



NATIONAL AYUSH MISSION KERALA



KERALA AYUSH KAYAKALP AWARD FRAMEWORK



Transforming AYUSH Healthcare

Version: 1

APRIL 2025



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Introduction

Our state is committed to promoting cleanliness in public spaces, with a specific emphasis on improving hygiene standards in healthcare facilities. Recognizing the pivotal role of public health institutions in safeguarding the health of a significant portion of the population, ensuring cleanliness and adherence to infection control protocols within these facilities is imperative. The Ministry of Health and Family Welfare, Government of India, launched a national initiative on May 15, 2015, aimed at promoting sanitation and raising the quality standards of public healthcare establishments. Central to this endeavour is the "Kayakalp" program, designed to commend institutions for their dedication to maintaining a hygienic healthcare environment. In alignment with these objectives, guidelines focusing on hygiene in healthcare institutions have been disseminated. Furthermore, to expand the scope of these efforts, the Kayakalp scheme will be extended to include AYUSH institutions within the state, thereby fostering a culture of cleanliness and infection prevention measures across all healthcare sectors.

Objectives

1. Promote cleanliness, hygiene, and infection control practices in AYUSH healthcare facilities.
2. Incentivize and formally recognize AYUSH healthcare facilities that demonstrate exemplary performance in adhering to standard protocols of cleanliness and infection control.
3. Foster a culture of continuous assessment and peer review of performance related to hygiene, cleanliness, and sanitation within AYUSH healthcare facilities.
4. Develop and disseminate sustainable practices aimed at improving cleanliness in AYUSH health facilities, with a focus on positive health outcomes.

Scope

The distribution of awards will be contingent upon scoring achieved through a specific standard protocol administered by an external Assessor Team. The awards will be allocated as follows:

- ✓ Best District Hospital in accordance with the outlined Award Criteria.
- ✓ Best Sub district Hospitals as delineated by the Award Criteria.
- ✓ Best AAM in every district as per the provided Award Criteria.

Each recognized facility will be granted a cash award along with a citation in acknowledgment of their achievements.

Award criteria

The Awards would be finalized based on the Kayakalp scores obtained under following parameters:

- A. Hospital/Facility Upkeep
- B. Sanitation and hygiene
- C. Waste Management
- D. Infection control
- E. Support Services
- F. Hygiene Promotion

Facilities seeking awards must meet the following prerequisites

- ✓ Implemented a system for regular internal/peer /State level assessments using defined criteria.
- ✓ Achieved a minimum score of 80% during each level of assessment process.

Selection of Facilities

Awards for individual public health facilities will be granted to those with the highest scores based on predefined criteria.

• Best District Hospitals:

- ✓ One award each for ISM and Homoeopathy departments of 10 lakhs will be conferred upon the facility with the highest score.
- ✓ A second prize of Rs. 5 lakhs for each department will be awarded.
- ✓ Commendation awards of Rs. 1.5 lakhs will be given to the next 3 facilities across both departments with the highest marks, provided they score at least 80% in the State level Assessment.
- ✓ Previous year winners must demonstrate a minimum 5% improvement in scores from the previous year to be eligible for the award. Failure to meet this criterion will result in receiving only the commendation award, contingent upon achieving a score of 80%.

• Best Sub district hospital Award:

- ✓ One award each for ISM and Homoeopathy departments of Rs. 5 lakhs will be presented to the highest-scoring hospital.
- ✓ A second prize of Rs. 3 lakhs for each department will be awarded.
- ✓ Commendation awards of Rs. 1 lakhs will be given to the next 3 facilities across both departments with the highest marks, provided they score at least 80% in the State level Assessment.

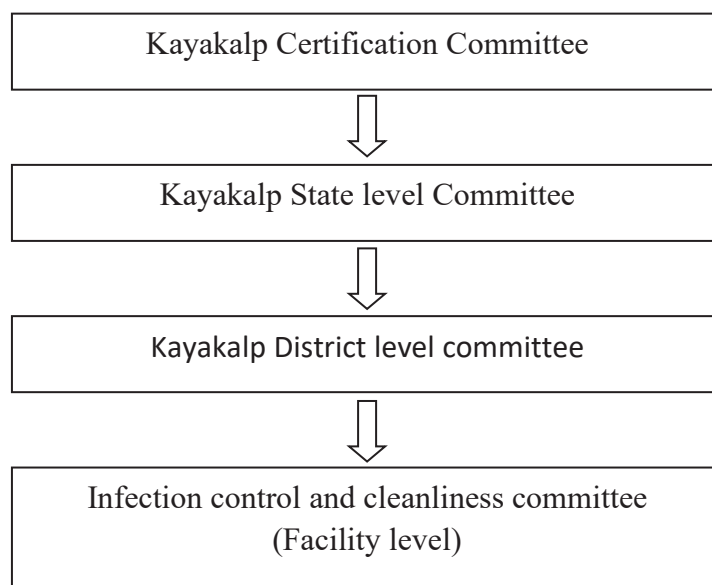
• Best AAM Award:

- ✓ In every district, the best AAM each of ISM and Homoeopathy departments will receive a cash award of Rs. 1 lakh.
- ✓ Commendation awards of Rs. 30,000 will be given to the next 3 facilities across both departments in each district with the highest marks, provided they score at least 80% in the External Assessment.

Framework for Implementation

For the effective implementation, assessment, and monitoring of **AYUSH Kayakalp** activities in Kerala, committees have been constituted at the state, district, and facility levels. Each committee plays a specific role in guiding, supporting, and evaluating AYUSH institutions to improve cleanliness, hygiene, and service quality, ensuring uniform progress across the state.

Kayakalp Committee Organogram



1. Kayakalp Award Committee

- **Chairman :**
 - ✓ State Mission Director NAM, Kerala
- **Members :**
 - ✓ Director, ISM Department
 - ✓ Director, Homoeopathy Department

Responsibilities:

The committee will be tasked with the following responsibilities:

- ✓ To receive application for state certification.
- ✓ To review the documents submitted by facility
- ✓ To maintain all records related to Kayakalp award e.g. applications, documents submitted assessment reports, certification status and certificates.
- ✓ Analysis of the reports submitted by assessors.
- ✓ Analysis of the feedback of assessors received from facilities.
- ✓ Issue awards

2. Kayakalp State level Committee

- **Conveners :**
 - ✓ State Programme Manager NAM (ISM)- NAM
 - ✓ State Programme Manager NAM (Homoeopathy)- NAM
- **Co-ordinators :**
 - ✓ State Quality Nodal Officer -Homoeopathy
 - ✓ State Quality Nodal Officer -ISM

- ✓ State Quality Consultant NAM
- **Member :**
 - ✓ Consultant NAM
 - ✓ Others appointed by the chair

Responsibilities:

The committee will be tasked with the following responsibilities:

- ✓ Oversee the implementation of the Kayakalp program in AYUSH hospitals and AAMs.
- ✓ Disseminate program criteria and methodology.
- ✓ Formulate external assessment teams.
- ✓ Organize assessor training sessions.
- ✓ Coordinate assessments across AYUSH facilities.
- ✓ Finalize award recipients based on assessment outcomes.
- ✓ Facilitate award ceremonies.
- ✓ Resolve conflicts arising during the implementation process.

