

ICAN Health Facility Process Indicators



Country: _____ Region/County: _____ District: _____ Date of Assessment: _____

Health Facility: _____ Monitor Name: _____ Dates included in this report: _____

Name of the IPC Focal Person: _____ Email: _____ Mobile/WhatsApp Number: _____

Screening and Triage Area

(if Triage is separate from Screening area, complete questions 1, 2, 3, 5, 7 & 8 in this section. For Screening area complete questions 1 to 8)

1. Layout of Screening and Triage Area <i>Mark no to all if no screening and triage area in place.</i>		
1a.	Clear signage (large print, easy to read, visible)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b.	Well spaced (> 1m between persons) (check mark on floor)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c.	Well ventilated (outdoors, or indoors with open windows)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Required Case Definition and Staffing at Screening and Triage		
2a.	Most recent case definition available and easily accessible (multiple copies everywhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b.	Dedicated personnel trained and in place at triage site	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c.	Adequate number of screening tools available on day of visit (based on visitors)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Hand Hygiene Implementation Compliance <i>Number of relevant hand hygiene opportunities observed according to WHO's "5 Moments of Hand Hygiene"</i>		
3a.	Number of relevant hand hygiene opportunities identified and observed to be performed correctly	#
3b.	Total number of opportunities where hand hygiene should have been performed	#
4. Appropriate Use of Gloves <i>Gloves, if used, should be changed between patients</i>		
		<input type="checkbox"/> N/A (if gloves not used)
4a.	Number of occasions when one pair of gloves was observed to be used per patient	#
4b.	Total number of occasions when one pair of gloves should have been used	#
5. Appropriate Use of Medical/Surgical Masks for Droplet Precautions <i>Medical/surgical masks should be worn by all screening and triage staff</i>		
5a.	Number of occasions when medical/surgical masks were worn appropriately	#
5b.	Total number of occasions when medical/surgical masks should have been worn	#
6. Appropriate Use of Clothing Covering <i>Gowns or plastic aprons when gowns unavailable</i>		
6a.	Number of occasions when clothing covering was worn appropriately	#
6b.	Total number of occasions when clothing covering should have been worn	#
6c.	If aprons used: protocol in place for cleaning exposed arms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6d.	If aprons used: number of occasions when cleaning of arms was done appropriately	#
6e.	If aprons used: Total number of occasions when cleaning of arms should have been done	#
7. Functional Hand-Washing Stations in Screening and Triage Area <i>Either alcohol-based hand rub (ABHR) or soap, water, and paper towels</i>		
7a.	Alcohol-based hand rub (ABHR) available	<input type="checkbox"/> Yes <input type="checkbox"/> No
7b.	Functioning water source with tap available	<input type="checkbox"/> Yes <input type="checkbox"/> No
7c.	Soap available	<input type="checkbox"/> Yes <input type="checkbox"/> No
7d.	Paper towels available	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Functioning Infrared No-Touch Thermometer Available and Used		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Surveillance Data from Screening and Triage <i>During the past 2 weeks</i>		
9a.	Total number of patients screened on entrance to this facility for COVID-19 symptoms	#
9b.	Number of suspected COVID-19 cases reported to local surveillance personnel from this facility	#
9c.	Number of suspected COVID-19 cases referred to the next level of care from this facility	#
9d.	Number of suspected COVID-19 cases among health care workers from this facility	#
9e.	Total number of unique health care workers reporting to work during this period	#



