**COVID-19 health facility assessment**

**for primary health care facilities**

Version 06 April 2020

|  |  |
| --- | --- |
| Evaluation date  |  / / (DD/MM/YY)  |
| Name(s) of evaluator |  |
| Name(s), position(s), and contact info of the people interviewed |  |
| **HEALTH CENTRE INFORMATION**  |
| Name of facility |  |
| Location of facility |  |
| Region/Province |  |
| District |  |
| Type of facility | Health centre / clinicMCH clinicOther (specify) |  |
| Managing authority | Government / publicNGO/not-for-profitPrivate-for-profitMission/faith-basedOther(specify) |
| Setting | Rural / Peri-urban / Urban / Slum / Camp  |
| Outpatient only | YES / NO  |
| Number of consultation rooms |  |
| Number of inpatient beds |  |
| Number of maternity beds |  |
| Number of staff employed | Medical doctors |  |
| Clinical officers |  |
| Nurses |  |
| Midwives |  |
| Healthcare assistants |  |
| Laboratory technicians |  |
| Pharmacists |  |
| Community health workers |  |
| Other, specify |  |
| Total number of general outpatient consultations in last 3 months | Month 1: Month 2: Month 3: | Monthly average: |
| Total number of deliveries in last 3 months | Month 1: Month 2: Month 3: | Monthly average: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Completed** | **Partially completed** | **Not Completed** |
| **HUMAN RESOURCES** |  |
| COVID-19 focal point is identified |  |  |  |
| Roles and responsibilities for the COVID-19 response team are assigned |  |  |  |
| Every staff member has received information about the COVID-19 virus, pandemic and the response and their role  |  |  |  |
| Essential healthcare provider training on COVID-19 triage, screening, diagnosis and management  |  |  |  |
| Laboratory staff are trained in safe handling of samples for transfer to reference laboratory  |  |  |  |
| Rota / plan to ensure there are designated staff for COVID-19 and non-COVID-19 patients  |  |  |  |
| Up-to-date staff list with contact details |  |  |  |
| Daily staff presence list (to facilitate future contact tracing) |  |  |  |
| Protocol is in place to diagnose, isolate, manage and follow-up exposed staff and trace contacts |  |  |  |
|  |  |  |  |
|  | **Displayed** |  | **Not Displayed** |
| **INFORMATION, EDUCATION, COMMUNICATION**  |
| Culturally appropriate Information, Education, Communication (ICE) materials are displayed outside the facility and in waiting area, for: |
| Handwashing procedure |  |  |  |
| Physical distancing |  |  |  |
| Covering nose and mouth when coughing/ sneezing (flexed elbow)  |  |  |  |
| Early recognition of symptoms |  |  |  |
| When to attend the healthcare facility (Vs stay at home) |  |  |  |
| Rational use of PPEs |  |  |  |
| Telephone number for community COVID-19 helpline is advertised |  |  |  |
|  |  |  |  |
|  | **Fully operational** | **Partially operational** | **Not in place** |
| **SURVEILLANCE** |
| Algorithm for alert notification and management available |  |  |  |
| COVID-19 Official case definition available |  |  |  |
| Case investigation form available |  |  |  |
| Hotline number for alert notification known by staff |  |  |  |
| Surveillance system in place to collect and receive information on number of suspected cases in the catchment area |  |  |  |
| COVID-19 surveillance data is collected by community health workers  |  |  |  |
| Surveillance data is reported at least twice a week to district health authorities |  |  |  |
| Surveillance data is tracked and monitored over time |  |  |  |
|  | **Fully operational** | **Partially operational** | **Not in place** |
|  **TRIAGE AND EARLY RECOGNITION**  |
| Screening area set up at a single patient entry point to the facility |  |  |  |
| Symptom screening questionnaires are available  |  |  |  |
| Temperature measurement at triage zone with disposable or non-contact sterilised thermometers |  |  |  |
| Appropriate physical distancing of at least 1.5 metres in waiting rooms / queues  |  |  |  |
| Separate waiting rooms / areas for symptomatic patients, with signage and controlled entry |  |  |  |
|  |  |  |  |
| \* Quantities of ‘sufficient supply’ needs to be defined in each context and according to national standards.  | **Available in sufficient supplies \*** | **Available with risk of shortage** | **Not available** |
| **DIAGNOSIS** |
| **Presence of:** |
|  Diagnosis protocol |  |  |  |
|  Nasopharyngeal swabs  |  |  |  |
|  Oropharyngeal swabs |  |  |  |
|  Triple packaging boxes for infectious laboratory samples |  |  |  |
|  Viral transport medium |  |  |  |
