

**Checklist to assess readiness of dedicated COVID hospital or separate COVID-19 block within existing hospital**

**General Information :**

**Name of the Hospital and Address**  
**District**  
**State**

**Type - Public / Private :**  
**Type of Hospital – MC /DH/ SDH/GH/ Others (Please specify) :**

**District Nodal Officer – Name , Designation and Contact Number (with email id) :**

**Facility Nodal Officer – Name , Designation and Contact Number (with email id) :**

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
1.1	Is the facility an existing functional hospital?		-	
1.2	If yes, have the existing patients been shifted to alternate hospitals?		-	
<b>2</b>	<b>INFRASTRUCTURE</b>			
2.1	Total number of beds	-		
2.2	Adequate space between the beds		-	
2.3	Whether round the clock electric supply is available		-	
2.4.1	Whether round the clock water supply is available		-	
2.4.2	Total water storage capacity in Litres	-		
2.5	Whether there is provision for proper drainage with functional Effluent Treatment Plant?		-	
2.6	Total number of toilets	-		
2.7	Provision for cross ventilation / Exhaust fan			
2.8	Provision of Stay Facility for Staff			
<b>3</b>	<b>CLINICAL SERVICES</b>			
	Availability of:			
S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
3.1	Designated Emergency		-	

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
3.2	OPD (With adequate space for physical distancing) With provisions for:			
3.2.1	Triage area		-	
3.2.2	Holding area		-	
3.2.3	Examination area		-	
3.3.1	Intensive Care Unit		-	
3.3.2	Number of beds	-		
3.4.1	High Dependency Unit		-	
3.4.2	Number of beds	-		
3.5	Availability of Extra-Corporeal Membrane Oxygenator		-	
3.6.1	Dialysis machine		-	
3.6.2	Number of Dialysis machines	-		
3.7	Isolation Ward		-	
3.7.1	Separate isolation ward for suspect cases		-	
3.7.1.1	Number of beds	-		
3.7.2	Separate isolation ward for confirmed cases		-	
3.7.2.1	Number of beds	-		
3.7.3	Ante-room attached to isolation facility for PPE donning and doffing		-	
3.8	Isolation Room		-	
3.8.1	Number of beds	-		
3.9	Critical equipment -			
3.9.1	Functional ICU Ventilator	-		
3.9.2	Defibrillators	-		
3.9.3	Suction	-		
3.9.4	Infusion pump	-		
3.9.5	Resuscitation tray/crash trolley	-		
3.9.6	Pulse Oxymeter	-		
3.10	Personal Protective Equipment (PPE) Kits	-		
3.10	N95 mask	-		
3.11	3 layer mask	-		
3.12	Examination Gloves			
3.12.1	Sterile	-		
3.12.2	Non sterile	-		
3.13	Alcohol-based hand rub			
3.13.1	100 ml	-		
3.13.2	500 ml	-		
<b>4</b>	<b>SUPPORT SERVICES</b>			
	Availability of/ linkages with:			

S. No.	Particulars	Yes/ No	Number/s	Remarks to be filled by the Assessor
4.1	Laboratory and diagnostics services			
4.1.1	Arrangement for sample collection and transportation for COVID-19		-	
4.1.1.1	Availability of sample collection kits	-		
4.1.1.2	Linkage with VRDL network lab		-	
4.1.2	Other in house routine testing facility incl. ABG		-	
4.2	Availability of radio-imaging services			
4.2.1	X-Ray		-	
4.2.2	CT Scan		-	
4.2.3	USG		-	
4.3	<b>Medical Gas Pipeline System/Oxygen Cylinder</b>			
4.3.1	No of beds covered with MPGS (Medical Pipeline Gas System)	-		
4.3.2	No of oxygen cylinders	-		
4.4	Central Sterile Supplies Department (CSSD)		-	
4.5	Mechanized Laundry with facility for decontamination and washing		-	
4.6	Dietary Services		-	
4.7	Blood bank / Storage Unit		-	
4.8	Ambulance services		-	
<b>5</b>	<b>Human Resources</b>			
		<b>Number Available</b>	<b>Remarks</b>	
<b>5.1</b>	<b>Specialists</b>			
5.1.1	General Medicine			
5.1.2	Anesthesiologist/LSAS trained			
5.1.3	Pulmonologist/Respiratory physician			
5.1.4	Nephrologist			
5.1.5	Pediatrician			
5.1.6	Pathologist/ Microbiologist/ Biochemist			
5.1.7	Radiologist Can be through Tele-Radiology			

		<b>Number Available</b>	<b>Remarks</b>
<b>5.2</b>	<b>General Duty Medical Officer (GDMO)</b>		
<b>5.3</b>	<b>Associate Public Health Personnel</b>		
5.3.1	Psychiatric Social Worker		
5.3.2	Clinical Psychologist		
5.3.3	Physiotherapist		
5.3.4	Counselor		
5.3.5	Dietician		
<b>5.4</b>	<b>Nurse &amp; Para Medical Staff</b>		
5.4.1	Senior nursing officer earmarked for hospital IPC practices		
5.4.2	Staff Nurse for isolation ward		
5.4.3	Staff Nurse for intensive care		
5.4.4	<b>Technician</b>		
5.4.4.1	Lab Technician		
5.4.4.2	Pulmonary Function Test (PFT) Technician		
5.4.4.3	Radiology Technician		
5.4.4.4	CSSD technician		
5.4.4.5	Dialysis Technician		
5.5.1	Pharmacist		
5.5.2	Store manager		
<b>5.6</b>	<b>House Keeping staff</b>		
<b>5.7</b>	<b>Cleaning Staff</b>		
<b>5.8</b>	<b>Kitchen and Diet staff</b>		
5.8.1	Cook and support staff		
5.8.2	Food Trolley Bearer		
<b>5.9</b>	<b>Administration</b>		
5.9.1	Administrative In charge		
5.9.2	Hospital Manager		
5.9.3	Hospital IPC committee		
5.9.4	Nursing Supervisor/Manager – senior nurse can be designated.		
5.9.5	Bio medical Engineer		
5.9.6	DEOs		
5.9.7	Security Guards		
5.9.8	Availability of protocols:		
5.9.8.1	Treatment		
5.9.8.2	Ventilator management		
5.9.8.3	IPC (Yes / No)		
5.9.8.4	Rational use of PPE		
5.9.8.5	Sample collection, collection/Lab. Testing		
5.9.10	Capacity building		
5.9.10.1	Trained on COVID-19 management		

		<b>Number Available</b>	<b>Remarks</b>	
5.9.10.2	Clinicians trained on ventilator management			
5.9.10.3	Doctors and Nurses trained on IPC			
5.11	Access control and crowd management (Yes / No)			
<b>6</b>	<b>Infection Prevention and Control</b>			
		Yes / No	Numbers	Remarks
6.1	Segregation and transportation of Waste as per BMWM Rules		-	
6.2	Hand washing facility at:			
6.2.1	OPD		-	
6.2.2	Isolation ward		-	
6.2.3	ICU/HDU		-	
6.2.4	Laboratory		-	
6.2.5	General area		-	
6.3	Availability of Sodium Hypochlorite solution		-	
<b>7</b>	<b>Medicines &amp; Consumables</b>			
7.1	Availability of Essential & Emergency Medicines		-	
7.2	Availability of adequate linen		-	
<b>8</b>	<b>Mortuary</b>		-	

**Details of the Assessor**

**Name:**

**Designation and Contact Number (with email id):**

**Date of assessment:**