3. Kayakalp District level committee

- **Chairpersons:**
 - ✓ District Medical Officer (ISM)
 - ✓ District Medical Officer (Homoeopathy)
- **Conveners :**
 - ✓ District Programme Manager, NAM
 - ✓ District Quality Nodal Officer –(ISM and Homoeopathy)
 - ✓ District Quality facilitators NAM

Responsibilities:

The committee will be tasked with the following responsibilities:

- ✓ Disseminating award details and criteria to relevant stakeholders within the district.
- ✓ Facilitating internal and peer assessments of healthcare facilities within the district.
- ✓ Nominating facilities for awards based on assessment scores and criteria.
- ✓ Coordinating with external assessment teams for validation of scores.
- ✓ Ensuring fairness and transparency in the nomination process.
- ✓ Providing necessary support and guidance to healthcare facilities to improve their performance and eligibility for awards.
- ✓ Collaborating with other committees and stakeholders to promote hygiene and cleanliness initiatives within the district.

4. Infection control and cleanliness committee (Facility level)

Hospitals:

- **Chairpersons:**
 - ✓ Hospital Superintendent/ CMO/Medical Officer In charge
- **Members :**
 - ✓ Infection control nurse
 - ✓ Pharmacist
 - ✓ Lab technician
 - ✓ Housekeeping In charge
 - ✓ Therapist

- ✓ Others appointed by the chair

AAM:

- ✓ Chief Medical Officer
- ✓ Infection control nurse- MPHWH
- ✓ Pharmacist
- ✓ Attender
- ✓ Housekeeping staff
- ✓ Others appointed by the chair

Responsibilities:

The committee will be tasked with the following responsibilities:

- Disseminating guidelines pertaining to infection control and cleanliness.
- Developing infection control policies tailored to the facility's needs.
- Conducting regular internal assessments to evaluate cleanliness and infection control measures.
- Identifying gaps in infection control and cleanliness practices and implementing corrective actions.
- Monitoring progress towards maintaining high standards of hygiene and infection control.
- Ensuring proper waste management procedures are in place and followed.
- Promoting hygiene practices among both staff and patients within the facility.
- Adhering to relevant legal provisions governing infection control and cleanliness in healthcare settings.

Process of Assessment

Self-Assessment:

At the start of each financial year, every facility conducts a self-assessment using a designated Excel tool, completed by its own staff. This includes scoring and documentation, with photo evidence. Based on the results, facilities identify gaps and create action plans. The self-assessment is repeated as per decisions from the Kayakalp state-level committee. Facilities maintain records of scores for each quarter, submitting them to the Kayakalp District-level committee, which compiles the data and forwards it to the state-level committee. The facility shares the score sheet with the Kayakalp District Level Committee in the prescribed format. The District Quality Nodal Officers (ISM and Homoeopathy) ensure timely submission of self-assessment score sheets. The District Kayakalp Committee compiles all data and submits it to the state-level committee.

Peer Assessment (District Level):

Facilities aiming for awards must undergo peer validation, with a minimum 80% score for award eligibility. In each district, hospital staff from one block-level facility assess another in a different block, as directed by the District Medical Officer. Institutions scoring over 80% in internal assessment will be included in the peer assessment. Peer assessment scores are used to nominate facilities for Kayakalp awards. The State-level Kayakalp Committee determines the number of institutions eligible for peer assessment based on self-assessment scores submitted by the District-level Kayakalp Committee. The District Kayakalp Committee schedules and compiles the assessment reports, which are submitted to the Kayakalp State-level Committee.

State-Level Assessment:

For formal recognition and awards, external assessment teams will validate the scores generated during peer assessment. Only institutions scoring over 80% in peer assessment will be considered for state assessment. The Kayakalp State-level Committee schedules these assessments. The team must include at least two trained assessors, with one from ISM and one from Homoeopathy. The number of institutions considered for state-level assessment will be determined by the State Kayakalp Committee based on peer-assessment scores submitted by the District-level Kayakalp Committee.

Assessment Teams:

Each assessment team will consist of two assessors, with representation from both ISM and Homoeopathy.

Assessors will receive appropriate training to equip them with the necessary skills and knowledge for effective assessments.

These teams will validate the scores of nominated AYUSH hospitals and AAMs.

Assessment protocol & scoring system

Kayakalp Assessment Components

All requirements of the Kayakalp assessment are systematically arranged under the following three categories:

- Thematic Area
- Criteria
- Checkpoint

Thematic Area:

These are broad aspects of *Kayakalp award programme* and can be termed as the 'pillars' of Kayakalp. The thematic areas are:

- **A** – Hospital/Facility Upkeep
- **B** – Sanitation & Hygiene
- **C** – Waste Management
- **D** – Infection Control
- **E** – Support Services
- **F** – Hygiene Promotion

Criterion:

Under each theme, specific criteria cover particular attributes related to the respective thematic areas.

Checkpoints:

Checkpoints are the lowest and most tangible unit of assessment. They are specific requirements that assessors are expected to look for in the facility to ascertain the extent of compliance and award a score.

Assessment Tool (Checklists):

The Kayakalp assessment is conducted using structured checklists. The checklist is a compilation of Themes, Criteria, and Checkpoints in a systematic manner. In addition, the checklist provides assessment aid in terms of:

- Assessment Method, and
- Means of Verification against each checkpoint.

There are two types of checklists for three different levels of health facilities:

1. Checklist for District Hospitals / Sub District/Taluk Hospital
2. Checklist for AAMs

Assessment Method: Assessment Methods are given in adjacent column to check point and provide said to the assessors that how the information required for a specific checkpoint can be gathered. There are four assessment methods:

- ✓ **Observations (OB):** Where information can be gathered through direct observation. e.g. Level of Cleanliness, Display of Protocols, Landscaping, Signage etc.
- ✓ **Staff Interview (SI):** Information should be gathered by interacting the concerned staff to understand the current practices, competency, etc. such as steps in hand washing, method to clean floor, wearing gloves.
- ✓ **Record Review (RR):** Where information can be extracted from the records available at the facility. Few examples are availability of filled-in Housekeeping checklist, culture report for microbial surveillance, minutes of meeting of infection control committee.

- ✓ **Patient Interview (PI):** Some information may be gathered by interacting the patients or their attendant e.g. counselling of patients on hygiene.

Ref. No.	Criterion	Assessment Method	Means of Verification	Compliance
A.	Hospital/Facility			
A1	Pest & Animal Control			
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cat, cattle, pigs, etc. within the premises. Also discuss with the facility staff	
A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	

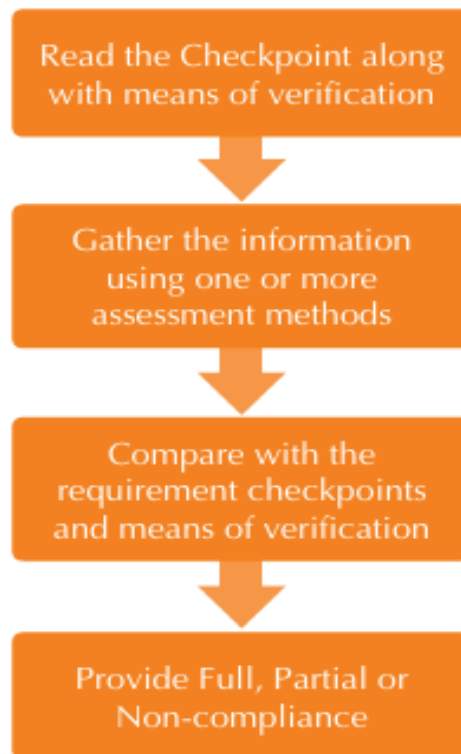
Means of Verification: Each check point is accompanied by means of verification given in next column assessment method. This provides specific guidance to assessor what to look-for, while taking a decision on extent of compliance. Means of verification provides specific clues for the assessment, observations to be made, list of items, questions to be asked in staff interview, list of records, norms for specific requirements etc.

Scoring: Following general principles may follow in giving numerical score.

Full Compliance: If the information gathered gives the impression that all the requirements of Checkpoints and means of verifications are being met, full compliance (marks – 2) should be provided for that checkpoint.

