



CHECKLISTS FOR INFECTION PREVENTION AND CONTROL

COVID-19 Basic Infection Prevention Measures

COVID-19, caused by a new coronavirus, is a respiratory illness that can spread from person to person. The following infection prevention measures may help prevent transmission on construction job sites.

	Stay home if you are sick. DO NOT WORK.
	Wash hands frequently or provide alcohol-based hand rubs containing at least 60% alcohol.
	Cover coughs and sneezes.
	Practice social distancing — try to maintain 6 feet between each worker.
	Reduce the size of any group at any one time to ten (10) people or less or LIMIT all in-person meetings.
	Minimize ride-sharing. While in vehicle, employees must ensure adequate ventilation.
	Avoid sharing tools with co-workers, if possible.
	Clean and disinfect frequently used tools, equipment, and frequently touched surfaces (door handles, handrails, machinery controls, cell phones, tablets) on a regular basis.
	If N95 respirator masks are not available, minimize dust and airborne contaminants by using engineering and work practice controls.
	Use proper personal protective equipment (PPE) when cleaning and disinfecting, such as gloves and eye protection.





Ministry of Health and Wellness
MAURITIUS

July 2023

Approval Form

Version: 1.0

Effective date: 22 July 2023

CHECKLISTS FOR INFECTION PREVENTION AND CONTROL			
	NAME	SIGNATURE	DATE
AUTHROIZED BY	Ag. Senior Chief Executive <i>Mrs. Z. B. Lallmahomed</i>		21/07/23
	Ag. Director General Health Services <i>Dr. B. S. Caussy</i>		17/07/23
APPROVED BY	National IPC Committee <i>Dr. A. Dinassing</i>		13/07/23
PREPARED BY	IPC Writing Committee <i>Dr. D. Nuckchady</i>		26/06/23

AUTHORS

Dr. A. Joorawon and D. Nuckchady. This document was vetted by the IPC Writing Committee.

PEER REVIEW

Dr. B. Azmutally (IPC doctor).

Date of next review: December 2025

IPC Checklist for Healthcare Facilities

Area being assessed _____

Officer in charge _____

Date & time _____

Grade _____

Sn	Items	Description	Yes – 1 point	Remarks
			No – 0 point	
1	Hand hygiene	<ul style="list-style-type: none"> a. Is there a functional alcohol dispenser at the entrance? b. Is there soap and water at all sinks (including in staff and patient toilets)? c. Is there at least 1 sink in the dressing room (if present)? d. Is there at least 1 sink in the treatment room (if present)? e. Can the staff demonstrate > 80% of the steps for hand rub / hand wash as per WHO guidelines? f. Is there at least one poster on hand hygiene per patient bay, one poster in the treatment room and one poster in the dressing room? g. Is paper towel in use at > 80% of the sinks (including in toilets)? h. Are elbow-operated taps used at > 80% of the sinks (including in toilets)? i. Does the staff know all the 5 moments of hand hygiene? j. <u>If there are admitted patients</u>, is there at least 1 sink for every 10 patients in the patient bays? k. <u>If there are admitted patients</u>, are there functional alcohol sanitizers at the nursing station, in the treatment room, in the dressing room and at each patient bay? 		

2	Availability and use of PPE	<ul style="list-style-type: none"> a. Do the staff say they have enough gloves? b. Do the staff say they have enough gowns? c. Do the staff say they have enough medical masks? d. Do the staff say they have enough goggles / face shields? e. Can the staff demonstrate > 80% of the steps for donning and doffing as per WHO guidelines? f. Are overshoes not used? g. <u>If there are admitted patients</u>, is there 1 box of gloves for each patient bay and if patients are in single rooms, is there 1 box per room? 		
3	Waste management	<ul style="list-style-type: none"> a. Are dedicated bins, lined with black plastic bags, available for non-infectious (general) waste, at all service points? b. Are dedicated, pedal-operated bins, lined with yellow plastic bags available for infectious waste, at all service points? c. When checked, are all waste correctly segregated in each bag of appropriate color? If thrown away in the wrong-colored bag, is the bag labelled? d. Are all the yellow and red bins closed during the visit? e. Are all yellow and red bins pedal-operated? f. Do the staff say they have enough bags of each color? g. Do the staff say they have enough sharps containers? h. Are the bins or sharps boxes less than ¾ full? i. Can non-sharps objects be seen in the sharps boxes? j. Can sharps be seen in the waste bags? k. Are waste bags ready for disposal less than ¾ full? 		
4	Sanitation	<ul style="list-style-type: none"> a. Are the toilets for staff and patients separate from each other? b. Are the staff toilets clean? 		

