

## Kayakalp Assessment Checklist - Tertiary Care Institutions

	Name of the Institution	—			
	Date of Assessment	—			
Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
<b>A</b>	<b>HOSPITAL UPKEEP</b>			<b>130</b>	
A1	Level of Illumination (Lighting) in various areas			10	
A1.1	Adequate illumination in Circulation and Support area	OB	Check Adequate lighting in waiting area/ lobby, corridors, elevators, lift landing area, staircase, toilets, administrative offices. Minimum -100 Lux,	2	
A1.2	Adequate illumination in Outdoor & Indoor Patient Care Areas	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs. Minimum 150 lux	2	
A1.3	Adequate illumination in Procedure Areas	OB	Check for Adequate lighting arrangements in OT, Labour Room, Laboratory, Pharmacy. Minimum Illumination should be 300 Lux	2	
A1.4	Adequate illumination in front of hospital , access road and open areas	OB	In the night, sufficient street lights and focus lights for hospital front, access road, open areas , parking etc.	2	
A1.5	Use of energy efficient bulbs	OB	Check use of energy Efficient LED Bulbs for Illumination	2	
A2	Hospital Appearance - Painting & Whitewashing			10	
A2.1	Hospital front is maintained	OB	Check Hospital Name Board clean and clearly visible from distance. Hospital façade clean and well maintained. Entry gate painted and not rusted	2	

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A2.2	Outer walls painted and free of posters/bills	OB	Check that outer wall plaster is not chipped-off and the building is painted/ whitewashed in uniform colour and Paint has not faded away. Check there are no unwanted , outdated poster bills / posters/wall writing occupying outer walls	2	
A2.3	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. Check there are no unwanted , outdated poster bills / posters/wall writing occupying outer walls	2	
A2.4	Information display and signage are maintained	OB	Information signage are inside the premises are clean , well maintained and not fading away	2	
A2.5	Dado and skirting's are well maintained and clean	OB	Check Dado and skirting are well demarcated, intact painted, clean and maintained	2	
<b>A3</b>	<b>Landscaping, Gardening &amp; Greenery</b>			<b>10</b>	
A3.1	Availability of lawns and green areas within the premises	OB	Open areas of the facility has been maintained with grass beds, trees, Garden, etc. and it has an aesthetic appearance	2	
A3.2	Indoor plants placed in public areas	OB	Check indoor plants have been placed in public areas such as waiting areas, internal pathways etc. in aesthetic manner .Plants are healthy and well maintained	2	

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A3.3	Green Areas/ Parks are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Grass trimmed and well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis.	2	
A3.4	No unwanted vegetation or weeds in the premises	OB	Check that there is no over grown shrubs, weeds, moss, any other vegetation in hospital premises	2	
A3.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants	2	
<b>A4</b>	<b>Maintenance of Open Areas</b>			<b>10</b>	
A4.1	Pathways are well defined and Maintained	OB	Check pathways are clearly demarcated and paved. No potholes/ broken tiles on the pathways. Direction boards are available and easily visible. No blind turns in pathways	2	
A4.2	Adequate and well defined parking areas	OB	Check that there is a demarcated space for parking of the vehicles of staff and visitors as well as for the Ambulances . Check vehicles are parked systematically	2	
A4.3	No water logging in premises	OB	in open areas because of faulty drainage, leakage from the pipes, rain water accumulation etc.	2	
A4.4	No thoroughfare / general traffic in hospital premises	OB	Check that the facility premises are not being used as 'thoroughfare' by the general public	2	

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A4.5	no unauthorized occupation within the facility, nor there is encroachment on Hospital land	OB/SI	Check for hospital premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.	2	
<b>A5</b>	<b>Infrastructure Maintenance</b>			<b>10</b>	
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital	2	
A5.2	Hospital has a system for periodic maintenance of infrastructure at pre-defined interval	OB	Check the records for preventive maintenance of the building. It should be done at least annually.	2	
A5.3	Drainage System is maintained	OB	Manholes are covered & Sewage and drains are not overflowing	2	
A5.4	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels	2	
A5.5	Hospital has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	2	
<b>A6</b>	<b>Maintenance of Furniture and Fixture</b>			<b>10</b>	
A6.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished.	2	
A6.2	Patient Beds & Mattresses are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn	2	
A6.3	Trolleys, Stretchers, Wheel Chairs, etc. are well maintained	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and clean. Wheels of stretcher	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A6.4	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken/having loose joints, wobbling /painted/polished and clean.	2	
A6.5	There is a system of preventive maintenance of furniture and fixtures	SI/RR	Check if hospital has an annual preventive maintenance programmed for furniture and fixtures	2	
<b>A7</b>	<b>Mechanism for removal of Junk Material regularly</b>			<b>10</b>	
A7.1	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.	2	
A7.2	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,	2	
A7.3	No junk material in critical service area	OB	Check if unused articles, and old records are kept in the Labor room, OT, Injection room, ICU, Emergency etc.	2	