Partial Compliance: For providing partial compliance at least 50% or more requirements should be met. For partial compliance a score of 1 mark is given.

Non-compliance: Non-compliance is assigned to when facility fails to meet at least 50 percent of the requirements given in a check points and its corresponding means of verification. In this case, ‘0’ score is given.



Following are other points, which should be taken into consideration during assessment:

- ✓ All areas/departments of facility should be assessed for arriving scores. Kayakalp assessment should not be done sample basis. Arriving of conclusion by visiting few departments is not recommended.
- ✓ Each check point has its own exclusive requirements. Compliance or noncompliance to checkpoints should not be triangulated by observing compliance to other checkpoints.
- ✓ There is no option for “Not Applicable”. All check points must be either given full compliance, partial compliance or noncompliance.
- ✓ For ease of assessment, assessors may divide thematic areas amongst team members. Any checkpoints starting with “No” are absolute checkpoint, having only full or noncompliance. Even if one component of requirement is not available at the facility, this will be considered as noncompliance.
- ✓ Example–AYUSH Hospitals Checkpoint–B6.2-No foul smell in the Toilets.
Ten Toilets were visited to assess the cleanliness. One of the toilets was stinking. Non Compliance (0) is to be given.
- ✓ Kayakalp checklist is facility level checklist. There are no departmental checklists. The compliance to a checkpoint applicable to multiple departments should be arrived after assessing all the applicable departments.
Example –Adherence to 6steps of Hand washing.
Ten departments were visited for assessing hand hygiene practices. Only in seven departments staff could demonstrate the 6-steps of hand washing correctly. In this case, partial compliance (01mark) is recommended to be given.
- ✓ For a checkpoint, where multiple items are required to be checked in more than one department, the compliance will be based on the total score arrived for this checkpoint.

Award Declaration

The Kayakalp Award Committee will undertake the ranking of facilities based on the average Kayakalp score obtained. From this ranking, the top-performing facilities will be identified for the award. The list of selected facilities will be formally disseminated through circulars and displayed on the official website of NAM. Additionally, the Kayakalp Award Committee will declare the eligible facilities for the Certificate of Commendation. The State Level Kayakalp Committee will submit the State level report to the Kayakalp Award Committee. The award declaration will be decided by the Kayakalp Award Committee.

Felicitation:

At a state-level ceremony, the awards will be distributed. Facility-in-charges of the award-winning facilities will receive certificates and cash awards. Regarding the distribution of cash awards, 75% of the amount will be allocated to Hospital Management Committees (HMCs) for enhancing amenities, upkeep, and services. The remaining 25% will be designated as incentives for the facility teams.

The State Award Committee will rank the facilities based on the weighted average Score obtained in Kayakalp score and identify the top ranked facilities for the award. The list of selected facilities would be formally disseminated through circular and displayed at official website of the state health department. The state committee would also declare the eligible facilities for the Certificate of Commendation.

Score Card– Kayakalp, Award to
District hospitals/Sub district/Taluk hospitals

A.	HOSPITAL / FACILITY UPKEEP	100
A1	Pest & Animal Control	10
A2	Landscaping & Gardening	10
A3	Maintenance of Open Areas	10
A4	Hospital / Facility Appearance	10
A5	Infrastructure Maintenance	10
A6	Illumination	10
A7	Maintenance of Furniture & Fixture	10
A8	Removal of Junk Material	10
A9	Water Conservation	10
A10	Work Place Management	10
B	Sanitation & Hygiene	98
B1	Cleanliness of Circulation Area	10
B2	Cleanliness of Wards	10
B3	Cleanliness of Procedure Areas	10
B4	Cleanliness of Ambulatory Area (OPD, Emergency, Lab)	10
B5	Cleanliness of Auxiliary Areas	10
B6	Cleanliness of Toilets	10
B7	Use of standards materials and Equipment for Cleaning	8
B8	Use of Standard Methods Cleaning	10
B9	Monitoring of Cleanliness Activities	10
B10.	Drainage and Sewage Management	10
C	Waste Management	98
C1	Implementation of Biomedical Waste Rules 2016	10
C2	Segregated Collection and Transportation of Biomedical Waste	10
C3	Sharp Management	10
C4	Storage of Biomedical Waste	10
C5	Disposal of Biomedical waste	8
C6	Management Hazardous Waste	10
C7	Solid General Waste Management	10
C8	Liquid Waste Management	10
C9	Equipment and Supplies for Bio Medical Waste Management	10
C10	Statuary Compliances	10
D	Infection Control	76
D1	Hand Hygiene	10
D2	Personal Protective Equipment (PPE)	0
D3	Personal Protective Practices	10
D4	Decontamination and Cleaning of Instruments	10
D5	Disinfection & Sterilization of Instruments	10
D6	Spill Management	10
D7	Isolation and Barrier Nursing	10

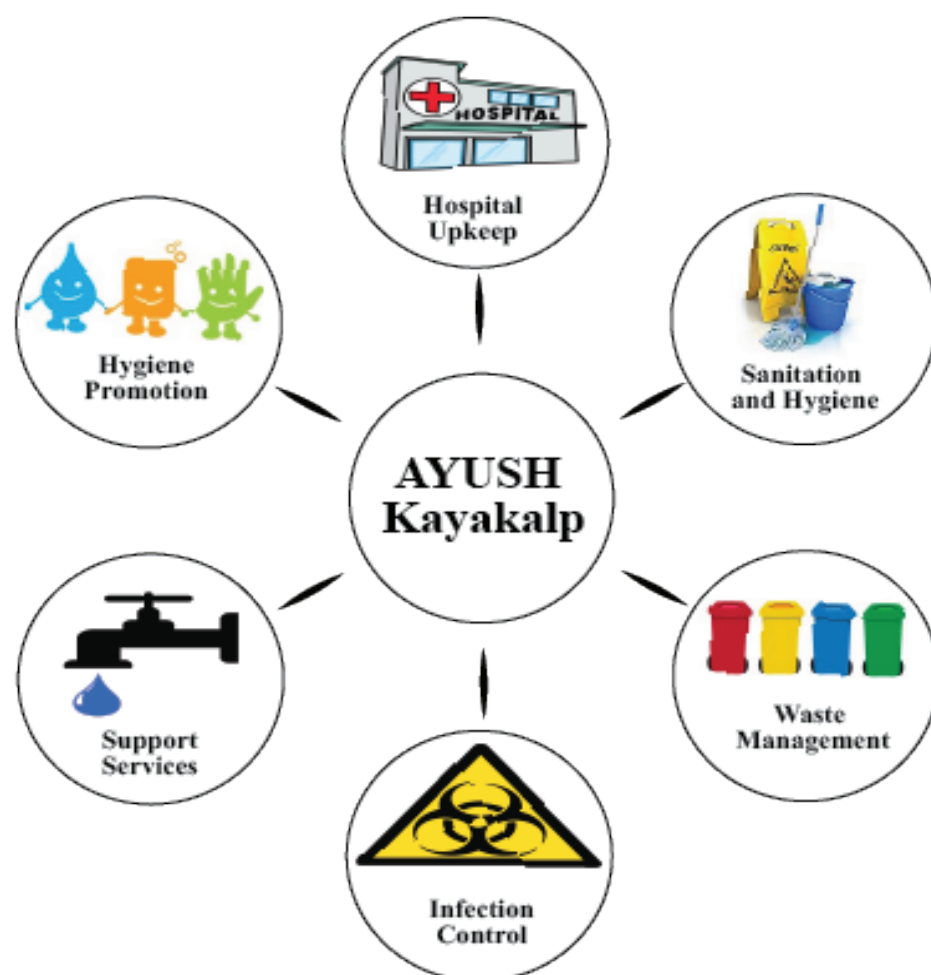
D8	Infection Control Program	8
D9	Hospital Acquired Infection Surveillance	8
E	SUPPORT SERVICES	50
E1	Laundry Services & Linen Management	10
E2	Water Sanitation	10
E3	Kitchen Services	10
E4	Security Services	10
E5	Out-sourced Services Management	10
F	Hygiene Promotion	48
F1	Community Monitoring & Patient Participation	8
F2	Information Education and Communication	10
F3	Leadership and Team work	10
F4	Training and Capacity Building and Standardization	10
F5	Staff Hygiene and Dress Code	10