		<ul style="list-style-type: none"> c. Are the patient toilets clean? d. <u>If there are admitted patients</u>, is there at least 1 functional toilet for every 20 patients? 		
5	Cleaning and disinfection	<ul style="list-style-type: none"> a. Do the staff say they have enough Javel? b. Do the staff say they have enough alcohol? c. Can the staff demonstrate all the steps of the 3-bucket method? d. Can the staff explain how dilution of Javel is to be carried out? e. Are the Javel bottles labelled with their concentration and was the concentration confirmed over the last 3 months through testing? f. Do the staff have 3 buckets or if 2 buckets are used, do they know the 2-bucket method? g. Do the cleaners wear appropriate PPE (heavy duty gloves, boots and aprons)? h. Is fumigation with hypochlorite or quaternary ammonium compounds no longer carried out? i. Are disinfectant bottles or containers closed after use i.e., not exposed to air? 		
6	Injection safety	<ul style="list-style-type: none"> a. Are all vials and fluid bags free from needles puncturing them? b. Are the fluid bags puncture-free when compressed? c. Do the staff say they have enough small vials of fluid? d. If there are insufficient number of vials, do the staff label open pints correctly with the date and time, cover the end of the drip set and throw away the bag after 6 hours? e. Is the treatment area in a separate zone or room? f. Is there a poster indicating the necessity not to puncture fluid bags in the treatment area? g. Does the treatment area appear clean to the naked eyes? 		

		<ul style="list-style-type: none"> h. Does the treatment area have benchtops that are impervious to water and solutions? i. Can the staff display a protocol that explains what to do whenever a needlestick injury occurs? j. Is the medication refrigerator working, does it appear to be cold and are the right medications being kept in it? 		
7	Environmental cleanliness	<ul style="list-style-type: none"> a. Is the site free from pests (including bed bugs) and bird droppings? b. Is the site free from spilt blood? c. Is the ground free from garbage and is it clutter-free? d. Is the water in the sinks clean and the sinks not blocked? e. Are the walls and ceilings free from mold? Are the floor, vents, fans and air conditioners free from dust? f. Do the patient trolleys appear clean to the naked eyes? g. Do the beds, night tables and drawers of patients appear clean after they have been discharged i.e., after terminal cleaning? h. Are the refrigerators clean? i. Is the refrigerator used to keep medication free from food? j. Is the cleaning schedule filled and up to date? k. Is the IPC Assessment Book filled at least twice a month by the Ward Manager (and/or by the IPC team)? l. Has the evaluator noted an improvement in two or more of the problems mentioned in the IPC Assessment Book? m. <u>If patients are admitted here</u>, are patient beds \geq 1m apart? n. <u>If ambulances are present in the area</u>, does the inside of these vehicles appear clean? 		
8	Staff training	<ul style="list-style-type: none"> a. Have all staff been trained in the basic principles of IPC at any one point in the past? 		

		<ul style="list-style-type: none"> b. Does the Ward Manager keep a register of all staff who have been trained in basic IPC? c. Have all staff received a refresher or basic course in IPC over the last 12 months? 		
9	Standard operative procedures	<ul style="list-style-type: none"> a. Can the staff display the National IPC Guidelines upon demand? b. Can the staff display the WHO IPC Manual upon demand? c. Can the staff display at least 5 national SOPs on IPC upon demand? 		
10	Vaccination	<ul style="list-style-type: none"> a. Have > 80% of staff received the primary series of vaccination against COVID-19? b. Have > 80% of staff been immunized against influenza in the last 12 months? 		
11	Linen management	<ul style="list-style-type: none"> a. Is clean linen stored away from dirty linen? b. Does the staff say they have enough clean linen? c. Is soiled linen kept separately from used linen? d. Is the laundry hamper not filled over $\frac{3}{4}$ of its capacity? 		
12	Sterilization	<p><u>If a dry heat or steam sterilizer is present:</u></p> <ul style="list-style-type: none"> a. Can the staff explain > 80% of the steps to sterilize items according to the national SOP including the duration and temperature? b. Is the sterilizer clean? c. Are pouches or wraps used for sterilization? d. Are chemical indicators in use? e. Are biological indicators in use? f. Is there a register or a physical indicator in use showing that all the steps of sterilization were completed successfully? 		