A7.4	Hospital has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	2	
A7.5	Hospital has documented and implemented Condemnation policy	SI/RR	Check if Hospital has drafted its condemnation policy or have got one from the state. Check whether they are complying with it	2	
<b>A8</b>	<b>Pest Management &amp; Stray Animal Control</b>			<b>10</b>	
A8.1	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. Also discuss with the facility staff.	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A8.2	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	2	
A8.3	Pest Control Measures are implemented in the facility	OB/RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the	2	
A8.4	Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically	OB/RR	Check if the facility has a scheduled programmed for anti-termite treatment at least once in a year	2	
A8.5	Measures for Mosquito free environment are in place	OB/RR	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	2	
<b>A9</b>	<b>Water Sanitation practices (Safe drinking water/ Rooftop Tanks)</b>			<b>10</b>	
A9.1	Water taps and sinks area is kept clean	OB	Check Taps and sinks are clean, No fungal growth around deinking water areas RO system has been installed for drinking water taps	2	
A9.2	Adequate no. of drinking water taps are available	OB	Check potable drinking water facility have been provided in all patient care areas	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A9.3	Water Storage tanks are maintained	OB	Check No fungal or algae growth in or around the tanks or drinking water areas	2	
A9.4	Water supply system is maintained in the Hospital	OB/SI	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns	2	
A9.5	Cleaning schedule of tanks maintained and adhered to	OB/RR	been prepared in advance and tanks have been cleaned on defined interval as per schedule	2	
<b>A10</b>	<b>Water Conservation Practices</b>			<b>10</b>	
A10.1	Hospital promotes water conservation	OB	Awareness posters in place for conserving water	2	
A10.2	Hospital has a functional rain water harvesting system	OB/SI	Check if Hospital Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity	2	
A10.3	Water supply system is maintained in the Hospital	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns	2	
A10.4	Water conservation Practices are implemented in Hospitals	OB	Check for Water sprinklers used in lawns Dual flush installed in toilets Recycling of waste RO water Usage of STP water	2	
A10.5	Sensor based / Auto Stop taps are installed at washbasins	OB	Check for availability	2	
<b>A11</b>	<b>Availability and adequacy of signage in hospital areas</b>			<b>10</b>	

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A11.1	All wards and departments are clearly marked and defined	OB	Check for uniform bilingual departmental signage have been provided in all the departments Lift landing areas to have floor number mentioned in big and bright colors	2	
A11.2	Directional signages have been provide at relevant areas	OB	Check Direction boards are available for locating departments, offices, public toilets drinking water facilities.	2	
A11.3	Service availability information has been prominently displayed	OB	Check for doctors available, visiting hours , services available, user charges etc. information has been prominently displayed	2	
A11.4	Floor directory and wayfinding maps are displayed	OB	Check floor wise department discription and layout of the hospital with locational aid has been displayed at entry, OPD, Emergency or any other relevant area	2	
A11.5	Exit signage system is established	OB	Check All emergency exits are well marked with radium/ reflector boards	2	
<b>A12</b>	<b>Maintenance of administrative offices ,Records Management &amp; Work Place Management</b>			<b>20</b>	
A12.1	General Cleaning: Administrative offices well maintained	OB		2	
A12.2	Door Cleaning: All the doors clean, door handles free of stains and clean, door joints in place, no creaking noise, well painted	OB		2	
A12.3	Floor: Floor free of litter and dust balls, free of stains	OB		2	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A12.4	Window: Windows clean and free of stains, window panes not broken, window ledge clean	OB		2	
A12.5	Wall: Walls are free of stain or spit marks, Walls are painted properly. If tiled, then tiles are not broken; dado and skirting clean	OB		2	
A12.6	Staff periodically sort useful and unnecessary articles at work station	SI/OB		2	
A12.7	The Staff arrange the useful articles, records in systematic manner	SI/OB		2	
A12.8	Staff label the articles in identifiable manner	SI/OB		2	
A12.9	Work stations are clean and free of dirt/dust	SI/OB		2	
A12.10	There is establish retention and disposal policy for records	SI/OB		2	
<b>B</b>	<b>SANITATION &amp; HYGIENE</b>			<b>150</b>	
<b>B1</b>	<b>Cleanliness of Circulation areas/ Compound Wall - outside &amp; inside)</b>			<b>10</b>	
B1.1	No dirt/Grease/Stains in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc.	2	
B1.2	No Cobwebs/Bird Nest/ Dust on walls and roofs of corridors	OB	Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	2	
B1.3	Corridors are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	2	
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning	2	
<b>B2</b>	<b>Cleanliness of Wards , ICU, CCU</b>			<b>20</b>	
B2.1	No dirt/Grease/ Stains/ Garbage in wards	OB	Check that floors and walls of indoor department for any visible or tangible dirt, grease, stains, etc.	2	
B2.2	No Cobwebs/Bird Nest/ Dust/Seepage on walls and roofs of wards	OB	Check for the roof, corners of ward for any Cobweb, Bird Nest, Dust etc.	2	
