5.1	Availability of bins for General recyclable and biodegradable wastes	OB	Check availability adequate number of bins for Biodegradable and recyclable general waste	
G5.2	Regular repairs and maintained of roads, footpaths and pavements	OB/SI	Check the current condition of the road- pot-holes, broken footpath etc. and enquired for last repaired done	

Checklist for the Virtual Kayakalp Assessment (PHCs without beds/UPHCs/HWCs)

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A	Hospital/ Facility upkeep			
A1	Pest & Animal Control			
A1.1	No stray animals within the Facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the Facility staff. Check at the entrance of Facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	
A1.2	Pest Control Measures are implemented in the Facility	SI/RR/OB	Check for the evidence at the Facility (Presence of Pests ,Record of Purchase of Pesticides and availability of the rat trap) and interview the staff	
A2	Landscaping & Gardening			
A2.1	Front area/ 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. Gardens/ green area are secured with fence	
A2.2	Internal Roads and pathways are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped.	
A3	Maintenance of Open Areas			

A3.1	There is no abandoned / dilapidated building / unused structure within the premises	OB	Check for presence of any 'abandoned building' and unused temporary structure within the 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.	
A4	Facility Appearance			
A4.1	Walls are well-plastered and painted	OB	Check that wall (Internal and External) plaster is not chipped-off and the building is painted/ whitewashed in approved colour scheme. The paint has not faded away. Check for presence of any outdated posters & boards	
A4.2	Name of the facility is prominently displayed at the entrance and have uniform signage system	OB	Name of the Facility is prominently displayed as per state's policy. The name board of the Facility is well illuminated in night or is florescent. Check All signage's (directional & departmental) are in local language and follow uniform colour scheme	
A5	Infrastructure Maintenance			
A5.1	Facility Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the Facility. Periodic Maintenance is done.	
A5.2	Facility has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	
A6	Illumination			

A6.1	Adequate illumination in inside and outside of the facility area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs inside Facility Check that Facility front, entry gate and access road are well illuminated	
A6.2	Use of energy efficient bulbs	OB	Check that Facility uses energy efficient bulb like CFL or LED for lighting purpose within the Facility Premises	
A7	Maintenance of Furniture & Fixture			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished	
A7.2	Patients' furniture is in good condition	OB	Check that Patient beds, examination couch, stool, etc. are not rusted and are painted. Mattresses are clean and not torn Trolleys, Stretchers, Wheel Chairs, etc. are well maintained(As applicable)	
A8	Removal of Junk Material			
A8.1	No junk material within Facility premises	OB	Check if unused/ condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, Labour Room , Injection Room , Dressing Room, Wards, stairs, open areas, roof tops, balcony etc.	
A8.2	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	
A9	Water Conservation			

A9.1	Water supply system is maintained in the Facility	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns. Over-head tank has functional float-valve.	
A9.2	Check if the Facility has rain-water harvesting system	SI/OB	Check for its functionality and storage system	
A10	Work Place Management			
A10.1	The Staff periodically sorts 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 arranges the useful articles, records in systematic manner and label them	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in systematic manner. The place has been demarcated for keeping different articles. Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	
B	Sanitation & Hygiene			
B1	Cleanliness of Circulation Area (Corridors, Waiting area, Lobby, Stairs)			
B1.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Vegetation/ Dust on the walls and roof in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	

B1.2	Corridors are cleaned at least once in the day with wet mop	SI/OB	Ask cleaning staff about frequency of cleaning in a day.	
B2	Cleanliness of OPD Clinic			
B2.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ Vegetation's on walls and roof in OPD	OB	Check floors and walls of the OPD for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of OPD for any Cobweb, Bird Nest, vegetation, etc.	
B2.2	OPD are cleaned at least twice in a day with wet mop	OB/SI	Ask cleaning staff about frequency of cleaning in a day.	
B3	Cleanliness of Procedure Areas(Dressing Room, Immunization, Injection Room, Labour Room (if available))			
B3.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ vegetation's on walls and roof in Procedure area	OB	Check that floors and walls of Procedure area like Labour Room, Dressing Room, Immunization Room etc. (As Applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	
B3.2	Procedure area are cleaned at least twice in a day	OB/SI	Ask cleaning staff about frequency of cleaning in a day and also verify with check-list	
B4	Cleanliness of Lab and Pharmacy			
B4.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ Vegetation on walls and roof in Lab and Pharmacy area	OB	Check that floors and walls of Lab and Pharmacy for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	
B4.2	Lab and Pharmacy area are cleaned at least once in the day with wet mop	OB/SI	Ask cleaning staff about frequency of cleaning in a day and also verify with check-list	

B5	Cleanliness of Auxiliary Areas(Office, Meeting Room, Staff Room, Record Room)		
B5.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ vegetation on walls and roof in Auxiliary area	OB	Check that floors and walls of office, Meeting Room, Staff Room Record room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.
B5.2	Ambulatory area are cleaned at least once in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day.
B6	Cleanliness of Toilets		
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check the toilets randomly for any visible dirt, grease, stains, water accumulation in toilets Check for any foul smell in the Toilets
B6.2	Toilets have running water and functional cistern	OB/SI	Ask cleaning staff to operate cistern and water taps
B7	Use of standards materials and Equipment for Cleaning		
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality FACILITY 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. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution.
B7.2	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement.

