







Kayakalp Clean Hospital Awards

Checklist for Assessment PHC

The Cleanliness Score Card

Name of Facility	50.0%	Level of Assessment
Grading		Improvement

Thematic Scores

 A. PHC Upkeep	 B. Sanitation & Hygiene	 C. Waste Management
30	30	30
 D. Infection Control	 E. Support Services	 F. Hygiene Promotion
30	15	15

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A.	PHC UPKEEP				
A1	Pest & Animal Control			3	
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff. Check at the entrance of the facility that cattle trap has been provided.	1	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/ OB	Check for the evidence at the facility (Presence of Pests, Record of Purchase of Pesticides and availability of the rat trap) and Interview the staff about its usage	1	
A1.3	Measures for Mosquito free environment are in place	OB/SI /PI	Check for a. Wire Mesh in windows b. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled c. No water collection to prevent mosquito breeding within the premises d. Gambusia fish cultivation e. Usage of Mosquito nets by the admitted patients f. Availability of adequate stock of Mosquito nets(If Applicable)	1	
A2	Landscaping & Gardening			3	
A2.1	Front area/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis. Gardens/ green area are secured with fence	1	
A2.2	Internal Roads, Pathways, etc. are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped.	1	
A 2.3	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants	1	
A3	Maintenance of Open Areas			3	
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises	1	
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.	1	
A3.3	There is no unauthorised occupation within the facility, nor there is encroachment on PHC land	OB/SI	Check for PHC premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, No thoroughfare / general traffic in PHC premises etc.	1	
A4	PHC Appearance			3	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A4.1	Name of the PHC is prominently displayed at the entrance	OB	Name of the PHC is prominently displayed as per state's policy. The name board of the facility is well illuminated / florescent to have visibility in night	1	
A4.2	Walls are well-plastered and painted	OB	Check that wall (Internal and External) plaster is not chipped-off and the building is painted/ whitewashed in uniform approved colour and Paint has not faded away. Check for presence of any outdated	1	
A4.3	Uniform signage system in the PHC	OB	All signage's (directional & departmental) are in local language and follow uniform colour scheme.	1	
A5	Infrastructure Maintenance			3	
A5.1	PHC Infrastructure is well maintained	OB/ RR/ SI	No major cracks, seepage, chipped plaster & floors is seen within the building. The Building is periodically maintained	1	
A5.2	PHC has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. The Wall is painted in uniform colour	1	
A.5.3	PHC 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	1	
A6	Illumination			3	
A6.1	Adequate illumination inside the building	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs inside PHC	1	
A6.2	Adequate illumination in Outside of the PHC	OB	Check that PHC front, entry gate and access road are well illuminated	1	
A6.3	Use of energy efficient bulbs	OB	Check that PHC uses energy efficient bulb like CFL or LED for lighting purpose within the PHC Premises	1	
A7	Maintenance of Furniture & Fixture			3	
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Mesh. Doors are intact and painted /varnished	1	
A7.2	Patients' furniture are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn Trolleys, Stretchers, Wheel Chairs, etc. are well maintained(As applicable)	1	
A7.3	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.	1	
A8	Removal of Junk Material			3	
A8.1	PHC has documented and implemented States' Condemnation policy	SI/RR	Check if PHC has drafted its condemnation policy or have got one from the state. Check whether it has been complied.	1	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A8.2	No junk material within the PHC premises	OB	Check if unused/ condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, Labour Room , Injection Room , Dressing Room, Wards, stairs, open areas, roof tops, balcony etc. No condemned vehicles are parked	1	
A8.3	PHC 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	1	
A9	Water Conservation			3	
A9.1	Water supply system is maintained in the PHC	OB	Check for leaking taps, pipes, overflowing tanks and dysfunctional cisterns	1	
A9.2	Preventive measures are taken to reduce wastage and reuse of water	SI/OB	Check self closing taps are installed Reuse of water for activities like gardening.	1	
A 9.3	PHC has a functional rain water harvesting system	OB/SI	If the such system is available, please check its functionality	1	
A10	Work Place Management			3	
A10.1	The Staff periodically sorts useful and unnecessary articles at work stations	SI/OB	Ask the staff about the frequency of sorting and removal of unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.	1	
A10.2	Useful articles, records, drugs, etc. are arranged systematically	SI/OB	Check if drugs, instruments, records, have been kept systematically near their usage points in demarcated areas. They are not lying in haphazard manner.	1	
A10.3	Articles are labelled for easy recognition and easy retrieval.	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	1	
B	Sanitation & Hygiene				
B1	Cleanliness of Circulation Area			3	
B1.1	No dirt/Grease/Stains/ Cobwebs/Bird Nest/ Dust/ vegetation on the walls and roof in the PHC's circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	1	
B1.2	Corridors are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records. Corridors are rigorously cleaned with scrubbing / flooding once in a month	1	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B1.3	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for cleaning Check the floors and walls for cracks, uneven or any other defects which may adversely impact the cleaning procedure	1	
B2	Cleanliness of Wards			3	
B2.1	No dirt/Grease/Stains/ Cobwebs/Bird Nest/ Dust/ vegetation on the walls and roof in the PHC's ward	OB	Check the floors and walls of wards for any visible or tangible dirt, grease, stains, etc. Check the roof, walls, corners of wards for any Cobweb, Bird Nest, etc.	1	
B2.2	Wards are cleaned at least thrice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with the Housekeeping records	1	
B2.3	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for cleaning Check the floors and walls for cracks, uneven or any other defects which may adversely impact the cleaning procedure	1	
