**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 / clinic  MCH clinic  Other (specify) |  |
| Managing authority | Government / public  NGO/not-for-profit  Private-for-profit  Mission/faith-based  Other(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 |  |  |  | |

|  |
| --- |
| **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>

**Acknowledgements:**

This tool was led by:

Karl Blanchet, Geneva Centre for Education & Research in Humanitarian Action

Sara Nam, Options Consultancy Services Ltd.

With contributions from:

Rosemary James, Irish Global Health Network

Phidelis Wamalwa, Options Consultancy Services Ltd.

Dr Benido Impouma, WHO Regional Office for Africa

Franck Mboussou, WHO Regional Office for Africa

Sharif Ismail, London School of Hygiene & Tropical Medicine

Rodolfo Rossi,International Committee of the Red Cross

Caitlin Walker

Kimberly Morren

Lotte Lehman de Lehnsfeld

Aoife Kirk

Ciarán Mooney.