**Score Card– Kayakalp, Award to
AYUSHMAN AROGYA MANDIR (AYUSH)**

A.	Ayushman Arogya Mandir (Ayush) Upkeep	40
A1	Pest & Animal Control	4
A2	Landscaping, Gardening & Yoga	4
A3	Maintenance of Open Areas	4
A4	Hospital/Facility –Appearance	4
A5	Infrastructure Maintenance	4
A6	Illumination	4
A7	Maintenance of Furniture & Fixture	4
A8	Removal of Junk Material	4
A9	Water Conservation	4
A10	Work Place Management	4
B	Sanitation & Hygiene	40
B1	Cleanliness of Circulation Area (Corridors, Patient Waiting area)	4
B2	Cleanliness of Clinic room	4
B3	Cleanliness of Procedure Areas(Laboratory / Diagnostic)	4
B4	Cleanliness of Storage Space	4
B5	Cleanliness of Roof top	4
B6	Cleanliness of Toilets	4
B7	Use of standards materials and Equipment for Cleaning	4
B8	Use of Standard Methods for Cleaning	4
B9	Monitoring of Cleanliness Activities	4
B10.	Drainage and Sewage Management	4
C	Waste Management	40
C1	Segregation of Biomedical Waste	4
C2	Collection and Transportation of Biomedical Waste	4
C3	Sharp Management	4
C4	Storage of Biomedical Waste	4

C5	Disposal of Biomedical waste	4
C6	Management Hazardous Waste	4
C7	Solid General Waste Management	4
C8	Liquid Waste Management	4
C9	Equipment and Supplies for Bio Medical Waste Management	4
C10	Statuary Compliances	4
D	Infection Control	40
D1	Hand Hygiene	4
D2	Personal Protective Equipment (PPE)	4
D3	Personal Protective Practices	4
D4	Decontamination and Cleaning of Instruments	4
D5	Reprocessing of reusable instruments and equipment	4
D6	Spill Management	4
D7	Isolation and Barrier Nursing	4
D8	Infection Control Program	4
D9	Surveillance Activity	4
D10	Environment Control	4
E	SUPPORT SERVICES	20
E1	Laundry Services & Linen Management	4
E2	Water Sanitation	4
E3	Storage Space	4
E4	Housekeeping services	4
E5	Outreach Services	4
F	Hygiene Promotion	20
F1	Community Monitoring & Patient Participation	4
F2	Information Education and Communication	4
F3	Leadership and Team work	4
F4	Training and Capacity Building and Standardization	4
F5	Staff Hygiene and Dress Code	4

Thematic Scores – AYUSH Kayakalp award



AYUSH – DISTRICT HOSPITAL AND SUB DISTRICT HOSPITAL CHECKLIST

Ref. No.	Criteria	Assessment Method	Means of Verification
A.	HOSPITAL / FACILITY UPKEEP		
A1	Pest & Animal Control		
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff.
A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall
A1.3	Pest Control Measures are implemented in the facility	SI/RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same
A1.4	Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically	RR/SI	Check if the facility has a scheduled programme for anti-termite treatment at least once in a year
A1.5	Measures for Mosquito free environment are in place	OB/SI /PI	Check for a. Usage of Mosquito nets by the patients b. Availability of adequate stock of Mosquito nets c. Wire Mesh in windows d. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled e. No water collection for mosquito breeding within the premises
A2	Landscaping & Gardening		
A2.1	Facility's front area is landscaped	OB	Frontage of the facility has been maintained with grass beds, trees, Garden, etc. and it has an aesthetic appearance
A2.2	Green Areas/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis.

A2.3	Internal Roads, Pathways, waiting area, etc. are even and clean	OB	Check that pathways, corridors, courtyards, waiting area, etc. are clean and land landscaped.
A2.4	Gardens/ green area are secured with fence	OB	Barricades, fence, wire mesh, Railings, Gates, etc. have been provided for the green area.
A 2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants
A3	Maintenance of Open Areas		
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.
A 3.3	No thoroughfare / general traffic in hospital premises	OB/ SI	Check that the facility premises are not being used as 'thoroughfare' by the general public
A3.4	Open areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, potholes, bumps etc. in open areas
A3.5	There is no unauthorised occupation within the facility, nor there is encroachment on Hospital land	OB/SI	Check for hospital premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.
A4	Hospital / Facility Appearance		
A4.1	Walls are well-plastered and painted	OB	Check that wall plaster is not chipped-off and the building is painted/ whitewashed in uniform colour and Paint has not faded away.
A4.2	Interior of patient care areas are plastered & painted	OB	Interior walls and roof of the outdoor and indoor area are plastered and painted in soothing colour. The Paint has not faded away.
A4.3	Name of the hospital is prominently displayed at the entrance	OB	Name of the Hospital is prominently displayed as per state's policy and convenience of beneficiaries. The name board of the facility is well illuminated in night

A4.4	Uniform signage system in the Hospital	OB	All signage's (directional & departmental) are in local language and follow uniform colour scheme.
A 4.5	No unwanted/Outdated posters	OB	Check, that facility's external and internal walls are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.
A5	Infrastructure Maintenance		
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital
A5.2	Hospital has a system for periodic maintenance of infrastructure at pre-defined interval	SI/RR	Check the records for preventive maintenance of the building. It should be done at least annually.
A5.3	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels
A5.4	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
A.5.5	Hospital has adequate facility for parking of vehicles	OB	Check that there is a demarcated space for parking of the vehicles as well as for the Ambulances and vehicles are parked systematically
A6	Illumination		
A6.1	Adequate illumination in Circulation Area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs.
A6.2	Adequate illumination in Indoor Areas	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs. The illumination should be 150-300 Lux at Nursing station and 100 Lux in the wards
A6.3	Adequate illumination in Procedure Areas (OT)	OB	Check for Adequate lighting arrangements The illumination should be 300 Lux in procedure areas. Toilets should have at least 100 lux light.
A6.4	Adequate illumination in front of hospital and access road	OB	Check that hospital front, entry gate and access road are well illuminated

A6.5	Use of energy efficient bulbs	OB	Check that hospital uses energy efficient bulb like CFL or LED for lighting purpose within the Hospital Premises
A7	Maintenance of Furniture & Fixture		
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished
A7.2	Patient Beds & Mattresses are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn
A7.3	Trolleys, Stretchers, Wheel Chairs, etc. are well maintained	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and clean. Wheels of stretcher and wheel chair are aligned and properly lubricated
A7.4	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean.
A7.5	There is a system of preventive maintenance of furniture and fixtures	SI/RR	Check if hospital has an annual preventive maintenance programme for furniture and fixtures, at least once in a year.
A8	Removal of Junk Material		
A8.1	No junk material in patient care areas	OB	Check if unused/ condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, wards, etc.
A8.2	No junk material in Open Areas and corridors	OB	Check, if unused/ condemned equipment, vehicles, etc. are kept in the corridors, pathways, under the stairs, open areas, roof tops, balcony, etc.
A8.3	No junk material in critical service area	OB	Check if unused articles, and old records are kept in the Labour room, OT, Injection room, Dressing room etc.
A8.4	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