B2.3	Wards are cleaned at least thrice in the day with wet mop	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	2	
B2.4	Patient Furniture, Mattresses, Fixtures are without grease and dust	OB	Check for visible dirt, dust, grease etc. Check if the items are wiped/dusted daily	2	
B2.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records if available	2	
B2.6	Doors at ward are clean	OB	Door: Entrance door to wards clean and free of stains, doors well maintained	2	
B2.7	Electric Fixtures are clean	OB	Electrical: fans, lights, switch boards clean and well maintained	2	
B2.8	Windows clean and well maintained	OB	Windows: Clean and well maintained, Window panes not broken, Window ledges clean	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B2.9	Curtains are clean	OB	Check curtains, screens, blinds etc. are clean, free of stains and intact	2	
B2.10	Nursing Stations are clean	OB	Check counters , furniture, fixtures , drug cabinets , drug trolleys etc. at nursing stations are clean	2	
<b>B3</b>	<b>Cleanliness of Procedure Areas</b>			<b>10</b>	
B3.1	No dirt/Grease/ Stains/ Garbage in Procedure Areas	OB	Check that floors and walls of Labour room, OT, Dressing room for any visible or tangible dirt, grease, stains etc.	2	
B3.2	No Cobwebs/Bird Nest/ Seepage in OT & Labour Room	OB	Check for roof, walls, corners of Labour Room, OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.	2	
B3.3	OT/Labour Room floors and procedures surfaces are cleaned at least twice a day / after every surgery	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	2	
B3.4	OT & Labour Room Tables are without grease, body fluid and dust	OB	Check that Top, side and legs of OT Tables, Dressing Room Tables, Labour Room Tables for dirt, dried human tissue, body fluid etc.	2	
B3.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask cleaning staff about frequency of cleaning day. Verify with Housekeeping records if available.	2	
<b>B4</b>	<b>Cleanliness of Ambulatory Areas (OPD, Emergency, Lab, Radiology )</b>			<b>10</b>	
B4.1	No dirt/Grease/Stains / Garbage in Ambulatory Area	OB	Check for floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B4.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of ambulatory area	OB	Check for roof , walls, corners of OPD, Emergency, Laboratory, Radiology for any Cobweb, Bird Nest, Dust, Seepage, etc.	2	
B4.3	Ambulatory Areas are cleaned at least thrice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	2	
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	2	
B4.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask staff about schedule of cleaning and verify with records	2	
<b>B5</b>	<b>Cleanliness of Auxiliary areas</b>			<b>10</b>	
B5.1	No dirt/Grease/ Stains/ Garbage in Auxiliary Area	OB	Check for the floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices, for any visible or tangible dirt, grease, stains, etc.	2	
B5.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of Auxiliary Area	OB	Check the roof , walls, corners of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any Cobweb, Bird Nest, Seepage, etc.	2	
B5.3	Auxiliary Areas are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	2	
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	2	
B5.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a month	SI/RR	Ask staff about schedule of cleaning and verify with records	2	
<b>B6</b>	<b>Cleanliness of Toilets</b>			<b>30</b>	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
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	2	
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	2	
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	2	
B6.4	Sinks and Cistern are cleaned every two hours or whenever required	SI/RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records	2	
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation	2	
B6.6	Toilet prominently marked and visible	OB		2	
B6.7	Separate signage for ladies and gents toilet	OB		2	
B6.8	Doors and door handles clean and well maintained	OB		2	
B6.9	Dado, walls and skirting clean and free of stain or spit marks	OB		2	
B6.10	Taps not leaking or overflowing	OB		2	
B6.11	Soap dispensers clean and properly stocked	OB		2	
B6.12	Mirror clean and tarnish free	OB		2	
B6.13	Toilet seat clean and free of stains	OB		2	
B6.14	Urinal clean, free of stain and not overflowing	OB		2	
B6.15	All lights are in working condition, switch boards clean and in working condition	OB		2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B7	Use of standard materials for cleaning			10	
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	2	
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.	2	
B7.3	Availability of carbolic Acid/ Basaloid 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	2	
B7.4	Availability of Buckets and carts for Mopping	SI/RR	Check if adequate numbers of Buckets and carts are available. General and critical areas should have separate bucket	2	
B7.5	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement. Hospital with a size of more than 300 beds should have mechanized mopping machine.	2	
B8	Use of standard methods of cleaning			10	
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	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
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	2	
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	2	
B8.4	Use of separate mops for critical and semi critical areas and procedures surfaces	SI/OB	Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labor 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.	2	
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.	2	
