

Protocol for assessment of potential risk factors for coronavirus disease 2019 (COVID-19) among health workers in a health care setting

Form 4: Health care facility infection prevention and control assessment

The following form will need to be filled out by a health care facility administrator once for every health care facility involved in the study.

Health care facility information	
Name of the health care facility in which a patient with a laboratory-confirmed COVID-19 infection is receiving care	
Does the health care facility have appropriate WASH services and materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the health care facility have an infection prevention and control (IPC) programme and team or at least a dedicated and trained focal point?	Tick all that apply: <input type="checkbox"/> IPC programme <input type="checkbox"/> IPC team/service <input type="checkbox"/> IPC focal point <input type="checkbox"/> IPC training
Does the health care facility have IPC guidelines for health workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the health care facility have IPC guidelines for standard and additional (transmission-based) precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the health care facility have regular IPC training for health workers (at least once a year)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the health care facility have personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is PPE available in sufficient quantity in the health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the PPE available of good quality and fit for purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is alcohol-based hand rub easily available (that is, at the point of care) for hand hygiene within the health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are soap and water available for hand hygiene within the health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the health care facility conduct regular (at least once a year) hand hygiene audits and provide feedback to health workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of last hand hygiene audit (dd/mm/yyyy): __/__/__
Does the health care facility conduct other IPC audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date of most recent IPC audit (dd/mm/yyyy): __/__/__
Does the health care facility have a surveillance system for nosocomial infections in patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the health care facility have a surveillance system for nosocomial infections in health workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the health care facility screen staff on arrival for symptoms of infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Does the health care facility management alert all health workers if a COVID-19-infected patient is being cared for within the health care facility?	<input type="checkbox"/> Always <input type="checkbox"/> In most situations <input type="checkbox"/> Sometimes we are not alerted on time <input type="checkbox"/> Rarely alerted on time
Does the health care facility have a well-equipped triage station at the entrance, supported by trained staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are patients with suspected COVID-19 infection isolated upon arrival in the health care facility?	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Unknown
Is a medical mask fitted to patients with suspected COVID-19 infection upon arrival in the health care facility?	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Unknown
Are health worker staffing levels adequate for the patient workload?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
Does bed occupancy exceed the standard capacity of the health care facility?	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely