

WASH IN HEALTHCARE FACILITIES CHECKLIST - iRHIS

COUNTRY: _____

REFUGEE SETTING / CAMP NAME: _____

 EMERGENCY STATUS: EMERGENCY POST-EMERGENCY

HEALTH FACILITY NAME: _____

REPORT CARD REPORTING INTERVAL FROM DATE: _____ TO DATE: _____

CORE JMP QUESTIONS - WASH IN HEALTHCARE FACILITIES

GW-1. What is the main water source? (check one - most frequently used)

Improved

- Piped
 Tube well/Borehole
 Protected dug well
 Protected spring
 Rain water
 Tanker truck
 Other: _____

Unimproved

- Unprotected dug well
 Unprotected spring
 Surface water (River/Lake/Canal)
 No water source

GW-2. Main water source is on premises?

- Yes Off premises but up to 500m More than 500m

GW-3. Water from main source is currently available?

- Yes No

 GS-1. Number of usable (available, functional, private) toilets for health care facility:
 _____ (insert number of holes / seats / stances)

GS-2. Type of toilets/latrines (select one – most common):

Improved

- Flush/Pour-flush to sewer
 Flush/Pour-flush to tank or pit
 Flush/Pour-flush to open drain
 Pit latrine with slab/covered

Unimproved

- Pit latrine without slab/open
 Bucket
 Hanging toilet/latrine
 None

GS-3. Are the toilets/latrines separate for staff and patients?

- Yes No

GS-4. Are the toilets/latrines separate for male and female patients?

- Yes No

GS-5. Female toilets have facilities to manage menstrual hygiene needs (covered bin, and/or water and soap)?

- Yes No

GS-6. At least one toilet accessible to people with limited mobility?

- Yes No

GH-1. Soap and water (or alcohol-based hand rub) currently available in consultation rooms?

- Yes
 No, hand hygiene facilities at points of care but lacking soap and water or alcohol-based hand rub.
 No, no hand hygiene facilities at points of care
 No, no hand hygiene facilities at the health care facility (skip to G-C1)

GH-2. Soap and water currently available at toilets?

- Yes, within 5 m of toilets
 Yes, more than 5 m from toilets
 No, no soap and/or no water

GWM-1. Sharps, infectious and general waste are safely separated into three bins in consultation room?

- Yes
 Somewhat (bins are full, include other waste, or only 1 or 2 available)
 No

CORE JMP QUESTIONS - WASH IN HEALTHCARE FACILITIES

- GWM-2. Treatment/disposal of sharps waste?
- Autoclave
- Incinerator (2 chamber, 850-1000 °C)
- Incinerator (other)
- Burning in protected pit
- Not treated, but buried in lined, protected pit
- Not treated, but collected for medical waste disposal
- Open dumping without treatment
- Open burning
- Not treated and added to general waste
- Other: _____ (specify)

- GWM-3. Treatment/disposal of infectious waste?
- Autoclave
- Incinerator (2 chamber, 850-1000 °C)
- Incinerator (other)
- Burning in protected pit
- Not treated, but buried in lined, protected pit
- Not treated, but collected for medical waste disposal
- Open dumping without treatment
- Open burning
- Not treated and added to general waste
- Other: _____ (specify)

- G-C1. Protocols for cleaning (floor, sink, spillage of blood or bodily fluid) and cleaning schedule are available?
- Yes No

- G-C2. All staff responsible for cleaning have received training?
- Yes Not all trained None trained

NOTES

- GW-1 *If there is more than one source, the one used most frequently for drinking water should be selected.*
- GW-3 *To be considered available, water should be available at the time of the survey or questionnaire, either from the main source directly or stored water originally from the main source.*
- GS-1 *Only count toilets/latrines that are usable at the time of the survey or questionnaire, where "usable" refers to toilets/latrines which are*
 (1) *available (doors are unlocked or a key is available at all times),*
 (2) *functional (the toilet is not broken, the toilet hole is not blocked, and water is available for flush/pour-flush toilets), and*
 (3) *private (there are closable doors that lock from the inside and no large gaps in the structure) at the time of the questionnaire or survey.*
If any of these three criteria are not met, the toilet/latrine should not be counted as usable.
- GS-2 *If more than one type is used, the most common type of toilet/latrine should be selected.*
- GS-4 *Toilets can be in a room with multiple stalls or in a private room with a single toilet. Toilets in rooms with multiple stalls should all be dedicated for use by either women or men. A gender-neutral room with a single toilet is also considered as sex-separated, as it allows women and men to use toilets separately.*
- GS-6 *It should meet the following conditions:*
- *can be accessed without stairs or steps,*
 - *handrails for support are attached either to the floor or sidewalls,*
 - *the door is at least 80 cm wide, and*
 - *the door handle and seat are within reach of people using wheelchairs or crutches/sticks.*
- GH-1 *For facilities with multiple consultation rooms or areas, select one at random and observe if a functional hand hygiene facility is present. A functional hand hygiene facility is any device that enables staff, patients and visitors to clean their hands effectively. It may consist of soap and water with a basin/pan for washing hands, or alcohol-based hand rub (ABHR). If ABHR is used, health care staff may carry a dispenser around between points of care. Chlorinated water (a prepared solution of chlorine suspended in water) is not considered an adequate substitute for soap and water or for ABHR. Points of care are any location in the health care facility where care or treatment is delivered (e.g. consultation/exam rooms). The term "hand hygiene" is used in place of "handwashing", because this is an umbrella term that also includes cleaning hands with ABHR.*
- GH-2 *Handwashing facilities at toilets must include water and soap, rather than ABHR alone, since ABHR does not remove faecal matter. Check "yes" if at least one toilet has a handwashing facility with soap and water within 5 meters.*
- GWM-1 *For facilities with multiple consultation rooms, select one at random and observe whether sharps waste, infectious waste and non-infectious general waste are segregated into three different bins. The bins should be colour-coded and/or clearly labelled, no more than three quarters (75%) full, and each bin should not contain waste other than that corresponding to its label. Bins should be appropriate to the type of waste they are to contain; sharps containers should be puncture-proof and others should be leak-proof. Bins for sharps waste and infectious waste should have lids.*
- GWM-2 *If more than one applies, select the method used most often. Methods considered to meet the basic service level include autoclaving; incineration; burial in a lined, protected pit; and collection for medical waste disposal off-site.*
- GWM-3 *If more than one applies, select the method used most often. Methods considered to meet the basic service level include autoclaving; incineration; burial in a lined, protected pit; and collection for medical waste disposal off-site.*
- G-C1 *Protocols should include:*
- *Step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids, and*
 - *Cleaning roster or schedule specifying responsibility for cleaning tasks and frequency at which they should be performed.*
 - *The term for protocols may differ according to local practice; they may be referred to as Standard Operating Procedures (SOPs), guidelines, instructions*
 - *Where possible, protocols should be observed by the enumerator.*
- G-C2 *"Staff responsible for cleaning" refers to non-health care providers such as cleaners, orderlies or auxiliary staff, as well as health care providers who, in addition to their clinical and patient care duties, perform cleaning tasks as part of their role.*
Training refers to structured training plans or programs led by a trainer or appropriately qualified supervisor.