B3	Cleanliness of Procedure Areas			3	
B3.1	No dirt/Grease/Stains/ Cobwebs/Bird Nest/ Dust/ vegetation on the walls and roof in the procedure area.	OB	Check that floors and walls of Procedure area like Labour Room, OT, Dressing Room, Immunization Room etc. (As Applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird-nest, vegetation, etc.	1	
B3.2	Procedure area are cleaned at least twice in a day/ after every procedure (as applicable)	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records. Areas are rigorously cleaned with scrubbing / flooding once in a week	1	
B3.3	Surfaces are conducive for effective cleaning	OB	Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	1	
B4	Cleanliness of Ambulatory & Diagnostic Areas			3	
B4.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust on walls and roof in Ambulatory & Diagnostic area	OB	Check that floors and walls of OPD, Lab, X-ray etc. (If available) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc.	1	
B4.2	Ambulatory and Diagnostic areas are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	1	
B4.3	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth for ensuring cleaning Check the floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	1	
B5	Cleanliness of Auxiliary Areas			3	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B5.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Vegetation/ Dust on walls and roof in Auxiliary area	OB	Check that floors and walls of Pharmacy, Stores, Cold chain Room, Meeting Room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, etc.	1	
B5.2	Auxiliary areas are cleaned at least twice in a day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records Areas are rigorously cleaned with scrubbing / flooding once in a month	1	
B5.3	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning check floors and walls for cracks, uneven or any other defects which may affect cleaning procedure	1	
B6	Cleanliness of Toilets			3	
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	1	
B6.2	No foul smell in the Toilets and its dry	OB	Check some of the toilets randomly in indoor and outdoor areas for the foul smell and dryness of floor.	1	
B6.3	Toilets have running water and functional cistern	OB/SI	Please operate cistern and water taps	1	
B7	Use of standards materials and Equipment for Cleaning			3	
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality PHC cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution.	1	
B7.2	Availability of carbolic Acid/ Reputed compound (Aldehyde & other chemicals e.g. Bacilloid) for surface cleaning in procedure areas- Labour Room, OT (As Applicable)	SI/RR	Check for adequacy of the supply. Verify with the records for stock-outs, if any	1	
B7.3	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement.	1	
B8	Use of Standard Methods for Cleaning			3	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B8.1	Use of Three bucket system for cleaning	SI/OB	Check if cleaning staff uses three bucket system for cleaning. (One bucket for Cleaning solution, second for plain water and third one for wringing the mop.) Ask the cleaning staff about the process. Disinfection and washing of mops after every cleaning cycle need to be undertaken.	1	
B8.2	Use unidirectional method and outward mopping	SI/OB	Ask the cleaning staff to demonstrate, how they apply mop on floors. It should be in one direction without returning to the starting point. The mop should move from inner area to outer area of the room. Separate mop is used for the Procedure area.	1	
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 use brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas.	1	
B9	Monitoring of Cleanliness Activities			3	
B9.1	Use of Housekeeping Checklist	OB/RR	Check that Housekeeping Checklist is displayed in PHC and updated. Check Housekeeping records if checklists are daily updated	1	
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by MOIC or another person designated. Please check record of such monitoring	1	
B9.3	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. PHC administration take feedback from cleaning staff about efficacy of the solution and take corrective action if required.	1	
B10.	Drainage and Sewage Management			3	
B10.1	Availability of closed drainage system with adequate gradient	OB/SI	Check, PHC should have a closed drainage system or else drains should be properly covered.	1	
B10.2	Availability of connection with Municipal Sewage System/ soak pit/ septic tank	OB/SI	Check if PHC sewage has a connection with municipal system. If there is no access to municipal system, there should be septic tank. Check condition of septic tank e. g. Periodicity of cleaning, mosquito proofing of manhole, etc.	1	
B10.3	No blocked/ over-flowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	1	
C	Waste Management				
C1	Segregation of Biomedical Waste			3	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
C1.1	Segregation of BMW is done as per BMW management rule,2016	OB/SI	Anatomical waste and soiled dressing material are segregated in Yellow Bin General and infectious waste are not mixed	1	
C1.2	Display of work instructions for segregation and handling of Biomedical waste	OB	Check for instructions for segregation of waste in different colour coded bins are displayed at point of use.	1	
C1.3	Check if the staff is aware of segregation protocol	SI	Ask staff about the segregation protocol.	1	
C2	Collection and Transportation of Biomedical Waste			3	
C2.1	The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority)	OB/ RR/ SI	Check record for functional linkage with a CWTF In absence of such linkage, check existence of deep burial pit, which has approval of the prescribed authority.	1	
C2.2	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with a lid	1	
C2.3	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check if transportation of waste from clinical areas to storage areas is done in covered trolleys / Bins. Trolleys used for patient shifting should not be used for transportation of waste.	1	
C3	Sharp Management			3	
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 10% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave, followed storage in Blue Cardboard box for re-cycling.	1	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/bumer, scalpel blade, etc.	1	
C3.3	Staff is aware of needle stick injury Protocol	SI/RR	Ask staff immediate management of exposure site; and Medical Officer knows criteria for PEP. There should be functional linkage to DH/ SDH/ CHC for PEP follow-up and check records of such referrals and follow-up	1	