<b>B9</b>	<b>Application of mechanized cleaning</b>			<b>10</b>	
B9.1	Electrical scrubber drier	OB/SI	Check availability and functionality	2	
B9.2	Mechanical Sweepers	OB/SI	Check availability and functionality	2	
B9.4	Vacuum Cleaner wet & dry	OB/SI	Check availability and functionality	2	
B9.5	High Pressure Jet Cleaners/Washer &S team Cleaner	OB/SI	Check availability and functionality	2	
B9.6	Spray pump for pest control as per IPCA recommendations	OB/SI	Check availability and functionality	2	

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B10	<b>Monitoring Mechanism for Cleanliness Activities</b>			<b>10</b>	
B10.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if	2	
B10.2	Use of Housekeeping Checklist in Patient Care Areas	OB/RR	Check that Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. Check	2	
B10.3	Cleaning schedule for each area available	OB/RR	Check cleaning schedule for each areas has been prepared, approved and disseminated to the concerned persons	2	
B10.4	Duty roster made and adhered to	OB/RR/SI	Check duty rooster for cleaning & housekeeping staff has been prepared and cleaning staff is available as per schedule prepared	2	
B10.5	A person is designated for monitoring of Housekeeping Activities	SI/RR	Check if a staff-member from the hospital has been designated to monitor the housekeeping activities and verify them with counter signature on housekeeping	2	
B11	<b>Drainage and Sewage Management</b>			<b>10</b>	
B11.1	Availability of closed drainage system	OB	Check if there is any open drain in the hospital premises. Hospital should have a closed drainage system. If, the hospital's infrastructure is old and it is not possible create closed draining system, the open drains should properly covered.	2	
B11.2	Availability of Sewage Treatment Plant	OB/RR	Check if functional sewage treatment plant is available at the facility	2	
B11.3	Records maintained of cleaning of drains and sewage maintained.	RR	Check records regarding cleaning schedule	2	



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B11.4	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	2	
B11.5	No blocked/ over-flowing drains in the facility	OB	Check with the cleaning staff about the frequency of cleaning of drains. Verify with the	2	
<b>B12</b>	<b>Maintenance of equipment for cleaning</b>			<b>10</b>	
B12.1	All mechanical equipment have warranty cards available	RR		2	
B12.2	No naked or dangling wires in any equipment	OB		2	
B12.3	Storage area for cleaning equipment is clean and dry	OB		2	
B12.4	Equipment should be cleaned and emptied of water, garbage or chemical after use	OB/SI		2	
B12.5	Routine maintenance schedule available and adhered to for all mechanical equipment	SI/RR		2	
<b>C</b>	<b>HOSPITAL SUPPORT SERVICES</b>			<b>40</b>	
<b>C1</b>	<b>Laundry services and Linen Management</b>			<b>10</b>	
C1.1	Adequate linen required for all beds	SI/RR	Check the stock position and its turn-over during last one year in term of demand and availability. At least 5 sets per bed should be available Periodic stock taking is done and records are maintained for the same	2	
C1.2	Hygiene/ Wash quality of linen	OB	Bed-sheets and pillow cover are stain free and clean in wards , Linen not torn or damaged	2	
C1.3	Bedsheets are changed daily or whenever required	SI/PI	Check, if the bedsheets and pillow cover have been changed daily or whenever get soiled . Please interview the patients as well.	2	

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C1.4	Laundry machines are available as per requirement and are well maintained	OB/SI	Availability of washer, hydroextractor, Dryer, Calendaring machine, Sluicer	2	
C1.5	Soiled linen and clean linen is transported in separate trolleys	OB/SI	Check soiled/ infected linen and clean linen are segregated and transported in separate trolleys	2	
<b>C2</b>	<b>Kitchen Services</b>			<b>10</b>	
C2.1	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.	2	
C2.2	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	2	
C2.3	Kitchen facility clean and well maintained, pest free	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proofed. No fly nuisance is noticed inside the kitchen.	2	
C2.4	Dish washing area is clean and well maintained	OB		2	
C2.5	The Kitchen has provision to store dry ration and fresh ration separately.	OB	Dry ration is stored on pallet, 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	2	
<b>C3</b>	<b>Security Services</b>			<b>10</b>	
C3.1	The main gate of premises, Hospital building, wards, OT and Labour room are secured	OB	Check for the presence of security personnel at critical locations. DFMD is present and condition camera are available in all strategic places	2	

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C3.2	The security personal are meticulously dressed and smartly turned-out.	OB	Check if Security personnel themselves observe the commensurate behavior such no spitting, no chewing of tobacco, non-smoker, etc.	2	
C3.3	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.	2	
C3.4	Security personal reprimands attendants, who found indulging into unhygienic behavior - spitting, open field urination & defecation, etc.	OB	Check, if security personnel watch behavior of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.	2	
C3.5	Un-authorized vendors are not present inside the campus. Waste storage is secured and there is no plastic items, card board etc.	OB/SI/PI	Check, entry of vendors is controlled or not. Unauthorized entry of rag-pickers should not be there.	2	
<b>C4</b>	<b>Outsource Service Management</b>			<b>10</b>	
C4.1	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	2	