13	Dispensary or outpatient department or casualty	<p><u>If this is a dispensary or outpatient department or casualty:</u></p> <ul style="list-style-type: none"> a. Does each consultation room have a handwashing station? b. Are there functional alcohol sanitizers in the treatment room, in the dressing room and in each consultation room? c. Is disposable rollpaper used over patient couches? 		
14	ICU	<p><u>If the patient is in the ICU:</u></p> <ul style="list-style-type: none"> a. Is there 1 alcohol sanitizer for each patient? b. Do all central lines have translucent dressings to cover the insertion sites? c. Are nursing checklists in use for every patient with a central line? d. Has the practice of keeping caps of central lines inside disinfectant solution stopped? e. Do > 80% of ventilated patients have their heads of bed elevated at 30-45°? f. Is suctioning carried out from a kidney dish instead of directly from an open fluid bag (if the pint is to be reused)? g. Are all open suctioning catheters thrown away after 24 hours of use if they are not single use? h. If the opened fluid bag is to be reused for suctioning, is it closed and labeled initially and then thrown away after the number of hours as stated in the national SOP? i. Do ventilators appear clean to the naked eye? j. <u>If this is the adult ICU</u>, do > 80% of ventilated patients get their teeth brushed and mouth cleaned with chlorhexidine? k. <u>If this is the NICU</u>, is a poster illustrating ‘Bare Below Elbows’ present at the entrance? l. <u>If this is the NICU</u>, are crocs available for visitors (including visiting doctors) to use? 		

		<p>m. <u>If this is the NICU</u>, is a handwashing station with soap available at the entrance for visitors to use?</p> <p>n. <u>If this is the NICU</u>, does the handwashing station at the entrance have paper towel?</p> <p>o. <u>If this is the NICU</u>, do incubators appear clean to the naked eye?</p>		
15	Isolation measures	<p>a. Check the culture results of a few patients. Are all patients with cultures positive for high-priority multi-drug resistant organisms as defined by the national guidelines, isolated?</p> <p>b. Can the staff explain the indications for contact precautions, droplet precautions and airborne precautions and the steps involved in each?</p> <p><u>If there are isolated patients in the ward:</u></p> <p>c. Does each isolation room / bay have a handwashing station?</p> <p>d. Does the handwashing station have soap?</p> <p>e. Does the handwashing station have paper towel?</p> <p>f. If outside the ICU, does every isolation room / bay have its own en-suite bathroom for the patient?</p> <p>g. Is there an alcohol sanitizer inside the room / bay?</p> <p>h. Is isolation signage present & clearly visible with the correct type of additional precautions indicated?</p> <p>i. Is there a well-equipped PPE station?</p> <p>j. Are yellow bins available for doffing?</p> <p>k. Check the yellow bins – do they contain any PPE, thus indicating that staff use PPE when entering the room?</p> <p>l. Are posters for donning and doffing displayed?</p> <p>m. Did the treating doctor specify in the patient's folder that the patient should be isolated, what type of isolation should be</p>		

		<p>followed and that the patient was informed / counselled about the reason for his / her isolation?</p> <p>n. <u>If the patient has an airborne disease or has undergone an aerosol-generating procedure while being infected with a disease that is transmitted via droplets</u>, is the air filtered through a HEPA filter before joining central ventilation, is that HEPA filter changed annually and if not, is an air purifier with UV light disinfection in use?</p>		
16	Surgery related	<p><u>If this is a surgical ward (including orthopaedics or gynaecological ward):</u></p> <p>a. Do all patients have records indicating that antibiotics (full-dose) were administered 30-120 minutes prior to surgery?</p> <p>b. Do all patients have their temperatures recorded intra-operatively at least every 30 minutes?</p> <p>c. Does the patient chart indicate that the WHO Surgical Safety Checklist (or equivalent) is in use for each surgery?</p> <p>d. Are all hairs clipped instead of shaved?</p>		
17	Hemodialysis	<p><u>If this is a hemodialysis unit:</u></p> <p>a. Are > 90% of patients dialyzed through a fistula instead of a central line (during the visit)?</p> <p>b. Can the Ward Manager show to the evaluator the list of culture results sent to assess the sterility of reverse-osmosis water and are cultures sent every month?</p> <p>c. Do the hemodialysis machines appear clean to the naked eye?</p> <p>d. Is there a separate clean room for the insertion of central lines?</p> <p>e. Is an isolation room available to dialyze patients with contagious illnesses?</p>		
18	Operating theatre	<p><u>If this is an operating theatre:</u></p> <p>a. Is a poster on surgical scrub affixed in the scrubbing area?</p>		

