



## COVID-19: Monitoring Checklist for Infection Prevention & Control Practices

## **Checklist details**

The objective of the checklist to follow up and support the IPC practices in centres/facilities/places so as to prevent Covid-19 spreading. There are four sections in checklist that will be used at the following places: quarantine or isolation centres, health facilities, offices or institutions and points of entries (POEs).

How to fill up the checklist: Please use a variety of methods: discussing with relevant authority, health workers; check documentations (meeting minutes, reports, monitoring schedule, tools etc.), observe practice, physical checking of situation. For every yes, there will be 1 point given and for each yes answer, the boxes underneath in yellow and green colour with be ticked which means 'average' and 'satisfactory' status respectively. But any of those ticks will reflect score 1. Remarks column has to be filled to provide the justification of the scoring or ticks.

The final score that will result from filling up the checklist will provide an indication on the performance of the each category of places. The monitoring team will share the findings with the respective heads/managers of the health facility/centers/institutions/offices. This will guide them to prepare their action plan to fix identified areas. In case where the information is not available, code 99 may be used and 88 can be used where the situation is not applicable.

## Category of places where the checklists will be used:

- Isolation and quarantine centres: All isolation and monitoring centres at national and subnational level
- Offices/Institutions and other relevant places: Banks, offices, schools, religious institution, asramas, hostels, restaurant, shopping centre. The relevant part of the checklist may be used depending on the available services
- 3. POEs: all border areas from where all arrived passenger enters
- 4. Health facility: All levels of health facilities, however, not all health facilities have similar services available. In that case, only the relevant parts of the checklist may be used.

## Checklist for IPC for COVID-19 management for health facilities

SL	Questions	Υ	es (score 1)	No(score 0)	Remarks
		Average	Satisfactory	Unsatisfactory	
	Administrative control				
1	Does the health facility have a dedicated team				
	or focal person to monitor IPC				
_	implementation?				
2	Is there a system of regular reviewing of IPC activities in the health facility to identify				
	pertinent issues on IPC implementation?				
3	Is there a system in place to identify gaps for				
	minimal resources, supplies and staffing for				
	continued IPC practices?				
4	Does the health facility co-ordinate with				
	relevant other departments (i.e,				
	environmental departments) or local				
	authorities for IPC activities?				
5	Are there plans for disseminating activities				
	(individual counseling, meeting, displaying				
	posters, leaflets etc) for providing necessary				
	information to appropriate audience (staffs,				
6	cases, visitors etc)  Does the health facility have a defined				
0	inventory (register, records of stocks, ongoing				
	supplies etc) for IPC supply and logistics				
	including PPE?				
7	Is regular estimation done to check adequacy				
	of the required IPC supplies (including PPEs) in				
	line with their consumption?				
8	Is there a crisis management plan in place to				
	meet up additional PPE, IPC supplies?				
9	Does the health facility have a system to audit				
	PPE adherence by staffs especially during the				
10	care for cases/suspected cases?				
10	Does the health facility have a contingency plan for managing staff absenteeism to ensure				
	continued IPC practices?				
	Guideline and tools				
11	Does the health facility have any				
	protocol/guideline for IPC practices?				
12	Are the staffs oriented on IPC				
	protocol/guideline?				
13	Does the health facility follow any				
	protocol/SOP for disinfection and sterilization				

	of equipment, devices?		
14	Does the health facility follow a regular		
	schedule for cleaning and disinfection of		
	working surfaces?		
15	Does the health facility follow a regular		
	schedule for cleaning and disinfection of		
	rooms/spaces used by cases/ suspected		
	cases/quarantined individuals?		
16	Is there a SOP or protocol available for waste		
	management?		
17	Are staffs oriented on proper use of PPE		
	(according to WHO PPE recommendation for		
	TL) with appropriate technique?		
18	Are regular orientations being conducted to		
	the critical staffs (who are involved in		
	providing direct service to the cases or		
	suspected cases) engaged in IPC activities?		
	Information and communication		
19	Does the health facility have displayed		
	information on IPC at strategic places		
20	(entrance, waiting rooms, triage areas etc)?		
20	Do all hand washing stations have a		
	displayed poster on handwashing		
21	techniques?  Does the health facility have a counseling		
21	support for IPC practices for staffs, cases,		
	visitors?		
22	Are the visitors and patients aware of the		
	precautionary measures?		
23	Do visitors, patients aware of the standard		
	precautions?		
24	Does the health facility have displayed		
	information on IPC at strategic places		
	(entrance, waiting rooms, triage areas		
	etc)?		
25	Does the health facility have a system to		
	share IPC related data and information in a		
	common platform with staffs, managers?		
	Supply and logistics		
26	Is adequate personal protective equipment		
20	(PPE) supply available for staff's protection (in		
	line with the WHO PPE recommendation for		
	TL)?		
27	Are staffs aware on the WHO PPE		
	recommendation for TL?		
28	Do the staffs follow the PPE recommendation?		
28			