C4.2	The Contract has well defined measurable deliverables	RR	Check the contract documents to see, whether the deliverables of the out-sourced organization have been well defined in term of the work to be done and how it would be verified	2	
C4.3	The contract has penalty clause and it has been evoked in the event of non-performance or sub-standard performance	RR/ SI	Look for the penalty clause in the contract and how often it has been used	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
C4.4	Services provided by the out-sourced organization are measured periodically and performance evaluation is formally recorded.	RR	Check if Performance of the vendors have been evaluated and recorded	2	
C4.5	There is defined time-line for release of payment to the contractors for the services delivered by the organization.	RR/Interview with vendor	Check the record for the time taken in releasing the payment due to the out-sourced organization	2	
<b>D</b>	<b>WASTE MANAGEMENT</b>			<b>100</b>	
<b>D1</b>	<b>Segregation practices of Biomedical Waste</b>			<b>10</b>	
D1.1	Anatomical waste & Soiled waste is segregated in as per BMW 2016 guideline	OB/SI	Check in departments like labor room, OT that anatomical waste is in Yellow bin	2	
D1.2	Solid infectious waste (recycle) are segregated as per BMW 2016 guideline	OB/SI	Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves are put in Red bin	2	
D 1.3	Used, discarded and contaminated metals sharps & Glassware are disposed in appropriate bin.	OB/SI	Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts are discarded in white translucent container. Glassware are disposed in blue intercept cytotoxic waste.	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D1.4	Work instructions for segregation and handling of Biomedical waste has been displayed prominently	OB	Check availability of instructions for segregation of waste in different colour coded bins and instructions are displayed at point of use.	2	
D1.5	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with lids	2	
D2	<b>Collection, Storage and Transportation of Bio-medical waste</b>			10	
D 2.1	Dedicated Storage facility is available for biomedical waste and its has biohazard symbol displayed	OB	Check if the health facility has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.	2	
D2.2	The Storage facility is located away from the patient area and has connectivity of a motor able road & facility has hand-washing facilities for the workers	OB	Look at the location and its connectivity through a road for CWTF vehicle to reach the storage area un-hindrance. Check availability of soap, running water in vicinity of storage facility The storage area does not pose any threat to patients, indoor & outdoor both.	2	
D2.3	The Storage facility is secured against pilferage and reach of animal and rodents.	OB	Check the security (Lock and key) and rodent proofing of the storage area	2	
D2.4	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D2.5	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check, 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.	2	
<b>D3</b>	<b>Disposal of Biomedical waste</b>			<b>10</b>	
D3.1	The Health Facility has adequate arrangements for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or The facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should approved by the Prescribed Authority	2	
D3.2	Recyclable waste is disposed as per procedure given in the BMW Rules 2016	OB/SI/RR	Check if Recyclable waste (catheter, syringes, gloves, IV tubes, Ryle's tube, etc.) is shredded / mutilated after treatment (options autoclaving/microwave/hydroclave) and then sent back to registered recyclers. Alternatively it can also be sent for energy recovery or road construction. Ascertain that waste is never sent for incineration or land-fill site.	2	
D3.3	The facility has linkage with a CWTF Operator	OB/RR/SI	Check record for functional linkage with a CWTF	2	
D3.4	Disposal of Expired or discarded medicine is done as per protocol given in Schedule I of BMW Rules 2016	OB/SI/RR	Check, if there is a system of sending discarded medicines back to manufacturer or disposed by incineration.	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D3.5	Discarded / contaminated linen is disposed as per procedure given in the BMW Rules 2016	OB/SI/RR	Check that discarded linen, mattresses & bedding contaminated with blood or body fluid is subjected to disinfection by non-chlorinated disinfection (e.g. Hydrogen Peroxide) followed by incineration. Alternatively it can be shredded or mutilated.	2	
<b>D4</b>	<b>Equipment and Supplies for Bio Medical Waste Management</b>			<b>10</b>	
D 4.1	Availability of Bins and liners for segregated collection of waste at point of use	OB/SI/RR	One set of bins and liners of appropriate size at each point of generation for Biomedical and General waste and its supply record	2	
D4.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	2	
D4.3	Availability and supply of personal protective equipment	OB/SI/RR	Please look at availability of PPE (cap, mask, gloves, boots, goggles) for waste handlers and its supply record	2	
D4.4	Availability of Sodium Hypochlorite Solution	OB/SI/RR	Please look at availability of Sodium Hypochlorite and its supply record	2	
D4.5	Availability of trolleys for waste collection and transportation	OB/SI	Number and size would depend upon the size of facility and waste inventory	2	
<b>D5</b>	<b>Sharp Management</b>			<b>10</b>	
D 5.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/RR	Check if such waste is pre-treated either with 10% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave,	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D5.2	Disinfected Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016	OB/SI/RR	Verify that all glassware is stored in a Cardboard with Blue colored marking and later sent for recycling	2	