|  Refrigeration (2°C -8°C) OR Iceboxes +/- freezer (-20°C - - 70°C) a |  |  |  |
|  |  |  |  |
|  | **Fully operational** | **Partially operational** | **Not in place** |
| **ISOLATION** |
| Designated isolation room(s) for suspected COVID-19 cases |  |  |  |
| Distance of at least 2 m between patients is enforced (in waiting rooms/at screening area) |  |  |  |
| Distance of at least 1.5 m between all patient beds |  |  |  |
| Transfer / referral protocol in place |  |  |  |
| Visitor restriction - max. 1 asymptomatic relative |  |  |  |
| Record (name and contacts) maintained of all persons (staff, visitors) entering COVID-19 patient rooms |  |  |  |
|  |  |  |  |
|  | **Available in sufficient supplies \*** | **Available with risk of shortage** | **Not available** |
| **CASE MANAGEMENT** |
| **Presence of following medicines:** |
| Antipyretics |  |  |  |
| Analgesics |  |  |  |
| Antibiotics (for superimposed bacterial infections) |  |  |  |
| Intravenous fluids  |  |  |  |
|  |  |  |  |
| \* Quantities of ‘sufficient supply’ needs to be defined in each context and according to national standards. | **Available in sufficient supplies \*** | **Available with risk of shortage** | **Not available** |
| **Presence of following equipment and material:**  |
| Pulse oximeters |  |  |  |
| Thermometers |  |  |  |
| Functioning oxygen system |  |  |  |
| Oxygen cylinders |  |  |  |
| Single-use oxygen-delivering interfaces  |  |  |  |
| Intravenous cannulas and lines |  |  |  |
| **INFECTION PREVENTION AND CONTROL** |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** |
| The following PPE is available for staff: |
| Medical masks (e.g. N95, FFP2, or equivalent) |  |  |  |
| Disposable surgical masks |  |  |  |
| Eye protection (goggles or face shield) |  |  |  |
| Examination gloves |  |  |  |
| Surgical gloves |  |  |  |
| Long-cuffed gloves |  |  |  |
| Heavy-duty gloves |  |  |  |
| Long-sleeved gown |  |  |  |
| Waterproof aprons |  |  |  |
| Surgical scrubs |  |  |  |
| Closed work shoes / shoe covers |  |  |  |
| Disposable surgical masks for patients with suspected COVID |  |  |  |
| The following PPE is available for visitors of patients with suspected COVID-19: |
| Long-sleeved gown |  |  |  |
| Gloves |  |  |  |
| Medical mask |  |  |  |
|  | **Available / fully achieved** | **Partially achieved** | **Not Available** |
| All staff are trained to put on, use and remove PPE equipment |  |  |  |
| Put-on/take-off PPE poster is displayed |  |  |  |
| Fit test kit (to evaluate the effectiveness of seal for tight-fitting respiratory protection devices) |  |  |  |
| Facility has a contingency plan for shortages of PPE b |  |  |  |
| \* Quantities of ‘sufficient supply’ needs to be defined in each context and according to national standards. | **Available in sufficient supplies \*** | **Available with risk of shortage** | **Not available** |
| **Waste collection and disposal** |
| Colour-coded bins are used for COVID-19 biohazardous material and sharps |  |  |  |
| Clinical waste bags for double bagging are available |  |  |  |
| Waste and laundry bags labelled as ‘used’ or ‘infectious’  |  |  |  |
| Laundry receptacles present inside/near each patient room |  |  |  |
| \* Quantities of ‘sufficient supply’ needs to be defined in each context and according to national standards. | **Available in sufficient supplies \*** | **Available with risk of shortage** | **Not available** |
|  **Water, sanitation and hygiene (WASH)** |
| Clean running water for hand washing (tap or Veronica bucket) at all service delivery points |  |  |  |
| Hand soap |  |  |  |
| Liquid Soap  |  |  |  |
| Disposable hand towels  |  |  |  |
| Alcohol-based hand-gel |  |  |  |
| Separate toilet / latrine labelled for suspected or confirmed COVID-19 patients |  |  |  |
| **Disinfection and sterilisation** |
| Protocol for routine health facility cleaning and disinfection  |  |  |  |
| Protocol for sterilisation of equipment is available |  |  |  |
| Environmental disinfectant, eg. chlorine, alcohol c |  |  |  |
| Cleaning schedule/rota is displayed in toilet(s) |  |  |  |
| Protocol in place for handling corpses |  |  |  |
|  |  |  |  |
|  | **Available** | **Partially available** | **Not Available** |
| **LOGISTICS** |
| **Patient and sample transfer** |
| Referral plan for patients in place with contact details |  |  |  |
| Functioning cell phone / landline / short-wave radio |  |  |  |
| Designated COVID-19 patient transfer vehicle accessible |  |  |  |
| Laboratory identified where samples will be sent |  |  |  |
| Transport identified for transport of samples  |  |  |  |