A8.5	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
A9	Water Conservation		
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check the quantity of water including reservoir and record of its quality
A9.2	Water supply system is maintained in the Hospital	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns
A9.3	There is a system of periodical inspection for water wastage	OB	Check if staff have been assigned duty for periodical inspection of leaking taps, etc.
A9.4	Hospital promotes water conservation	SI/OB	Check if IEC material is displayed for water conservation, and staff & users are made aware of its importance
A 9.5	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
A10	Work Place Management		
A10.1	Staff periodically sort useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.
A10.2	The Staff arrange the useful articles, records in systematic manner	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in arranged manner. The place has been demarcated for keeping different articles
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.
A10.4	Work stations are clean and free of dirt/dust	SI/OB	Check that nursing station, dispensing counter, lab benches, etc. are clean and shining

A10.5	Staff has been trained for work place management	SI/RR	Check, if the facility staff has got any formal/hands on training for managing the workplace (e. g.5's')
B	Sanitation & Hygiene		
B1	Cleanliness of Circulation Area		
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.
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.
B1.3	Corridors are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning
B2	Cleanliness of Wards		
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.
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.
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
B2.4	Patient Furniture, Mattresses, Fixtures are without grease and dust	OB	Check for visible dirt, dust, grease etc. Check if the items are wiped/dusted daily
B2.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records if available
B3	Cleanliness of Procedure Areas		
B3.1	No dirt/Grease/ Stains/ Garbage in Procedure Areas	OB	Check that floors and walls of OT, Dressing room for any visible or tangible dirt, grease, stains etc.

B3.2	No Cobwebs/Bird Nest/ Seepage in OT & procedure Room	OB	Check for roof, walls, corners of OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.
B3.3	OT/procedure Room floors and surfaces are cleaned at least twice a day / after every procedure	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.
B3.4	OT & procedure Room Tables are without grease, body fluid and dust	OB	Check that Top, side and legs of OT Tables, Dressing Room Tables, procedure Room Tables for dirt, dried human tissue, body fluid etc.
B3.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask cleaning staff about frequency of cleaning day. Verify with Housekeeping records if available.
B4	Cleanliness of Ambulatory Area (OPD, Emergency, Lab)		
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.
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.
B4.3	Ambulatory Areas are cleaned at least thrice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning
B4.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask staff about schedule of cleaning and verify with records
B5	Cleanliness of Auxiliary Areas		
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.
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.

B5.3	Auxiliary Areas are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning
B5.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a month	SI/RR	Ask staff about schedule of cleaning and verify with records
B6	Cleanliness of Toilets		
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps
B6.4	Sinks and Cistern are cleaned every two hours or whenever required	SI/RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation
B7	Use of standards materials and Equipment for Cleaning		
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records.
B7.2	Cleaning staff uses correct concentration of cleaning solution	SI/RR	Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution. Ask them to demonstrate. Verify it with the instruction given solution bottle.

B7.3	Availability of Buckets and carts for Mopping	SI/RR	Check if adequate numbers of Buckets and carts are available. General and critical areas should have separate bucket and carts.
B7.4	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement.
B8	Use of Standard Methods Cleaning		
B8.1	Use of Three bucket system for cleaning	SI/OB	Check if cleaning staff uses three bucket system for cleaning. One bucket for Cleaning solution, second for plain water and third one for wringing the mop. Ask the cleaning staff about the process
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room.
B8.3	No use of brooms in patient care areas	SI/OB	Check if brooms are stored in patient care areas. Ask cleaning staff if they are using brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas.
B8.4	Use of separate mops for critical and semi critical areas and procedures surfaces	SI/OB	Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT Table and Labour Room Tables should not be used for mopping the floors.
B8.5	Disinfection and washing of mops after every cleaning cycle	SI/OB	Check if cleaning staff disinfect, clean and dry the mop before using it for next cleaning cycle.
B9	Monitoring of Cleanliness Activities		

B9.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month
B9.2	Use of Housekeeping Checklist in Patient Care Areas	OB/RR	Check that Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. Check Housekeeping records if checklists are daily updated for at least last one month
B9.3	Use of Housekeeping Checklist in Procedure Areas	OB/RR	Check that Housekeeping Checklist is displayed in Labour room, OT Dressing room etc. Check Housekeeping records if checklist are daily updated for at least last one month.
B9.4	A person is designated for monitoring of Housekeeping Activities	SI/RR	Check if a staff-member from the hospital has been designated to monitor the housekeeping activities and verify them with counter signature on housekeeping checklist.
B9.5	Monitoring of adequacy and quality of material used for cleaning	SI/RR	Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning. Hospital administration take feedback from cleaning staff about efficacy of the solution and take corrective action if it is not effective.
B10.	Drainage and Sewage Management		
B10.1	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.
B10.2	Gradient of Drains is conducive for adequate for maintaining flow	OB	Check that the drains have adequate slope and there is no accumulation of water or debris in it

B10.3	Availability of connection with Municipal Sewage System/ or Soak Pit	OB/SI	Check if Hospital sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, hospital should have a septic tank with in the premises.
B10.4	No blocked/ over-flowing drains in the facility	OB	Observe that the drains are not overflowing or blocked
B10.5	All the drains are cleaned once in a week	SI/RR	Check with the cleaning staff about the frequency of cleaning of drains. Verify with the records.
C	Waste Management		
C1	Implementation of Biomedical Waste Rules 2016		
C1.1	The Hospital leadership is aware of Biomedical Waste Rules 2016 including key changes as amendments.	SI/OB	A copy of the Biomedical waste management rules is available at the facility.
C1.2	The facility has implemented Biomedical Waste Rules	OB/SI/RR	Interview the concerned personnel and verify following actions - a. Change in colour scheme b. Linkage with CWTF, if located within 75 kms OR Approval for Deep Burial pit c. 'On-site' pre-treatment of laboratory waste before handing over to the CTF Operator
C1.3	The facility has started undertaking actions for bar coding system	SI/RR	Please check the records and interview the personnel to ascertain that the hospital has started actions for procurement of Bar coded bags & containers
C1.4	The facility has started undertaking actions, which are to be complied by March 2019	SI/RR	Please check the records and interview the personnel to ascertain that the hospital has started actions for followings - a. Procurement of Non-chlorinated bags b. Development of Website and uploading of Annual Report c. Actions for meeting emission standards as given in BMW Rules 2016.

C1.5	An existing committee or newly constituted committee for review and monitoring of BMW management at DH/SDH level	SI/RR	Check the record to ensure that the committee has met at least at six monthly interval and BMW status has been reviewed
C2	Segregated Collection and Transportation of Biomedical Waste		
C2.1	Segregation of BMW is done as per BMW management rule,2016	OB/SI	Anatomical waste and soiled dressing material are segregated in yellow bins & bags General and infectious waste are not mixed
C2.2	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.
C2.3	The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority)	OB/ RR/ SI	Check record for functional linkage with a CWTF
C2.4	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with lids
C2.5	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.
C3	Sharp Management		
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check if such waste is pre-treated either with 1-2 % Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave,
C.3.2	Disinfected Glassware is stored as per protocol given in Schedule I of the BMW Rules 2016 and amendments .	OB/SI/ RR	Verify that all glassware is stored in a puncture proof and leak proof boxes or containers with blue coloured marking and later sent for recycling
C3.3	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

C.3.4	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.
C3.4	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
C4	Storage of Biomedical Waste		
C4.1	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.
C4.2	The Storage facility is located away from the patient area and has connectivity of a motor able road.	OB	Look at the location and its connectivity through a road for CWTF vehicle to reach the storage area un-hindrance. The storage area does not pose any threat to patients, indoor & outdoor both.
C4.3	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
C4.4	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
C4.5	The storage facility has hand-washing facilities for the workers	OB	Check availability of soap, running water in vicinity of storage facility
C5	Disposal of Biomedical waste		
C5.1	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

