



**Infection Prevention and Control:  
FACILITY ASSESSMENT: Audit Tool For Non-Ebola Treatment Unit Settings**

Date of inspection: \_\_\_\_\_

Date of last inspection: \_\_\_\_\_ (should be at least twice/ week)

Name/ Organization/cell phone of Auditor

1. \_\_\_\_\_

2. \_\_\_\_\_

**General Information**

<p>Name of County: _____</p> <p>Name of Health Facility: _____</p> <p>District / Location / Zone: _____</p> <p>Number of beds : _____</p> <p>Number of patients admitted &amp;/or evaluated per day: _____</p>	<p>Number of staff employed: _____</p> <p>_____ number of Medical doctor      _____ no of Physician assistant</p> <p>_____ number of Nurses                      _____ number of Support staff</p> <p>Facility Manager Name: _____</p> <p>Contact # of the manager: _____</p>
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IPC structure	Answer	Comments
1. Standard Infection Prevention Control guidelines / protocol in place / posted	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. If yes, is there a posted facility map indicating patient flow, isolation areas, designated latrines, and ICP requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Facility has a designated IPC supervisor	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name of the supervisor:
4. SOP in place/posted for corpse removal	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. SOP in place for documenting/reporting/managing suspected staff infection exposure events?	<input type="checkbox"/> YES <input type="checkbox"/> NO	



Staff health	Answer	Comments
6. Daily health screen of all staff arriving to work, including temperature checks, done routinely	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Sick staff have presented for work since the last audit	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Infrastructure	Answer	Comments
8. Facility has incinerator	<input type="checkbox"/> YES functional <input type="checkbox"/> In disrepair <input type="checkbox"/> NO structure	
9. Facility has sharps and waste disposal systems	<input type="checkbox"/> YES functional <input type="checkbox"/> In disrepair <input type="checkbox"/> NO structure	
10. Facility has running water	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Facility has generator	<input type="checkbox"/> YES functional <input type="checkbox"/> In disrepair <input type="checkbox"/> NO structure	
12. Facility has a sheltered dedicated isolation room/ward	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PPE utilization	Answer	Comments
13. Basic PPE is worn routinely for screening and low risk clinic activities	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Enhanced PPE is worn routinely for high risk area patient care	<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Cleaning staff wear appropriate enhanced PPE for cleaning and disposal of bodily fluids	<input type="checkbox"/> YES <input type="checkbox"/> NO	
16. Mortuary staff wear appropriate enhanced PPE for corpse removal	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable	



17. A space just outside the holding area is designated specifically for putting on and taking off PPE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Staff routinely observe each other putting on and taking off PPE for corrective feedback	<input type="checkbox"/> YES <input type="checkbox"/> NO	
19. PPE changing stations are placed correctly	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Patient care areas</b>	<b>Answer</b>	<b>Comments</b>
20. Patients are triaged according to MOH protocols upon arrival at the facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. Holding space has adjoining designated toilet.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Patient specimens are handled appropriately.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Environmental cleaning, disinfection and waste management</b>		
23. Ask staff to demonstrate how they prepare chlorine disinfection solutions. They prepare 0.5% and 0.05% chlorine solution correctly.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
24. Buckets (with faucet) of 0.5% chlorine solution are always available in high risk areas	<input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Foot baths with regularly maintained 0.5% chlorine solution are present at entry/exit points to high risk areas and maintained	<input type="checkbox"/> YES <input type="checkbox"/> NO	
26. Foot baths with regularly maintained 0.5% chlorine solution are present at entry/exit points to boot station for basic PPE upon clinic entrance	<input type="checkbox"/> YES <input type="checkbox"/> NO	
27. Sharps bins are always emptied before being $\frac{3}{4}$ full	<input type="checkbox"/> YES <input type="checkbox"/> NO	
28. Sharps bins are available at all points of patient care	<input type="checkbox"/> YES <input type="checkbox"/> NO	
29. Hand hygiene solutions (soap/water, chlorine) are widely available at point of care	<input type="checkbox"/> YES <input type="checkbox"/> NO	
30. Each patient care area has a place for routine decontamination of reusable equipment with 0.5% chlorine solution	<input type="checkbox"/> YES <input type="checkbox"/> NO	



31. All surfaces in the patient care areas are cleaned at least daily and on discharge (beds, bed rails, and bedside tables)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
32. Floors/Toilets are cleaned twice daily	<input type="checkbox"/> YES <input type="checkbox"/> NO	
33. Linen from patients in holding areas are incinerated or disinfected safely after discharge or when soiled.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
34. Body fluid waste from suspect patients is disposed of in a dedicated toilet with chlorine decontamination.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Equipment and Supplies – Available, Adequate, in Good Repair	Answer	Duration	Comments/Quantity/Size Availability
1. PPE Suits (Tyvek)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
2. Disposable Gowns	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
3. Reusable Aprons	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
4. Face Mask	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
5. Face Shield	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
6. Heavy Duty Gloves (Rubber)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
7. Gloves (latex)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
8. Hood/Head cover	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
9. Sprayers (Backpack or Hand)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
10. Rubber Boots	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	



11. Disposable towels	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
12. Soap	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
13. Chlorine Bleach	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	
14. Adequate number of buckets	<input type="checkbox"/> YES <input type="checkbox"/> NO		
15. Adequate number of buckets with faucet	<input type="checkbox"/> YES <input type="checkbox"/> NO		
16. Adequate number of thermometers (Themo-Scan or Digital)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
17. Waste disposal bags	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
18. Body bags	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Less than 1 week <input type="checkbox"/> More than 1 week	

**General Comments / Observations:**

**Action Steps for Remediation and Improvement (Site Level or Higher):**