C4	Storage of Biomedical Waste			3	
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if PHC has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.	1	
C4.2	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	1	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
C4.3	Access to waste storage facility is secured	OB	Observe the display of Biohazard symbol at storage areas Check that the BMW storage is situated away from the main building and is kept under lock and key	1	
C5	Disposal of Biomedical waste			3	
C5.1	PHC 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	1	
C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/ Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors.)	1	
C5.3	Deep Burial Pit is constructed as per norms given in the Biomedical Waste Rules 2016	OB/RR	Located away from the main PHC building and water source, A pit or trench should be dug about two meters deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil. Secured from animals . If waste disposed through CTF, then a deep burial pit is not required.(Give Full Compliance)	1	
C6	Management Hazardous Waste			3	
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/she would do in case of Mercury spill. (If facility is mercury free give full compliance)	1	
C6.2	Disposal of used Disinfectant solution like Glutaraldehyde	SI	System of pre-treatment before	1	
C6.3	Disposal of Expired or discarded medicine	SI/RR	Returned back to manufacturer or supplier Alternatively handed over to CWTF Operator for incineration at temperature > 1200 ^o C	1	
C7	Solid General Waste Management			3	
C7.1	Availability of Compost pit as per specification	OB/SI	Availability of compost pit for Bio degradable general waste.	1	
C7.2	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal.	1	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
C7.3	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.	1	
C8	Liquid Waste Management			3	
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.	1	
C8.2	Liquid waste is made safe before mixing with other waste water	OB/SI/RR	Check for the procedure - staff interview and direct observation	1	
C8.3	Hand-washing facilities have been provided for patients, handing-over Urine Samples	OB/SI	Check availability of soap & water for patients, who are handing-over Urine samples in the laboratory	1	
C9	Equipment and Supplies for Bio Medical Waste Management			3	
C9.1	Availability of Bins for segregated collection of waste at point of use	OB/SI	One set of bins of appropriate size at each point of generation for Biomedical and General waste.	1	
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	1	
C9.3	Availability of Colour coded liners for Biomedical waste and general waste	OB/SI	Check all the bins are provided with chlorine free liners. Ask staff about adequacy of supply.	1	
C10	Statutory Compliances			3	
C10.1	PHC has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	1	
C10.2	PHC 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.	1	n
C10.3	PHC 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	1	
D	Infection Control				
D1	Hand Hygiene			3	
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water at all points of use	1	
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	1	
D1.3	Staff is aware of standard hand washing protocol	SI	Ask facility staff to demonstrate 6 steps of normal hand wash and 5 moments of hand washing	1	
D2	Personal Protective Equipment (PPE)			3	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	1	
D2.2	Use of Masks ,Head cap and Lab coat, Apron etc.	SI/OB	Check, if staff uses mask head caps , Lab coat and aprons in patient care and procedure areas	1	
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	1	
D3	Personal Protective Practices			3	
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	1	
D3.2	Correct method of wearing and removing PPEs	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves, caps and masks etc.	1	
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.	1	
D4	Decontamination and Cleaning of Instruments			3	
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution	1	
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	1	
D4.3	Decontamination and cleaning of instruments after use	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	1	
D5	Disinfection & Sterilization of Instruments			3	
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes. Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	1	
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.	1	
D5.3	Use of autoclave tape for monitoring of sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Lock)	1	
D6	Spill Management			3	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols	1	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	1	
D6.3	Spill management protocols are displayed at points if use	SI/OB	Check for display	1	
D7	Isolation and Barrier Nursing			3	
D7.1	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are separated from other patients	1	
D7.2	Maintenance of adequate bed to bed distance in wards	OB	A distance of 3.5 Foot is maintained between two beds in wards	1	
D7.3	Restriction of external foot wear in critical areas	OB/SI	External foot wear are not allowed in labour room, OT etc. (As Applicable)	1	
D8	Infection Control Program			3	
D8.1	Infection Control Committee is constituted and functional in the PHC	RR/SI	Check for the enabling order and minutes of the meeting	1	
D8.2	Antibiotic Policy is implemented at the facility	RR/SI	Check if the PHC has documented Antibiotic policy and doctors are aware of it.	1	
D8.3	Immunization and medical check-up of Service Providers	RR/SI	PHC staff has been immunized against Hepatitis B Check for the records and lab investigations of staff	1	
D9	Hospital Acquired Infection Surveillance			3	
D9.1	Facility measures the Health care associated infections	RR/SI	Check for monitoring of Healthcare Associated Infection that may occur in a Primary healthcare setting like Injection abscess, Postpartum sepsis, infection at dressing and suturing sites etc.	1	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check that the facility has list of all notifiable disease needs immediate/periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP and AEFI Surveillance.	1	
D9.3	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	1	
D10	Environment Control			3	
D10.1	Cross-ventilation at Patient Care areas (ward, labour room and dressing room)	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement	1	
D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	1	