D 5.3	The Staff uses needle cutters for cutting/burning the syringe hub	OB/SI	Observe that needle cutters are available at every point of waste generation and also being used	2	
D 5.4	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.	2	
D 5.5	Staff is aware of needle stick injury Protocol and PEP is available to the staff	SI/RR	Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. Please check records of reporting of Needle Stick Injury case, PEP, and follow-up	2	
<b>D6</b>	<b>General Solid Waste Management</b>			<b>10</b>	
D6.1	General Waste is not mixed with infected waste	OB/SI	Check bins to ascertain that such mixing does not take place	2	
D6.2	Availability of Compost Pit within the premises	PI/OB	Check availability of pit within the premises; If a facility has	2	
D 6.3	The facility has introduced innovations in managing General Waste	OB	Check, if certain innovative practices have been introduced for managing general waste e.g. Vermicomposting, Re-cycling of papers, Waste to energy, Compost Activators, etc.	2	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D6.4	Recyclable and Biodegradable Wastes have segregated collection	OB/SI	Check availability of two types of bins for collecting Recyclables and Biodegradables - Kerb collection point, wards, OPD, Patient Waiting Area, Pharmacy, Office, Cafeteria	2	
D 6.5	The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes	OB/SI/RR/PI	Posters/ Work instructions are displayed at the locations, where two types of bins have been kept	2	
<b>D7</b>	<b>Liquid Waste Management</b>			<b>10</b>	
D 7.1.	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. Discarded Lab samples made safe before mixing with other waste water	2	
D7.2	Body fluids, Secretions in suction apparatus, blood and other exudates in OT, Labour room, minor OT, Dressing room are disposed only after treatment	OB/SI	Check that such secretions, blood and exudates are treated as per protocol	2	
D7.3	The Facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of ETP or a system for treatment with Chlorine Solution	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D7.4	Sullage is managed scientifically	OB/SI	Check that Sullage (waste water from bathrooms & kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to Municipal system. In absence of such system, the facility should have soakage pit for Sullage.	2	
D 7.5	Runoff is drained into the municipal drain	OB/SI	drainage system and its connectivity and gradient with	2	
<b>D8</b>	<b>Kitchen Waste Management</b>			<b>10</b>	
D8.1	Segregation of kitchen waste is done in general waste bin	OB		2	
D8.2	Waste is removed from kitchen after every shift	OB/RR		2	
D8.3	Kitchen waste is collected separately & not mixed with Bio medical waste	OB		2	
D 8.4	Kitchen waste is disposed in composite/ taken by agency contracted for solid waste management	RR		2	
D 8.5	Check food waste is not dumped in Kitchen & surrounding area	OB		2	
<b>D9</b>	<b>Management of hazardous waste (radioactive etc.)</b>			<b>10</b>	
D 9.1	The Staff is aware of Mercury Spill management	SI	Interact with the staff to ascertain their awareness of Mercury spill management	2	
D 9.2	Availability of Mercury Spill Management Kit	OB	Check physical availability of Mercury spill management kit,	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D9.3	Disposal of Radiographic Developer and Fixer	SI/RR	Check in the Radiology Department about the procedure being followed for disposal of Radiographic developers and fixer. It should be handed over to an authorized agency, not discharged in the drain	2	
D9.4	Disposal of Disinfectant	SI	Should not be drained in	2	
D9.5	Disposal of Lab reagents	SI/RR	As per instructions of the manufacturer	2	
D10	<b>Recycling of waste &amp; Statutory Compliances</b>			10	
D 10.1	The Health Facility has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for availability of the authorization certificate and its validity	2	
D 10.2	The Health Facility submits Annual report to pollution control board	RR	Check the records that reports have been submitted to the prescribed authority on or before 30th June every year.	2	
D 10.3	The Health Facility has a system of review and monitoring of BMW Management through an existing committee or by forming a new committee	RR/SI	Check following records - a. Office order for constitution of committee or its review by existing committee - Quality Committee/ infection control committee b. Frequency of committee meetings - at least 6 monthly c. Minutes of meetings	2	
D 10.4	The Health facility maintains its website and annual report is uploaded	RR	Check, if the facility has its own website and annual report under the BMW Rules 2016 is uploaded	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D10.5	The Health Facility maintains records, as required under the Biomedical Waste Rules 2016	RR	Check following records - a. Yearly Health Check-up record of all handlers b. BMW training records of all staff (once in year training) c. Immunization records of all waste handlers d. Records of operations of Autoclave and other equipment for last five years	2	
<b>E</b>	<b>INFECTION CONTROL</b>			<b>100</b>	
<b>E1</b>	<b>Hand hygiene facilities</b>			<b>10</b>	
E 1.1	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, labor room etc.	2	
E 1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	2	
E1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	2	