B8	Use of Standard Methods for Cleaning		
B8.1	Use of Two bucket system for cleaning	SI/OB	Check if cleaning staff uses two bucket system for cleaning. One bucket for Cleaning solution, second for wringing the mop. Ask the cleaning staff about the process, Disinfection and washing of mops after every cleaning cycle
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.
B9	Monitoring of Cleanliness Activities		
B9.1	Use of Housekeeping Checklist	OB/RR	Check that Housekeeping Checklist is displayed in Facility and updated. Check Housekeeping records if checklists are daily updated for at least last one month
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by MOIC or another designated staff.
B10.	Drainage and Sewage Management		
B10.1	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 functional septic tank within the premises.
B10.2	No blocked/ over-flowing drains in the Facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week
C	WASTE MANAGEMENT		

C1	Segregation of Biomedical Waste		
C1.1	Segregation of BMW is done as per BMW management rule,2016 & amendment	OB/SI	Check that Soiled Waste is collected in the yellow bin & bag. General & Biomedical Waste are not mixed together. Display of work instructions for segregation and handling of Biomedical waste
C1.2	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into puncture proof and leak proof boxes and container with blue marking, etc.)
C2	Collection and Transportation of Biomedical Waste		
C2.1	The Facility's waste is collected and transported by CWTF operator	OB	Check for records of linkage with CWTF operator or has functional deep burial pits within the Facility.
C2.2	The waste is transported in closed bag & trolley	OB	Check availability of trolley for transportation to collection point.
C3	Sharp Management		
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check if such waste is either pre-treated with 1-2% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave, followed storage in puncture proof and leak proof boxes or containers for re-cycling.
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.
C4	Storage of Biomedical Waste		

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	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	
C5	Disposal of Biomedical waste			
C5.1	Facility has adequate Facility for disposal of Biomedical waste	RR/OB/SI	The Health Facility within 75 KM of CTF shall have a valid contract with a Common Treatment Facility for disposal of Bio medical waste. Or else Facility should have Deep Burial Pit and Sharp Pit within premises of Health Facility. Such deep burial pit should have approval of the Prescribed Authority and would meet the norms.	
C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/ Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors.)	
C6	Management Hazardous Waste			
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/she would do in case of Mercury spill. (If Facility is mercury free, give full compliance)	

C6.2	Disposal of hazardous chemicals	SI	Hazardous chemicals like Glutaraldehyde, Lab Reagents Should not be drained in sewage untreated	
C7	Solid General Waste Management			
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the Facility and its disposal.	
C7.2	Innovations in managing general waste	OB/SI/ RR	Look for efforts of the health Facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	
C8	Liquid Waste Management			
C8.1	The laboratory has a functional protocol for managing discarded samples	OB/SI/ RR	A copy of such protocol should be available and staff should be aware of the same.	
C8.2	The Facility has treatment Facility for managing infectious liquid waste	OB/SI/RR	Check the availability of effluent treatment system.	
C9	Equipment and Supplies for Bio Medical Waste Management			
C9.1	Availability of Bins and plastic bags for segregation of waste at point of use	OB/SI	One set of appropriate size bins at each point of generation for Biomedical and General waste. Check all the bins are provided with chlorine free plastic bags. Ask staff about adequacy of supply.	
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C10	Statuary Compliances			
C10.1	Facility has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	

C10.2	Facility maintains records, as required under the Biomedical Waste Rules 2016 & amendment	RR	Check following records - a. Annual report submission (before 30th June) b. Yearly Health Check-up record of all handlers c. BMW training records of all staff (once in year training) d. Immunisation records of all waste handlers	
D	INFECTION CONTROL			
D1	Hand Hygiene			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water at all points of use	
D1.2	Staff is adheres to hand washing protocol	SI	Check Display of Hand washing Instructions Ask Facility staff to demonstrate 6 steps of normal hand wash and 5 moments of hand washing	
D2	Personal Protective Equipment (PPE)			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks ,Head cap and Lab coat, Apron etc.	SI/OB	Check, if staff uses mask head caps , Lab coat and aprons as applicable	
D3	Personal Protective Practices			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	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.	
D4	Decontamination and Cleaning of Instruments			

D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff about the procedure of making chlorine solution and its frequency	
D4.2	Decontamination of instruments and Surfaces like examination table, dressing tables etc.	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap before sterilization Ask staff when and how they clean the surfaces either by chlorine solution or Disinfectant like carbolic acid	
D5	Disinfection & Sterilization of Instruments			
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	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. Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes.	
D6	Spill Management			
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols	
D6.2	Spill management protocols are displayed at points if use	SI/OB	Check for display	
D7	Isolation and Barrier Nursing			

D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in OPD area	
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it.	
D8	Infection Control Program			
D8.1	Antibiotic Policy is implemented at the Facility	RR/SI	Check if the Facility has documented Anti biotic policy and doctors are aware of it.	
D8.2	Immunization and medical check-up of Service Providers	RR/SI	FACILITY staff has been immunized against Hepatitis B Check for the records and lab investigations of staff	
D9	Hospital Acquired Infection Surveillance			
D9.1	Facility measures the Health care associated infections	RR/SI	Check for monitoring of Healthcare Associated Infection that may occur in a Primary healthcare setting like Injection abscess, Postpartum sepsis, infection at dressing and suturing sites etc.	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check Facility has list of all notifiable disease needs immediate/periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP and AEFI Surveillance.	
D10	Environment Control			
D10.1	Cross-ventilation	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement	
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	