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D10.3	Adequate number of Air-exchange in Laboratory	OB/SI	Please check availability and serviceability of exhaust fan in the laboratory	1	
E	SUPPORT SERVICES				
E1	Laundry Services & Linen Management			3	
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI	Check the stock position and its turn-over during last one year in term of demand and availability	1	
E1.2	Bed-sheets and pillow cover are stain free and clean	OB/SI	Observe the condition of linen in use in the wards and other patient care area	1	
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.	1	
E2	Water Sanitation			3	
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	1	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The PHC should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.	1	
E2.3	Drinking Water is tested and chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples drawn at the consumer's end.	1	
E3	Pharmacy and Stores			3	
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in pharmacy and drug store Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall	1	
E3.2	Cold storage equipment's are clean and managed properly	OB	Check ILR, Deep freezers and Ice packs are clean Check there is a practice of regular cleaning. Check vaccines are kept in sequence Check work instruction for storage of vaccines are displayed at point of use	1	
E3.3	Cold storage equipment are not used for storing other items, than vaccine .	OB/SI	Check eatables are not kept in ILR/Deep Freezers	1	
E4	Security Services			3	
E4.1	One Security Guard per shift	OB	Check for the presence of one security personnel at PHC every shift	1	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Lab, Administrative office etc. are locked after working hours.	1	
E4.3	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB/SI	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.	1	
E5	Outreach Services			3	
E5.1	Biomedical waste generated during outreach session are transported to the PHC on the same day	RR/SI	Check the records and ask staff	1	
E5.2	ASHA's are promoting cleanliness and hygiene practices	SI	Check for ASHA's counsel mothers for hand hygiene, toilets, water sanitation etc.	1	
E5.3	Medical officers monitor cleanliness and hygiene of outreach sessions and sub centres.	RR/ SI	Check with medical officers and records of monthly meeting "Swachh Bharat Abhiyan" has been followed up during monthly meetings with extension workers like MPW, ASHA, ANM etc.	1	
F	Hygiene Promotion				
F1	Community Monitoring & Patient Participation			3	
F1.1	Local community and organisations are involved in monitoring and promoting cleanliness	SI/RR	Members of RKS and Local Governance bodies monitor the cleanliness of the PHC at pre-defined intervals Local NGO/ Civil Society Organizations/Panchayati Raj Institution are involved in cleanliness of the PHC	1	
F1.2	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	1	
F1.3	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	1	
F2	Information Education and Communication			3	
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in PHC premises	OB	Should be displayed prominently in local language	1	
F2.2	IEC regarding Swachhta Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	1	
F2.3	IEC regarding use of toilets is displayed within PHC premises	OB	Should be displayed prominently in local language	1	
F3	Leadership and Team work			3	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
F3.1	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the records	1	
F3.2	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	1	
F3.3	PHC leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	1	
F4	Training and Capacity Building and Standardization			3	
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	1	
F4.2	Infection control Training has been provided to the staff	SI/RR	Check staff are trained at the time of induction and once in every year	1	
F4.3	PHC has documented Standard Operating procedures for Cleanliness, Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	1	
F5	Staff Hygiene and Dress Code			3	
F5.1	PHC has dress code policy for all cadre of staff	OB/SI	PHCs staff adhere to dress code	1	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff	1	
F5.3	Identity cards and name plates have been provided to all staff	OB	Check staff uses I Card and name plate	1	