		<ul style="list-style-type: none"> b. Is a poster describing the attire to wear affixed before entry into the clean area? c. Are all scrubbing brushes removed from the scrubbing area after use? d. Is chlorhexidine used for scrubbing? e. Do staff & visitors wear dedicated OT shoes instead of overshoes? f. Do the dedicated OT shoes appear clean to the naked eye? g. Is HEPA filtration present in the OT and is the HEPA filter changed annually? h. Are air purifiers with UV light disinfection in use? i. Is there a register and a thermometer showing that the temperature is kept between 20° C to 24° C? j. Is there a register and a hygrometer showing that the humidity is kept between 20% and 60%? k. During the visit, are all OT doors closed during surgeries? l. Do all OT staff wear surgical scrubs inside the OT area? m. Do > 80% of the OTs have ≤ 8 staff present during surgeries? n. Is terminal cleaning carried out at the end of the day? o. Is the mechanical ventilation system working? p. Do the staff state that contagious patients are operated on at the end of the list? q. Are the roofs not leaking? r. Are the walls and roof of the OT free from mold? s. Are staff outside the OT seen not wearing their OT attire? 		
--	--	---	--	--

Other comments

Names of the evaluators: _____

Signatures: _____

Date: _____

NATIONAL INFECTION PREVENTION AND CONTROL CHECKLIST 2023

LAYOUT OF ISOLATION WARDS

To:

Hospital/location:

Site/Ward:

Date:

No.	Item	Present	Absent		Not applicable	Comments				
			Can be added	Cannot be added						
A. Mosquito Precautions										
<i>Patients can be placed in the same room as others as long as they are under a bed net</i>										
A.1	Mosquito bed nets are available, and they do not have holes in them									
A.2	Windows and doors of the isolation area can be closed									
A.3	Insecticide spray bottles are available									
A.4	Mosquito vapes / coils / mats are available with their electrical diffusers									
A.5	The isolation area is found above the ground floor									
B. Droplet / Contact Precautions										
<i>Patients should preferably be in single rooms if available or in cohorts (with the same illness)</i>										
Entrance										
B.1	Signage to indicate isolation									
B.2	Signage to indicate type of transmission-based precautions									
B.3	Sanitizers at entrance									
B.4	Signage to indicate restriction of visitors									
Hand hygiene										
B.5	Sanitizer for each bed inside the room									
B.6	Handwashing facility with elbow-operated tap for each patient or for each cohort of 6 patients									
B.7	Sink has soap and paper towel									
Separation										
B.8	Beds are separated by > 2m if not a single room and if washable dividers are not used; 1m separation is allowed if not									

	a single room and if partitions are present					
B.9	Washable dividers in between beds if not a single room					
B.10	Medical equipment is dedicated to the infected areas (e.g., thermometers, stethoscopes, and sphygmomanometers)					
Sanitation						
B.11	If the patient has a disease that can spread via the orofecal route, then 1 toilet per patient or a covered bedside commode or a dedicated toilet for the cohort of patients is in use					
B.12	Staff toilets are separate from patient toilets					
Donning area						
B.13	Donning and doffing areas separated by > 1m					
B.14	Donning is in a clean zone					
B.15	Donning area has covered bins that are touch-free					
B.16	Donning area has sanitizers					
B.17	Donning area has all necessary PPE					
B.18	Donning area is near entrance					
B.19	Donning area has posters on how to don					
Doffing area						
B.20	Doffing area has covered bins that are touch-free					
B.21	Doffing area has sanitizers					
B.22	Doffing area has handwashing facility					
B.23	Doffing area is near exit					
B.24	Doffing area has posters on how to doff					
B.25	Doffing area is $\geq 1\text{m}$ away from surrounding traffic					
Environmental cleanliness						
B.26	Area is not cluttered with unnecessary furniture					