C5.2	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.
C5.3	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.
C5.4	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.
C6	Management Hazardous Waste		
C6.1	The Staff is aware of Mercury Spill management	SI	Interact with the staff to ascertain their awareness of Mercury spill management
C6.2	Availability of Mercury Spill Management Kit	OB	Check physical availability of Mercury spill management kit, more so at the locations functional on 24x7 basis (Emergency Department, Ward, etc.)
C6.3	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 authorised agency, not discharged in the drain
C6.4	Disposal of Disinfectant solution like Glutaraldehyde	SI	Should not be drained in sewage untreated
C6.3	Disposal of Lab reagents	SI/RR	As per instructions of the manufacturer
C7	Solid General Waste Management		

C7.1	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
C7.2	The Facility Undertakes efforts to educate patients and visitors about segregation of recyclable and biodegradable wastes	PI/OB	Posters/ Work instructions are displayed at the locations, where two types of bins have been kept
C7.3	General Waste is not mixed with infected waste	OB	Check bins to ascertain that such mixing does not take place
C7.4	Availability of Compost Pit within the premises	OB/SI	Check availability of pit within the premises; If a facility has linkage with municipal waste management system for collection of general waste, please award full compliance
C7.5	The facility has introduced innovations in managing General Waste	OB/SI/RR/PI	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.
C8	Liquid Waste Management		
C8.1	The laboratory has a functional protocol for managing discarded samples	OB/SI/ RR	A copy of such protocol should be available and staff should be aware of the same. Discarded Lab samples made safe before mixing with other waste water
C8.2	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
C8.3	The Facility has treatment facility for managing infectious liquid waste	OB/SI	Check the availability of Separate collection system leading to effluent treatment system.

C8.4		OB/SI	Check that Sullage (waste water from Bathrooms & Kitchen;does not contain urin & 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.
C8.5	Runoff is drained into the municipal drain	OB/SI	Check availability of surface drainage system and its connectivity and gradient with the municipal drains for the Runoff during rains, etc.
C9	Equipment and Supplies for Bio Medical Waste Management		
C9.1	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
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste
C9.3	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
C9.4	Availability of Sodium Hypochlorite Solution	OB/SI/RR	Please look at availability of Sodium Hypochlorite and its supply record
C9.5	Availability of trolleys for waste collection and transportation	OB/SI	Number and size would depend upon the size of facility and waste inventory
C10	Statuary Compliances		
C10.1	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
C10.2	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.

C10.3	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
C10.4	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
C10.5	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. Immunisation records of all waste handlers d. Records of operations of Autoclave and other equipment for last five years
D	Infection Control		
D1	Hand Hygiene		
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water availability at all points of use including nursing stations, OPD clinics, OT, labour room etc.
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash
D1.4	Availability of Alcohol Based hand rub	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply
D1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 moments of hand washing).
D2	Personal Protective Equipment (PPE)		

D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas
D2.3	Use of Heavy Duty Gloves and gumboot by waste handlers	SI/OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots
D2.4	Use of aprons/ Lab coat by the clinical staff	SI/OB	Check the usage of protective attire e.g. Apron by the doctor and nurses, lab coat by the lab technicians, gown in OT, etc.
D2.5	Adequate supply of Personal Protective Equipment (PPE)	SI/RR	Check with staff whether they have adequate supply of personal protective equipment. Verify the records for any stock outs.
D3	Personal Protective Practices		
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask
D3.4	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions
D4	Decontamination and Cleaning of Instruments		
D4.1	Staff knows how to make Chlorine solution	SI/OB	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution

D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedures	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes
D4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization
D4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)
D5	Disinfection & Sterilization of Instruments		
D5.1	Adherence to Protocols for autoclaving	SI/OB	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling or Chlorine solution
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)
D5.4	Chemical Sterilization of instruments done as per protocol	SI/OB	Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours
D5.5	Sterility of autoclaved pack maintained during storage	SI/OB	Check if autoclaved instruments are kept in the clean area. Their expiry date is mentioned on the package. Instruments are not used later once instrument pack has been opened.
D6	Spill Management		
D6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits

D6.3	Staff has been trained for spill management	SI/RR	Check for the training records
D6.4	Spill management protocols are displayed at points of use	OB	Check for display
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol
D7	Isolation and Barrier Nursing		
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only
D7.3	Maintenance of adequate bed to bed distance in wards	OB	A distance of 3.5 Foot is maintained between two beds in wards
D7.4	Restriction of external foot wear in critical areas	OB	External foot wear are not allowed in lab, therapy room OT etc.
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, Isolation area etc.
D8	Infection Control Program		
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting
D8.2	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection
D8.3	Immunization of Service Providers	RR/SI	Hospital staff has been immunized against Hepatitis B
D8.4	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
D9	Hospital Acquired Infection Surveillance		

D9.1	Regular microbiological surveillance of Critical areas	RR/SI	Check for the records of microbiological surveillance of critical areas like OT, Therapy room etc.
D9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records
D9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records
D9.4	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records
E	SUPPORT SERVICES		
E1	Laundry Services & Linen Management		
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI/PI	Check the stock position and its turn-over during last one year in term of demand and availability
E1.2	Bed-sheets and pillow cover are stain free and clean	OB/SI/PI	Observe the condition of linen in use in the wards, Accident & Emergency Department, other patient care area, etc.
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bedsheets and pillow cover have been changed daily. Please interview the patients as well.
E1.4	Soiled linen is removed, segregated and disinfected, as per procedure	SI/OB	Check, how is the soiled linen handled at the facility. It should be removed immediately and sluiced and disinfected immediately
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition
E2	Water Sanitation		
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	At least 200 litres of water per bed per day is available (if municipal supply). or the water is available on 24x7 basis at all points of usage
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The hospital should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.
E2.3	Drinking Water is chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples, drawn from the potable water.

E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination
E2.5	Water is available at all points of use	OB/SI/PI	Water is available for hand- washing, OT, Labour Room, Wards, Patients' toilet & bath, waiting area.
E3	Kitchen Services		
E3.1	Hospital kitchen is located in a separate building, away from patient care area and functions meticulously	OB	The Hospital kitchen is functional in a separate building with proper lay out. Cooking takes place on LPG/ PNG. No fire wood is used. Kitchen waste is collected separately and not mixed with the Biomedical waste.
E3.2	The Kitchen has provision to store dry ration and fresh ration separately.	OB	Dry ration is stored on pellet, away from wall in closed containers. Vegetables are stored at appropriate temperature. Milk, curd and other perishable items are stored in the fridge, which is cleaned and defrosted regularly.
E3.3	The Kitchen is smoke-free and fly-proofed	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proofed. No fly nuisance is noticed inside the kitchen.
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress, while cooking. Nails & hair are trimmed. All staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available.
E3.5	Food to patients is distributed through covered trolleys and patients utensils are not dented or chipped - off	OB	Check that adequate number of trolleys are available and are in use. Look for the condition of patients crockery and utensils.
E4	Security Services		
E4.1	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
E4.2	The security personal are meticulously dressed and smartly turned-out.	OB	Check if Security personnel themselves observe the commensurate behaviour such no spitting, no chewing of tobacco, non-smoker, etc.