29	Are the PPEs readily accessible to all staffs?			
30	Are sufficient stocks of personal protective			
	equipment (PPE) available?			
31	Does the health facility have adequate stock of			
	disinfectants?			
32	Does the health facility have adequate stock			
	and storage of soap, alcohol-based hand			
	sanitizer and paper towels (or any other			
33	alternatives) for hand washing?  Do the handwashing facilities are			
33	equipped with soap /soap with dispenser /			
	hand sanitizer?			
34	Are there designated person/s (i.e.			
34	cleaners, porters)/team for installation,			
	supervision, and regular refilling of the			
	hand hygiene stations?			
35	Is a record of refilling of the hand hygiene			
	stations maintained?			
36	Do all staffs have access to the hand			
30	washing facilities located at strategic			
	areas?			
	Infrastructure			
37	Does the health facility have running water?			
38	Does the health facility have proper hand			
	hygiene facilities (Handwashing stations)			
	strategically located in critical areas with soap			
	with dispenser / hand sanitizer?			
39	Do all staffs have access to the hand washing			
	facilities located at strategic areas?			
40	Is there a designated area for donning &			
44	doffing PPE?			
41	Is there a hand washing station located at donning & doffing areas with soap with			
	dispenser / hand sanitizer?			
42	Does the health facility have a dedicated triage			
	space(s)?			
43	Does the health facility have dedicated area(s)			
	for the disinfection and sterilization of			
	biomedical equipment and material devices?			
44	Does the health facility have well-ventilated			
	single rooms (60 L/s per patient) for each			
	confirmed case/suspected cases in			
45	quarantine/isolation?  Does the health facility have 1 meter distance			
45	between beds/seating chairs where applicable			
	(in isolation wards/rooms/quarantine place)?			
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46	Is there a visitor restriction system in place?		
	IPC in triage space		
47	Are the triage health workers aware of principles of PPE usage during triage/screening?		
48	Do the triage health workers follow principles of PPE usage during triage/screening?  If a physical distance of at least 1-meter is maintained between the HCW and the patient being screened, then NO PPE is required. When physical distance is not feasible AND there is NO patient contact, use PPE followed by hand hygiene. When physical distance is not feasible AND there IS patient contact, use PPE  *use of PPE according to WHO PPE recommendation for Timor-Leste		
49	Are the health workers aware of standard precautions of IPC? (Hand and respiratory hygiene, use of appropriate personal protective equipment (PPE) according to a risk assessment, injection safety practices, safe waste management, proper linens, environmental cleaning, and, sterilization of patient-care equipment)		
50	Are the health workers aware of practicing additional droplet and contact precaution when needful (i/e, there is a close contact with patient or any contaminated material at the triage space)?		
51	Do the patients/visitors are oriented on hand hygiene, respiratory hygiene and on using mask?		
52	Do the health workers practice standard cleaning of equipment? (Please check if the health worker uses disposable/dedicated equipment for example, stethoscopes, blood pressure cuffs, thermometers for screening or		

	alternatively, shared equipment is regularly being cleaned and disinfected using ethyl alcohol 70% between each use?		
53	Does the triage area have adequate ventilation?		
54	Does the triage area follow route for unidirectional movement flow for patients and staffs?		
55	Does the seating arrangement in triage area follow a 1 meter distance policy?		
56	Are masks and alcohol-based sanitizer for hand hygiene provided to all arrived at triage space?		
57	Does the triage space restrict entrance for the visitors?		
58	Are colour coded bin available for use?		
59	Are there sufficient disposable, single-use tissues available in triage area?		
60	Does the triage space have adequate PPE?		
61	Doe the triage space has a functional handwashing stations with handwashing supplies and logistics?		
62	Is waste disposal regularly done from the triage space?		
63	Is there routine cleaning of working surfaces in the triage area?  IPC practices in isolation room/area		
64	Are the health workers at isolation room or area aware of principles of PPE usage during triage/screening?		
65	Do the health workers at isolation room or area follow principles of PPE usage and follow standard recommendation?  *use of PPE according to WHO PPE recommendation for Timor-Leste		
66	Are the health workers at isolation room aware of standard precautions of IPC? (Hand and respiratory hygiene, use of appropriate personal protective		