B.27	Mattress cover is available					
B.28	Patient files are at the nursing station only					
B.29	Mops and other cleaning items are dedicated for the isolation area					
Injection safety						
B.30	Sharps box is available inside the patient's room					
Preparedness						
B.31	Able to respond to demand in case of a surge in the coming weeks					
B.32	Able to care for specific groups of people (e.g., critically sick, those needing surgeries, pregnant women, children, neonates, etc.)					
B.33	Has enough bed capacity to face expected workload in the coming few days					
B.34	Has wall mounted oxygen flowmeters / enough oxygen to meet demand*					
<p style="text-align: center;">C. Airborne Precautions</p> <p style="text-align: center;"><i>The following applies in addition to the conditions for droplet and contact precautions</i></p> <p style="text-align: center;"><i>Patients should be admitted in single rooms or in cohorts separate from others</i></p>						
Ventilation						
C.1	≥ 12 air changes per hour					
C.2	Air conditioners are off or not used					
C.3	4 meters separate point where air exits to the public (if on ground floor)					
C.4	Absence of central ventilation that could contaminate other areas of the hospital					
C.5	HEPA filters are used					
C.6	If ventilators are present, exhaust air is disposed of properly					
C.7	Air purifiers with UV light disinfection are in use					
Separation						
C.8	Patients are kept in single rooms or in cohorts separate					

	from other non-infected patients					
C.9	Doors of the isolation area are kept closed					
C.10	A mess is available for staff to rest in a clean area					
C.11	A kitchen / eating area is available for staff to rest in a clean area					
C.12	Separate sampling area if multiple patients are present in the same room					
C.13	The nursing station is in a clean area, away from patients					
C.14	1 toilet per patient or a covered bedside commode or a dedicated toilet for the cohort of patients is in use					
<p style="text-align: center;">D. High Consequence Infectious Diseases <i>The following applies in addition to the conditions for droplet, contact and airborne precautions</i> <i>Strict and mandatory separation of infected patients from non-infected cases is necessary</i></p>						
Separation						
D.1	No public allowed near the entrance of the wards					
D.2	Dedicated lifts for staff which are separate from those for patients					
D.3	Far from vulnerable patients (dialysis, labour ward, etc.)					
D.4	Entry is close to the casualty and on the ground floor					
D.5	Exit is close to either the ICU or the ambulance area for rapid transport without contaminating other individuals					
D.6	A red tape separates the clean area from the dirty area					
D.7	Place is available for staff to stay at the hospital area for a number of days instead of returning home at the end of each shift					
D.8	The door to the isolation area is touch-free					
D.9	Windows into the patient rooms are available for ease of monitoring by staff					

Unilateral flow						
D.10	Separate entry and exit doors					
D.11	Unidirectional flow of staff					
D.12	Unidirectional flow of patients					
D.13	Arrows show the direction of flow					
Hand hygiene						
D.14	Sanitizers at exit					
D.15	Sanitizers at every point of care					
Ventilation						
D.16	Negative pressure ventilation is present					
D.17	Anteroom is present					
D.18	UV decontamination of exhaust air					
Screening						
D.19	A logbook is used to record the entry of every person					
D.20	Temperature checks and other forms of screening / active surveillance are performed on staff daily and recorded in a register					
Donning and doffing						
D.21	A mirror is available to help with donning and doffing					
D.22	A bench or chair is available to help with donning and doffing					
D.23	Dedicated shower facilities are available nearby for staff after doffing (with adequate supply of scrubs)					
D.24	The doffing area is in a separate compartment / room or else is > 2m away from traffic					
D.25	All staff wear scrubs inside the isolation area instead of their own clothes					
D.26	Staff wear crocks to get inside the isolation area instead of their own shoes					
Waste management						

D.27	Dedicated zone to transport soiled linen and dirty equipment					
D.28	Waste bags are specially labelled (e.g., with the name of the infection)					
D.29	Waste bags are not leaky and if leaky, are doubled					
D.30	Measures are taken for the incineration of solid waste					
D.31	Measures are taken for the deactivation of liquid waste / sewage before disposal					
D.32	Strict prohibition for people to be near waste storage areas + good security supervision					
D.33	Attendants and cleaners wear all the necessary PPE and know how to don and doff					
D.34	Contactless waste collection is in place					
D.35	Bins are autoclavable					
D.36	Water-soluble linen bags are in use in case linen will be washed					
D.37	A pulp macerator with disposable urinals and bedpans are used instead of reusable ones					
D.38	Wastes are not stored for more than 48 hours before being collected for incineration					
Preparedness						
D.39	All emergency equipment including defibrillators, emergency trolley and intubation materials are available in the patient's room					
Burial						
D.40	All items including coffins and biohazard bags are available					
D.41	A viewing area is available for relatives					
Administrative						
D.42	At least 1 nurse for every 6 patients if multiple patients are in the same room; if there is					