E1.4	Availability of Alcohol Based hand rub	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply	2	
E1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 steps of hand washing).	2	
<b>E2</b>	<b>Personal Protective equipment</b>			<b>10</b>	
E2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
E2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	2	
E2.3	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	2	
E2.4	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.	2	
E2.5	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.	2	
<b>E3</b>	<b>Personal Protective Practices</b>			<b>10</b>	
E3.1	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	2	
E3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	2	
E3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	2	
E3.4	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.	2	
E3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	2	
<b>E4</b>	<b>Decontamination and Cleaning of Instruments</b>			<b>10</b>	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
E4.1	Staff knows how to make Chlorine solution	SI/OB	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution	2	
E4.2	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	2	
E4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	2	
E4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization	2	
E4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)	2	
E5	<b>Disinfection &amp; Sterilization of Instruments</b>			<b>10</b>	
E 5.1	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	2	
E 5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling or Chlorine solution	2	
E 5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
E 5.4	Chemical Sterilization of instruments done as per protocol	SI/OB	Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	2	
E 5.5	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.	2	
<b>E6</b>	<b>Spill Management</b>			<b>10</b>	
E6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols	2	
E6.2	Availability of spill management Kit	SI/OB	Check availability of kits	2	
E6.3	Staff has been trained for spill management	SI/RR	Check for the training records	2	
E6.4	Spill management protocols are displayed at points if use	OB	Check for display	2	
E6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	2	
<b>E7</b>	<b>Isolation and Barrier Nursing</b>			<b>10</b>	
E7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital	2	
E7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	2	
E7.3	Maintenance of adequate bed to bed distance in wards	OB	A distance of 3.5 Foot is maintained between two beds in wards	2	
E7.4	Restriction of external foot wear in critical areas	OB	External foot wear are not allowed in labor room, OT,ICU, Burn ward, SNCU, etc.	2	
E7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU,SNCU, Burn Ward, etc.	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
E8	<b>Infection Control Program and Level of Sanitization/ Awareness</b>			10	
E8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting	2	
E8.2	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	2	
E8.3	Antibiotic Policy is implemented at the facility	RR/SI	Check if the hospital has documented Anti biotic policy and doctors are aware of it.	2	
E8.4	Immunization of Service Providers	RR/SI	Hospital staff has been immunized against Hepatitis B	2	
E8.5	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	2	
E9	<b>Hospital Acquired Infection Surveillance</b>			10	
E9.1	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.	2	
E9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records	2	
E9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records	2	
E9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	2	
E9.5	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	2	
E10	<b>Environment Control</b>			10	



Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
E10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	2	
E10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least availability of air conditioner	2	
E10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	2	
E10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily	2	
E10.5	General and patient traffic are segregated in Hospitals	OB/SI	Check for the layout and patient traffic . There should be no criss cross between general and patient traffic.	2	
<b>F</b>	<b>HYGIENE PROMOTION</b>			<b>80</b>	
<b>F1</b>	<b>Community Monitoring and Patient Participation</b>			<b>20</b>	
F1.1	Areas around the hospital are cleaned and free of any waste materials	OB	Check areas surrounding the hospital premises are clean. No sign of dumping of hospital waste in surrounding areas	2	
F1.2	Members Local Governance bodies monitor the cleanliness of the hospital at pre-defined intervals	SI	At least once in month.	2	
F1.3	Local NGO/ Civil Society Organizations are involved in cleanliness of the hospital	PI	Discuss with hospital administration about involvement of local NGOs/Civil society	2	
F1.4	Patients are counselled on benefits of Hygiene	PI/OB	Check with patients, if they have been counselled for hygiene practices	2	
F1.5	Patients are made aware of their responsibility of keeping the health facility clean	SI/RR	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
F1.6	Hospital conducts regular program to engage community for promoting cleanliness	SI/RR/PI	Check outreach sessions, education seminars are being conducted by hospital through PSM department for promoting cleanliness	2	
F1.7	Hospital has been declared Smoking/Tobacco Free zone	OB	Check for signage regarding prohibition of smoking/consumption of tobacco has been placed at relevant place along with penalty information	2	