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	equipment (PPE), injection safety			
	practices, safe waste management, proper			
	linens, environmental cleaning, and,			
	sterilization of patient-care equipment)			
67	Are the health workers at isolation room			
	aware of practicing additional droplet and			
	contact precaution when needful (i/e,			
	there is a close contact with patient or any			
	contaminated material at the triage			
	space)?			
68	Is there a separate functional flush			
	toilet/latrine for the case/suspected cases			
	in isolation room?			
60	La the displation was as forces well worthlated			
69	Is the isolation room/space well-ventilated			
	(60 L/s per patient)?			
70	Are there dedicated thermometers & BP			
	apparatus used for the			
	suspected/confirmed cases?			
71	Do the health workers practice standard			
	cleaning of equipment?			
	(Please check if the health worker uses			
	disposable/dedicated equipment for			
	example, stethoscopes, blood pressure			
	cuffs, thermometers for screening or			
	alternatively, shared equipment is			
	regularly being cleaned and disinfected			
	using ethyl alcohol 70% between each			
	use?			
72	Are linens used by the cases/suspected cases			
	being cleaned (using regular laundry soap and			
	water or machine wash at 60-90 °C) regularly and dried thoroughly?			
73	Is there designated staff/s for providing			
/3	care for the case/suspected cases at			
	isolation room?			
74	Is waste disposal regularly done from the			
/4	isolation room/space?			
75	Is there routine cleaning of working			
/3	surfaces of the isolation room/space?			
	IPC care in special circumstances			

76	Are health workers involved in aerosol generating procedures on confirmed or suspected cases of Covid-19 aware on air borne precautions?		
77	Are health workers involved in aerosol generating procedures on confirmed or suspected cases of Covid-19 follow air borne precautions (use of appropriate PPE, wearing a particulate respirator throughout shift, procedures performed in an adequately ventilated room with minimal number of accompanied personnel only related to patient's care)		
78	Is there any separate sample collection area/laboratory following IPC guidelines?		
79	Does the facility maintain precautions during laboratory specimen collection from patients with suspected COVID-19?		
80	Are the staffs aware and follow standard practice during care and management of a dead body of suspected or confirmed cases?  Monitoring		
81	Is there a monitoring system available for observation of handwashing practices?		
82	Is there a monitoring system available for checking staffs wearing PPE according to the guideline?		
83	Is there a monitoring system available for checking if the quarantined /isolated personnel practice hand hygiene?		
84	Is there a monitoring system available for checking if the quarantined /isolated personnel practice respiratory hygiene?		
85	Is a PPE breach log in place and being maintained?		
86	Is there any separate sample collection area which is regularly cleaned and disinfected?		
87	Are there dedicated thermometers & BP apparatus used for the suspected/confirmed cases?		
88	Are colour-coded bags being used for medical waste management and disposal?		
89	Does the centre practice segregation and disposal of waste following protocol?		
90	Are the sharps (if any) being disposed as per		

	protocol?			
91	Is monitoring being done to check IPC			
	practices during transportation of the			
	confirmed or suspected cases (from in-out of			
	facility or within centre)?			
92	Does the centre maintain a visitor's log book			
	to manage minimal entry of visitors?			
93	Is there a specific monitoring plan			
	followed for observation of hand washing?			
	Waste management			
94	Is there a protocol available for waste			
	management in the center?			
95	Are colour coded bags available for			
	medical waste management and disposal?			
96	Is the waste management including			
30	segregation and disposal done following			
	protocol?			
97	•			
97	Are appropriate waste-bin (lined and foot			
	operated) throughout the healthcare			
	facility especially at triage and waiting			
	areas?			
98	Are wastes being segregated and disposed			
	according to the guideline?			
	Patient transportation			
99	Does the facility have a system for			
	reviewing IPC activities during			
	transportation of the confirmed or			
	suspected cases (from in-out of facility or			
	within facility)?			
100	Are the ambulance drivers or accompanied			
	personnel are oriented on use of PPE and			
	precautionary measures?			
101	Is the ambulance being disinfected every time			
	a case (suspected/confirmed) was carried?			
	Environmental cleaning			
102	Does the centre allocate designated personnel			
402	for supervising the environmental cleaning?			
103	Are the frequently touched surfaces being			
	cleaned and disinfected on a daily basis with regular disinfectant (containing a diluted			
	bleach solution (that is, 1-part bleach to 99			
	parts water)?			
104	Are the bathrooms, toilet surfaces being			
104	cleaned and disinfected on a daily basis with			
	regular disinfectant?			
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105	Are the rooms used by cases or suspected cases being cleaned and disinfected on a daily basis with regular disinfectant?		
106	Are hospital linens being cleaned regularly and dried thoroughly?		
107	Do the cleaning personnel use gloves during cleaning activities?		
108	Does the facility maintain a rotational shift for the cleaners or relevant staffs?		
	Total score		
	Percentage obtained (Score obtained/max score*100)		

Summary findings:		
Summary Recommendation	on:	
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