	one patient only, 1 dedicated nurse for that patient					
D.43	Proper organization so that one team takes care of the patient for several hours instead of multiple people going in and out					
D.44	IPC team checks the ward / layout at least once a week					
D.45	Investigations are conducted to find the cause of cross-infections					
D.46	Follow up with employees who have unexplained absences in order to ascertain their health status					
D.47	Keep a record of any unprotected occupational exposure					
D.48	A protocol is in place for exposed personnel					
D.49	An intercom is available in the patients' room to facilitate communication with staff at the nursing desk					
D.50	All staff wear a badge to ensure no unrestricted access					

* - A therapeutic requirement; not an IPC requirement. This checklist assesses the layout and administrative components of isolations wards – to monitor other more general aspects, please use the “IPC Checklist for Healthcare Facilities”.

Summary

Additional remarks

Signature: _____

List of High Consequence Infectious Diseases

1. Argentine haemorrhagic fever (Junin virus)
2. Andes virus infection (hantavirus)
3. Bolivian haemorrhagic fever (Machupo virus)
4. Avian influenza A H7N9 and H5N1
5. Avian influenza A H5N6 and H7N7
6. Crimean Congo haemorrhagic fever (CCHF)

7. Ebola virus disease (EVD)
8. Middle East respiratory syndrome (MERS)
9. Lassa fever
10. Mpox (monkeypox) (Clade I only)
11. Lujo virus disease
12. Nipah virus infection
13. Marburg virus disease (MVD)
14. Pneumonic plague (*Yersinia pestis*)
15. Severe fever with thrombocytopenia syndrome (SFTS)
16. Severe acute respiratory syndrome (SARS)

Reference: <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#list-of-high-consequence-infectious-diseases>

IPC Checklist for Special Areas

Area being assessed _____

Officer in charge _____

Date & time _____

Grade _____

Sn	Items	Description	Yes – 1 point No – 0 point	Remarks
1	Triage	<ul style="list-style-type: none"> a. Is there a triage desk that is manned? b. Can the staff hand over an approved algorithm for triage of infectious diseases? c. Is a functional non-touch thermometer available? d. Is the thermometer being used and if so, can the staff provide a register listing how many patients had fever recently? e. Can the staff list the symptoms of some contagious illnesses and is a standardized triage questionnaire in use? f. Can the staff list some countries where outbreaks are ongoing, and can he / she mention which infections are in those countries? g. Does the staff know what constitute an exposure and can the staff hand over a questionnaire on exposure assessment? h. Can the staff provide a guideline which explains, after triage, who should be isolated, who should be sent to the flu clinic and who should be sent urgently to see a doctor? i. Is it indicated that patients should stay > 1 meter away from the staff? j. Does the triage desk have sanitizers for patients and for the staff? k. Does the triage desk have masks that they can give to patients if needed? 		

		<ul style="list-style-type: none"> l. Does the triage desk have tissue paper for patients together with a bin? m. Is a barrier present at the triage desk (plastic or glass screen)? n. Are visual alerts about respiratory hygiene present at the triage desk? o. Is a waiting area with > 1m separation available for specific patients? p. Is triage carried out in a confidential & private manner? 		
2	Kitchen	<ul style="list-style-type: none"> a. Are all kitchen wastes thrown away in bins that are closed? b. Does the kitchen appear grossly clean to the naked eye and free from spillage? c. Is the kitchen floor mopped at least twice a day? d. Are there no insects and no rodents inside the kitchen? e. Is food stored on racks / cupboards that are closed or inside packs / containers so as not to attract pests? f. Are the refrigerators, ovens and microwaves clean? g. Is a sink available with soap and water? h. Are facilities available to clean utensils? 		
3	Waste disposal	<ul style="list-style-type: none"> a. Staff wear appropriate PPE (gloves, rubber boots, protective aprons and masks) when handling, separating, or transporting infectious waste b. Infectious waste is kept in a dedicated and secluded area c. A biohazard sign is present at the dumping shed d. The dumping shed for infectious waste is locked e. The dumping area is not overflowing with waste i.e., waste is transported regularly to the disposal site f. Items are not falling out of the infectious bags or seen on the floor of the shed e.g., PPE, syringes or needles 		
4	Water storage	<ul style="list-style-type: none"> a. Clean water is available 24 hours a day 		