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| **Comments:**Thank respondent for time, ask if they have any other comments on any sections and use this box to note any comments. |

 a [WHO recommends](https://apps.who.int/iris/rest/bitstreams/1272454/retrieve): “Specimens that can be delivered promptly to the laboratory can be stored and shipped at 2-8°C. When there is likely to be a delay in specimens reaching the laboratory, the use of viral transport medium is strongly recommended. Specimens may be frozen to - 20°C or ideally -70°C and shipped on dry ice if further delays are expected.”

b [ECDC](https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-infection-prevention-and-control-healthcare-settings-march-2020.pdf): “If there is a shortage of FFP2/FFP3 respirators, healthcare workers performing procedures in direct contact with a suspected or confirmed case (but not at risk for generating aerosol) can consider wearing a mask with the highest available filter level, such as a surgical mask, in addition to gloves, goggles and gown.”

c [WHO](https://www.who.int/docs/default-source/coronaviruse/laboratory-biosafety-novel-coronavirus-version-1-1.pdf?sfvrsn=912a9847_2): COVID-19 “may likely be susceptible to disinfectants with proven activity against enveloped viruses, including sodium hypochlorite (bleach) (e.g. 1,000 ppm (0.1%) for general surface disinfection and 10,000 ppm (1%) for disinfection of blood spills), 62-71% ethanol, 0.5% hydrogen peroxide, quaternary ammonium compounds and phenolic compounds, if used according to manufacturer’s recommendations. Other biocidal agents such as 0.05-0.2% benzalkonium chloride or 0.02% chlorhexidine gluconate can be less effective.”

**About the COVID-19 Health Facility Assessment for Primary Health Care Facilities**

This assessment tool is designed to measure the preparedness and availability of resources for COVID-19 infections in primary healthcare settings in resource-limited settings.

The content has been adapted from the following resources:

* Health Statistics and Information Systems, WHO (2015) Service Availability and Readiness Assessment (SARA): an annual monitoring system for service delivery. Reference Manual, Version 2.2.<https://www.who.int/healthinfo/systems/sara_introduction/en/>

 [WHO Technical Guidance](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance):

* Operational considerations for case management of COVID-19 in health facility and community. Interim guidance V 1.2. March 13 2020.
* Critical preparedness, readiness and response actions for COVID-19. Interim Guidance, 22 March 2020.
* Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance V 1.2. March 13 2020.
* **Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance 19 March 2020.**
* **WHO Laboratory biosafety guidance related to the novel coronavirus (2019-nCoV). Interim guidance 12 February 2020**
* **WHO Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak. Interim guidance. 19 March 2020**
* WHO Euro (2020) hospitals readiness check list for Covid-19. Interim Guidance 24 February 2020. WHO Regional Office for Europe: Copenhagen, Denmark. <http://www.euro.who.int/__data/assets/pdf_file/0010/430210/Hospital-Readiness-Checklist.pdf?ua=1>
* PAHO (2020) Hospitals readiness checklist for COVID-19. (19 February 2020) <https://www.paho.org/en/documents/hospital-readiness-checklist-covid-19>

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