Within the Health Facility Area		
10.	Does the Health Facility have a policy or standard operating procedure (SOP) for IPC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Hand Hygiene Implementation Compliance <i>Number of relevant hand hygiene opportunities observed according to WHO's "5 Moments of Hand Hygiene"</i>	
11a.	Number of relevant hand hygiene opportunities identified and observed to be performed correctly	#
11a.	Total number of opportunities where hand hygiene should have been performed	#
12.	Appropriate Use of Gloves <i>Gloves, if used, should be changed between patients.</i>	
		<input type="checkbox"/> N/A (if gloves not used)
12a.	Number of occasions when one pair of gloves was observed to be used per patient	#
12b.	Total number of occasions when one pair of gloves per patient should have been used	#
13.	Appropriate Use of Medical/Surgical Masks for Droplet Precautions <i>Medical/surgical masks should be used by all screening and triage staff.</i>	
13a.	Number of occasions when medical/surgical masks were observed to be worn appropriately	#
13b.	Total number of occasions when medical/surgical masks should have been worn	#
13c.	Number of occasions when eye cover were observed to be worn appropriately	#
13d.	Total number of occasions when eye cover should have been worn	#
14.	Appropriate Use of Clothing Covering <i>Gowns or plastic aprons when gowns unavailable</i>	
14a.	Number of occasions when clothing covering was worn appropriately	#
14b.	Total number of occasions when clothing covering should have been worn	#
14c.	If aprons used: SOP in place for cleaning exposed arms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14d.	If aprons used: number of occasions when cleaning of arms was done appropriately	#
14e.	If aprons used: Total number of occasions when cleaning of arms should have been done	#
15.	Functional Handwashing Stations Within the Health Facility <i>Either alcohol-based hand rub (ABHR) or soap, water, and paper towels</i>	
15a.	Alcohol-based hand rub (ABHR) available	<input type="checkbox"/> Yes <input type="checkbox"/> No
15b.	Functioning water source with tap available	<input type="checkbox"/> Yes <input type="checkbox"/> No
15c.	Soap available	<input type="checkbox"/> Yes <input type="checkbox"/> No
15d.	Paper towels available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Availability of Medical Equipment and Supplies		
16.	In the last 2 weeks, on how many days was alcohol-based hand rub (ABHR) not available?	<input type="checkbox"/> Available always <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> >7days
17.	In the last 2 weeks, on how many days were medical/surgical masks not available?	<input type="checkbox"/> Available always <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> >7days
18.	In the last 2 weeks, on how many days was eye protection (face shield or goggles) not available?	<input type="checkbox"/> Available always <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> >7days

Environmental Cleaning and Disinfection, Water Sanitation and Hygiene (WASH)		
19.	Availability of disinfectant (chlorine 1000 ppm [0.1%] or 70% ethyl alcohol)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Is fresh dilution of bleach for disinfection with chlorine solution prepared daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Are chlorine solutions made to the correct concentrations?	
21a.	Number of chlorine containers with the correct concentration by chlorine strips	#
21b.	Number of chlorine containers tested on day of visit	#
22.	Are all required cleaning supplies available?	
22a.	At least two buckets available	<input type="checkbox"/> Yes <input type="checkbox"/> No
22b.	Mop (1 per area)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22c.	Color-coded cleaning cloths	<input type="checkbox"/> Yes <input type="checkbox"/> No
22d.	Cleaning solution (detergent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22e.	Disinfectant solution (i.e., bleach)	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Correct application of disinfectant to surfaces after cleaning: <input type="checkbox"/> Blood or body fluid spills: chlorine 5000 ppm (0.5%) solution <input type="checkbox"/> Large surfaces and floors: chlorine 1000 ppm (0.1%) solution <input type="checkbox"/> Small surfaces: 70% ethyl alcohol or chlorine 1000 ppm (0.1%) solution	
23a.	Number of areas and surfaces that are cleaned and then disinfected daily	#
23b.	Total number of areas and surfaces observed that should be cleaned and then disinfected daily	#
24.	Environmental Cleaning of High Touch Surfaces <i>Most frequently touched surfaces should be cleaned and disinfected three times daily, verified by visual inspection/fluorescent marker.</i>	
24a.	Number of high touch surfaces appropriate cleaned and disinfected 3x daily	#
24b.	Total number of high touch surfaces observed that should be cleaned and disinfected 3x daily	#
24c.	Number of high touch surfaces with remaining fluorescent marker after cleaning (indicates lack of effective cleaning)	#
25.	Patient Care Medical Devices Cleaned and Wiped with 70% Ethyl Alcohol After Use	
25a.	Blood pressure cuff	<input type="checkbox"/> Yes <input type="checkbox"/> No
25b.	Stethoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No
25c.	Other (indicate):	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Health Care Waste Management	
26a.	Number of areas with health care risk waste management bins and bags	#
26b.	Total number of areas that should have health care risk waste management bins and bags	#