		<ul style="list-style-type: none"> b. A storage tank for water is available in case of shortage and can keep up with the demand for at least 48 hours c. The water tank is cleaned and maintained regularly 		
5	Yard cleanliness and hygiene	<ul style="list-style-type: none"> a. Mosquitoes do not abound in the yard b. Stagnant water is absent on the premises c. Garbage and litter cannot be found on the hospital premises d. Ditches are not blocked (if present) e. Holes are closed so as not to attract rodents 		
6	Linen facility	<ul style="list-style-type: none"> a. Soiled linen is stored separately (in red bags) from used linen (in white bags) b. A washing machine is available c. The temperature is set at 60-90°C on the machine d. A wash cycle is ≥ 10 minutes if the temperature is 65°C and ≥ 3 minutes if 71°C e. Javel is properly diluted to 0.05% (if used) f. Soaking time in Javel is 30 minutes g. Linen attendants wear the proper PPE (rubber gloves, apron, goggles / face shields & boots) when cleaning very soiled linen h. Clean linen is carried on a clean trolley 		
7	Central Supplies and Sterilization Department	<ul style="list-style-type: none"> a. The sterilizer is functional b. Proper cleaning of items is ensured before sterilization starts c. A log of the sterilization conditions is available after the sterilizer is used d. Sterile wrap paper is available e. Chemical indicators are used f. Biological indicators are used g. Containers where sterile items are kept are clean 		

		<ul style="list-style-type: none"> h. Air holes of the containers are closed once sterilization is complete i. Sterile items are stored above the ground in dry conditions and away from non-sterile items j. Sterile items are carried on clean trolleys 		
8	Pharmacy	<ul style="list-style-type: none"> a. Medication preparation area appears clean and without clutter b. Medication refrigerators are available and medications that need to be in fridge are not kept outside c. Refrigerators are equipped with thermometers d. A log of temperatures of the refrigerator is kept (especially for vaccines) and the temperatures are within acceptable limits e. Storage areas for medications appear clean and are above the ground and away from windows or wet areas f. A laminar flow hood or cabinet is available for preparation of medications g. Disposable items used for compounding are not reused (e.g., syringes and burettes) h. Clutter and overcrowding is absent in the compounding area i. Handwashing station is available j. Sanitizers are available k. Appropriate PPE is worn during compounding l. Yellow bins are available 		
9	Biosafety laboratory /	<ul style="list-style-type: none"> a. A person responsible for biosafety has been identified b. Staff can hand over a biosafety manual that has been approved by the Ministry c. Lab staff has sufficient quantity of PPE d. Staff can be seen wearing gloves when manipulating blood and other organic specimens e. Microbiological waste is autoclaved prior to disposal 		

		<ul style="list-style-type: none"> f. All microbiological specimens and blood are thrown away in yellow bags g. All staff have been trained in biosafety h. Staff can show they have an SOP on what to do in case of biological spills i. Staff can show they have an SOP on how to disinfect a biosafety cabinet j. Soap and paper towel are available at each sink k. An eyewash station is available l. Benchtops are impervious to water, acid and alkali m. All staff wear lab coats inside the lab (outside of administrative areas) n. Biosafety cabinets are certified and maintained annually o. An SOP is available for the manipulation of biosafety level 2 agents p. An SOP is available on how to decontaminate the biosafety cabinets q. Lab samples are delivered in biohazard bags r. A biohazard sign is placed near to places that manipulate biosafety level 2 or 3 agents s. Sharps boxes are available and when checked, they are not full beyond $\frac{3}{4}$ t. Sharps are not left lying around u. A protocol is in place regarding what to do in case of an exposure to an infectious agent v. Windows close to specimens are fitted with fly screens w. Staff eat and drink in a separate area and not inside the testing area x. Food is stored separately from lab specimens in refrigerators y. Access to the laboratory is controlled 		
--	--	--	--	--

		<p>z. Mechanical ventilation with HEPA filtration is available in areas where biosafety level 3 agents are manipulated</p> <p>aa. The place appears clean, without pests and without clutter</p> <p>bb. Staff know what protocol to follow if they are asked to manipulate a sample from a highly infectious patient (e.g., infected with Ebola Virus Disease)</p> <p>cc. Regular disinfection e.g., with formaldehyde, is carried out in areas where biosafety level 3 agents are manipulated</p>		
--	--	--	--	--