F1.8	Hospital regularly monitors and control the use of tobacco products in the premises.	OB/SI/RR	Check if there is any cigarette/pan shop within/adjoining to the hospital. Check if any fine has been collected from offenders. Check if there is any mechanism for checking of tobacco products for visitors	2	
F1.9	Hospital is involved in training and capacity building of lower level facilities for Hygiene and Infection Control Practices	SI/RR	Check if hospital involved in activities of training of PHCs, CHC, District Hospitals for issues such as waste management, infection control, hygiene and sanitation.	2	
F1.10	Hospital celebrates important health days	SI/RR	Check if hospital celebrated important health days such as, world health day, Hand Hygiene day, Good Governance Day, Swachhata Pakhwada etc.	2	
<b>F2</b>	<b>Availability of Information Education and Communication Devices/ Material/ Signage</b>			<b>10</b>	
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language	2	
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language	2	
F2.4	IEC regarding water sanitation is displayed in the hospital premises	OB	Should be displayed prominently in local language	2	
F2.5	Hospital disseminates hygiene messages through other innovative manners	OB/SI/RR	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	2	
<b>F3</b>	<b>Leadership and Team Work</b>			<b>10</b>	
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning	2	
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	2	
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	2	
F3.4	Hospital leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	2	
F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice	2	
<b>F4</b>	<b>Training and Capacity Building</b>			<b>10</b>	
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if trg. Need assessment has been done	2	
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records	2	
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users	2	
F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	2	
<b>F5</b>	<b>Staff Hygiene and Dress Code</b>			<b>30</b>	
F5.1	Hospital has dress code policy for Doctors	SI/RR	Ask Hospital Administration about the policy. Check if it is documented	2	
F5.2	Hospital has dress code policy for Nursing Staff	SI/RR	Ask Hospital Administration about the policy. Check if it is documented	2	
F5.3	Hospital has dress code policy for Paramedics and Technicians	SI/RR	Ask Hospital Administration about the policy. Check if it is documented	2	
F5.4	Hospital has dress code policy for Support Staff	SI/RR	Ask Hospital Administration about the policy. Check if it is documented	2	
F5.5	Hospital has dress code policy for Housekeeping Staff	SI/RR	Ask Hospital Administration about the policy. Check if it is documented	2	
F5.6	Hospital has dress code policy for Volunteers/ Other staff	SI/RR	Ask Hospital Administration about the policy. Check if it is documented	2	
F5.7	Doctors adheres to the dress code policy established by the hospital	OB	Check of On duty staff is maintaining the dress code and Personal protective Equipment's as per Dress Code Defined	2	
F5.8	Nursing Staff adheres to the dress code policy established by the hospital	OB	Check of On duty staff is maintaining the dress code and Personal protective Equipment's as per Dress Code Defined	2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
F5.9	Paramedic/Technicians adheres to the dress code policy established by the hospital	OB	Check of On duty staff is maintaining the dress code and Personal protective Equipment's as per Dress Code Defined	2	
F5.10	Support Staff adheres to the dress code policy established by the hospital	OB	Check of On duty staff is maintaining the dress code and Personal protective Equipment's as per Dress Code Defined	2	
F5.11	Voluntary Personals /Other staff adheres to the dress code policy established by the hospital	OB	Check of On duty staff is maintaining the dress code and Personal protective Equipment's as per Dress Code Defined	2	
F5.12	Housekeeping Staff adheres to the dress code policy established by the hospital	OB	Check of On duty staff is maintaining the dress code and Personal protective Equipment's as per Dress Code Defined	2	
F5.13	Uniforms are clean, crisp and well maintained	OB	Observation	2	
F5.14	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI/RR	Check daily inspection of Food handlers and Housekeeping staff is done by their respective supervisors for Hygiene . Check if the inspection findings are documented	2	
F5.15	Identity cards and name plates have been provided to all staff	SI/OB	Observation	2	
G	FEEDBACK MECHANISM FROM PUBLIC ON CLEANLINESS			50	
G1	Mechanism in place to get feedback from public on cleanliness	SI/RR	Check if Patient/User feedback is taken either through "Mera Aspatal application of Feedback c forms. Information regarding feedback modalities are displayed prominently for general public	10	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
G2	Monitoring mechanism of follow up on such feedback received from public	SI/RR	Feedbacks are checked regularly/ daily and acknowledged Check if there is any evidence of corrective action taken for areas of low satisfaction identified from feedback/complaint received.	10	
G3	Mechanism to Incentivize sanitation staff showing exemplary devotion to duty			20	
G3.1	Appreciation letters given to sanitation staff for positive feedback in staff meetings	SI/RR		10	
G3.2	Monetary awards, medals, reward points, pictures on notice boards or any other recognition for positive feedback	SI/RR		10	
G4	Mechanism to respond to public on the feedback received	SI/RR	Action taken on feedback is documented and communicated	10	