E4.3	There is a robust crowd management system.	OB	Crowd in OPD has waiting place, seats, etc. Dust bins are available and there is adequate ventilation for the patients and their attendants.
E4.4	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.
E4.5	Un-authorised 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. Unauthorised entry of rag-pickers should not be there.
E5	Out-sourced Services Management		
E5.1	There is valid contract for out-sourced services, like house-keeping, BMW management, security, etc.	RR	Please check contract document of all out-sourced services
E5.2	The Contract has well defined measurable deliverables	RR	Check the contract documents to see, whether the deliverables of the out-sourced organisation have been well defined in term of the work to be done and how it would be verified
E5.3	The contract has penalty clause and it has been evoked in the event of non- performance or sub-standard performance	RR/ SI/Interview with vendor	Look for the penalty clause in the contract and how often it has been used
E5.4	Services provided by the out-sourced organisation are measured periodically and performance evaluation is formally recorded.	RR	Check if Performance of the vendors have been evaluated and recorded

E5.5	There is defined time-line for release of payment to the contractors for the services delivered by the organisation.	RR/Interview with vendor	Check the record for the time taken in releasing the payment due to the out-sourced organisation
F	Hygiene Promotion		
F1	Community Monitoring & Patient Participation		
F1.1	Members of Hospital management committee and Local Governance bodies monitor the cleanliness of the hospital at pre-defined intervals	SI/RR	At least once in month.
F1.2	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices
F1.3	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed
F1.4	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	Check if there is a feedback system for the patients. Verify the records
F2	Information Education and Communication		
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language
F2.4	IEC regarding water sanitation is displayed in the hospital premises	OB	Should be displayed prominently in local language
F2.5	Hospital disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.

F3	Leadership and Team work		
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning
F3.2	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the records
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities
F3.4	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
F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice
F4	Training and Capacity Building and Standardization		
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if training need assessment has been done
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users

F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users
F5	Staff Hygiene and Dress Code		
F5.1	Hospital has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented
F5.2	Nursing staff adhere to designated dress code	OB	Observation
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation
F5.4	There is a regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the hospital administration
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation

AYUSHMAN AROGYA MANDIR (AYUSH) CHECKLIST

Ref. No.	Criteria	Assessment Method	Means of Verification
A.	Ayushman Arogya Mandir (Ayush) Upkeep		
A1	Pest & Animal Control		
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff. Also look at the breach, if any, in the boundary wall and presence of secured gate.
A1.2	Pest Control Measures are implemented in the facility	SI/RR/OB	Check for the evidence at the facility (Presence of Pests ,Record of Purchase/availability of Pesticides and availability of the rat trap) and interview the staff.
A2	Landscaping, Gardening & Yoga		
A2.1	Surrounding area/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed.
A2.2	Provision of Yoga room	OB	Check for adequate space and cleanliness.
A3	Maintenance of Open Areas		
A3.1	Approach walkway from gate to the facility is even and clean	OB	Check that walkway is even and non-slippery and well maintained
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.
A4	Hospital/Facility –Appearance		
A4.1	Walls are well-plastered ,painted and name of the facility is displayed	OB	Check that wall plaster is not chipped-off and the building is painted with yellow color wall & Brown color windows. The paint has not faded away. Name of the Centre is prominently displayed.
A4.2	Branding of Health & Wellness Centre has been under taken as per current guideline.	OB	Check for:- 1- Outer surface of the building is metallic yellow with specified shade. 2- Six illustrations drawn on the façade. 3- Logo of NAM and Ayushman Bharat.
A5	Infrastructure Maintenance		

A5.1	Facility Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the Centre .Periodic Maintenance is done.
A5.2	Centre has intact boundary wall/Fencing and functional gates at entry	OB	Check that there is a proper boundary wall/fencing of adequate height without any breach.
A6	Illumination		
A6.1	Adequate illumination in inside and outside of the Centre	OB	Check for Adequate lighting arrangements through natural light or electric bulbs(CFL/LED) inside Centre . Check that Centre front, entry gate and access road are well illuminated.
A6.2	Use of energy efficient bulbs	OB	Check that Centre uses energy efficient bulb like CFL or LED for lighting purpose within the Centre Premises
A7	Maintenance of Furniture & Fixture		
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished.
A7.2	furniture and fixtures are in good condition.	OB	Check that Examination table, foot Step, Table, Chair, stool, etc. are not rusted and are painted. Mattresses are clean and not torn Almirah, Fan , Tube lights etc. are well maintained(As applicable)
A8	Removal of Junk Material		
A8.1	No junk material within centre premises	OB	Check if unused/ condemned articles, and outdated records are kept in the haphazard manner.
A8.2	Centre has system for removing junk materials	OB/SI	Check for any system of removing junk from Centre with support from AAM
A9	Water Conservation		
A9.1	Water supply system is maintained in the Centre	OB	Check for leaking taps, pipes, over-flowing tanks and dysfunctional cisterns. Over-head tank is covered.
A9.2	Check if the facility has rain-water harvesting system	SI/OB	Check for its functionality and storage system
A10	Work Place Management		
A10.1	The Staff periodically sorts useful and unnecessary articles at work station	SI/OB	Ask the Staff, how frequently they sort and remove unnecessary articles from their work place.. Check for presence of unnecessary articles.

A10.2	The Staff arranges the useful articles, records in systematic manner and label them	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in systematic manner. The place has been demarcated for keeping different articles Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.
B	Sanitation & Hygiene		
B1	Cleanliness of Circulation Area (Corridors, Patient Waiting area)		
B1.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the circulation area	OB	Check that floors and walls of Corridors, Waiting area etc for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area for any Cobweb, Bird Nest, etc.
B1.2	Corridors are cleaned at least once in the day with wet mop	SI/OB	Ask the staff about frequency of cleaning in a day.
B2	Cleanliness of Clinic room		
B2.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the Clinic room	OB	Check floors and walls of the clinic room for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of clinic for any Cobweb, Bird Nest, vegetation, etc.
B2.2	Clinic room is cleaned at least once in a day with wet mop	OB/SI	Ask staff about frequency of cleaning in a day.
B3	Cleanliness of Procedure Areas(Laboratory / Diagnostic)		
B3.1	No dirt,grease,stains, cobwebs, bird nest, dust, vegetation on walls and roof in the procedure area	OB	Check that floors and walls of storage for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any cobweb, bird nest, vegetation, etc.
B3.2	Procedure area are cleaned at least once in a day and as required	OB/SI	Ask staff about frequency of cleaning in a day
B4	Cleanliness of Storage Space		
B4.1	No dirt, grease, stains, cobwebs, bird nest, dust, vegetation on walls and roof in the storage space.	OB	Check that floors and walls of storage for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any cobweb, bird nest, vegetation, etc.
B4.2	Storage space are cleaned at least once in the day with wet mop	OB/SI	Ask staff about frequency of cleaning in a day
B5	Cleanliness of Roof top		

B5.1	No dirt, cobwebs, bird nest, junk articles on roof top	OB	Check roof top of the Centre for any dirt, Cobweb, Bird Nest, etc. Check for any junk articles on roof top
B5.2	Roof top are cleaned at least once in the month	SI/OB	Ask staff about frequency of cleaning
B6	Cleanliness of Toilets		
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check the toilets randomly for any visible dirt, grease, stains, water accumulation in toilets Check for any foul smell in the Toilets
B6.2	Separate male & female toilets have running water and functional cistern	OB/SI	Check availability of separate male and female toilets Ask staff to operate cistern and water taps
B7	Use of standards materials and Equipment for Cleaning		
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with staff if they are getting adequate supply. Verify the consumption records. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution.
B7.2	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement.
B8	Use of Standard Methods for Cleaning		
B8.1	Use of Two bucket system for cleaning	SI/OB	Check if cleaning staff uses two bucket system for cleaning. One bucket for Cleaning solution, second for wringing the mop. Ask the cleaning staff about the process, Disinfection and washing of mops after every cleaning cycle
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room.
B9	Monitoring of Cleanliness Activities		
B9.1	Monitoring of cleanliness on daily basis	OB/RR	Ask about monitoring mechanism of cleanliness. Check for records

B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	1. Periodic Monitoring is done by district Nodal office at least once in a month. 2. Daily monitoring by CHO
B10.	Drainage and Sewage Management		
B10.1	Availability of drainage and sewage system	OB/SI	Centre has a functional septic tank and soak pit within the premises.
B10.2	No blocked/ over-flowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked and they are covered.
C	Waste Management		
C1	Segregation of Biomedical Waste		
C1.1	Segregation of BMW is done as per BMW management rule,2016 & amendment	OB/SI	General & Biomedical Waste are not mixed together. Display of work instructions for segregation and handling of Biomedical waste
C1.2	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into puncture proof and leak proof boxes and container with blue marking, etc.)
C2	Collection and Transportation of Biomedical Waste		
C2.1	Centre waste is collected and transported in safe manner	OB	Check for records of linkage with CWTF operator (IMAGE)
C2.2	The waste is transported in closed bag	OB	Check availability of bag for transportation of waste.
C3	Sharp Management		
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check if such waste is either pre-treated with 1% to 2% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles etc.
C4	Storage of Biomedical Waste		
C4.1	BMW should not be stored more than recommended time	OB	Check if Facility having linkage with CTF should not store BMW more than 48 hours
C4.2	Facility for storage of BMW	SI/RR	Facility with linkage to CTF requires an isolated place with separate bins for storage of BMW
C5	Disposal of Biomedical waste		

C5.1	Centre has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority and would meet the norms.
C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), Syringes, etc. (shredding/mutilation or a combination of sterilization and shredding and handed over to registered vendor are ensured after linkage with block PHC/CHC-Harithakarma sena).
C6	Management Hazardous Waste		
C6.1	Staff is aware of Mercury Spill management	SI/OB	Ask staff what he/she would do in case of Mercury spill. (If facility is mercury free, give full compliance)
C6.2	Availability of Mercury Spill Management Kit	SI	Check availability of Mercury Spill Management Kit.(If facility is mercury free, give full compliance)
C7	Solid General Waste Management		
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal.
C7.2	Innovations in managing general waste	OB/SI/ RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.
C8	Liquid Waste Management		
C8.1	Facility has provision of liquid waste management	OB/SI/ RR	Check for onsite provision of liquid waste disinfection set-up
C8.2	Liquid waste is made safe before mixing with other waste water	OB/SI	Check for the procedure - staff interview and direct observation
C9	Equipment and Supplies for Bio Medical Waste Management		
C9.1	Availability of Bins and plastic bags for segregation of waste at point of use	OB/SI	One set of appropriate size bins at each point of generation for Biomedical and General waste. Check all the bins are provided with chlorine free plastic bags. Ask staff about adequacy of supply.

C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste
C10	Statuary Compliances		
C10.1	Centre has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate
C10.2	Centre maintains records, as required under the Biomedical Waste Rules 2016 and Amendment	RR	Check following records - a. Annual report submission b. Yearly Health Check-up record of all handlers c. BMW training records of all staff (once in year training) d. Immunisation records
D	Infection Control		
D1	Hand Hygiene		
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap/handwash and running water at all points of use
D1.2	Staff is adheres to hand washing protocol	SI	Check Display of Hand washing Instructions Ask facility staff to demonstrate 6 steps of normal hand wash and 5 moments of hand washing
D2	Personal Protective Equipment (PPE)		
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures
D2.2	Use of Masks, gloves and aprons	SI/OB	Check, if staff uses mask, gloves, aprons as applicable
D3	Personal Protective Practices		
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use
D3.2	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.
D4	Decontamination and Cleaning of Instruments		
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff about the procedure of making chlorine solution and its frequency

D4.2	Decontamination of instruments and Surfaces like examination table, dressing tables etc.	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap before sterilization Ask staff when and how they clean the surfaces either by chlorine solution or Disinfectant like carbolic acid
D5	Reprocessing of reusable instruments and equipment		
D5.1	Adherence to Protocols for items that come in contact with intact skin	SI/OB/RR	Check reusable instruments like thermometer, Stethoscope etc. are free from visible contamination and they are washed with soap and water before use.
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes.
D6	Spill Management		
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols
D6.2	Spill management protocols are displayed at points of use	SI/OB	Check for display
D7	Isolation and Barrier Nursing		
D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in clinic room.
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it.
D8	Infection Control Program		
D8.1	Monitoring of infection control practices	RR/SI	Check if the Centre has a system to monitor infection control practices
D8.2	Immunization and medical check-up of Service Providers	RR/SI	Check record of staff, immunized against Hepatitis B and at least once a year medical check-up done.
D9	Surveillance Activity		
D9.1	Surveillance activity at the centre	RR/SI	Check for surveillance about any abnormal increase in cases of diarrhea /dysentery, fever with rigors, fever with rash, fever with jaundice or fever with unconsciousness and early reporting to concerned PHC as per IDSP guidelines.

D9.2	Facility reports all notifiable diseases and events	RR/SI	Check facility has list of all notifiable disease needs immediate/periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP and AEFI Surveillance.
D10	Environment Control		
D10.1	Cross-ventilation	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check location of the Centre , it should be away from Garbage dump Cattle shed, Stagnant pool, Pollution from industry
E	SUPPORT SERVICES		
E1	Laundry Services & Linen Management		
E1.1	Available linens are clean	RR/SI	Check linen such as table cloth, bedsheets, curtains etc. are clean and spotless
E1.2	Arrangements for washing linens	OB/SI	Check facility has in-house or outsourced arrangements for washing linens at least once in a week.
E2	Water Sanitation		
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	Water is available on 24x7 basis at all points of usage
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The Centre have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.
E3	Storage Space		
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in Storage and drug store. Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall

E3.2	Cold storage equipment's are clean and managed properly	OB	Check refrigerators / Ice packs are clean Check if there is a practice of regular cleaning. Cold box are not been used for purpose other than storing drugs and vaccines.
E4	Housekeeping services		
E4.1	Routine Cleaning of the facility at least once in a day	OB/RR	Cleaning includes dry and wet mopping
E4.2	Thorough Cleaning of the facility fortnightly	SI/RR	Thorough cleaning with warm water and soap/detergent
E5	Outreach Services		
E5.1	Biomedical waste generated during outreach session are transported to the centre on the same day	RR/SI	Check the records and ask staff
E5.2	Reporting PHC monitor cleanliness and hygiene of outreach sessions and the center	RR/ SI	Check records that reporting PHC staff/In charge has checked cleanliness and hygiene of the centre and its outreach session at least monthly basis.
F	Hygiene Promotion		
F1	Community Monitoring & Patient Participation		
F1.1	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their rights & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed
F1.2	Patient rights and responsibility are displayed	SI/RR/OB	Check for IEC regarding the role and responsibility
F2	Information Education and Communication		
F2.1	IEC regarding importance of Hygiene practices are displayed	OB	Check IEC regarding hand washing, water sanitation, use of toilets are displayed in local language
F2.2	IEC regarding Swachhta Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language
F3	Leadership and Team work		
F3.1	Staff worked as a team to improve sanitation and hygiene of the facility	SI/OB	Ask staff about sanitation and hygiene
F3.2	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities to make facility clean
F4	Training and Capacity Building and Standardization		
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Ask staff and look for any record

F4.2	Infection control Training has been provided to the staff	SI/RR	Check staff are trained at the time of induction and at least once in every year
F5	Staff Hygiene and Dress Code		
F5.1	Centre has dress code policy for staff	OB/SI	Staff are in dress code. Check for ID card and name plates
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff



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Government of Kerala

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