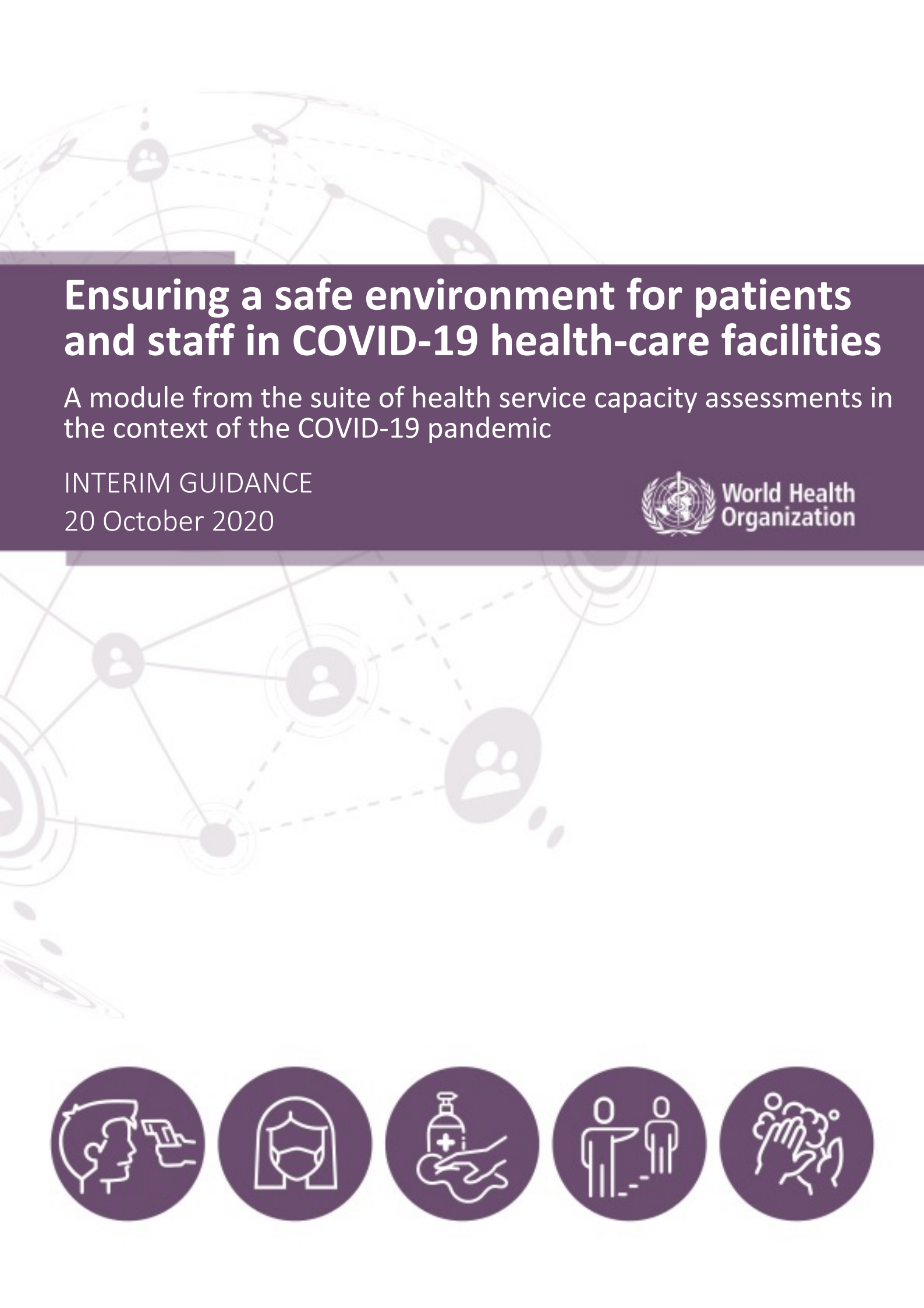


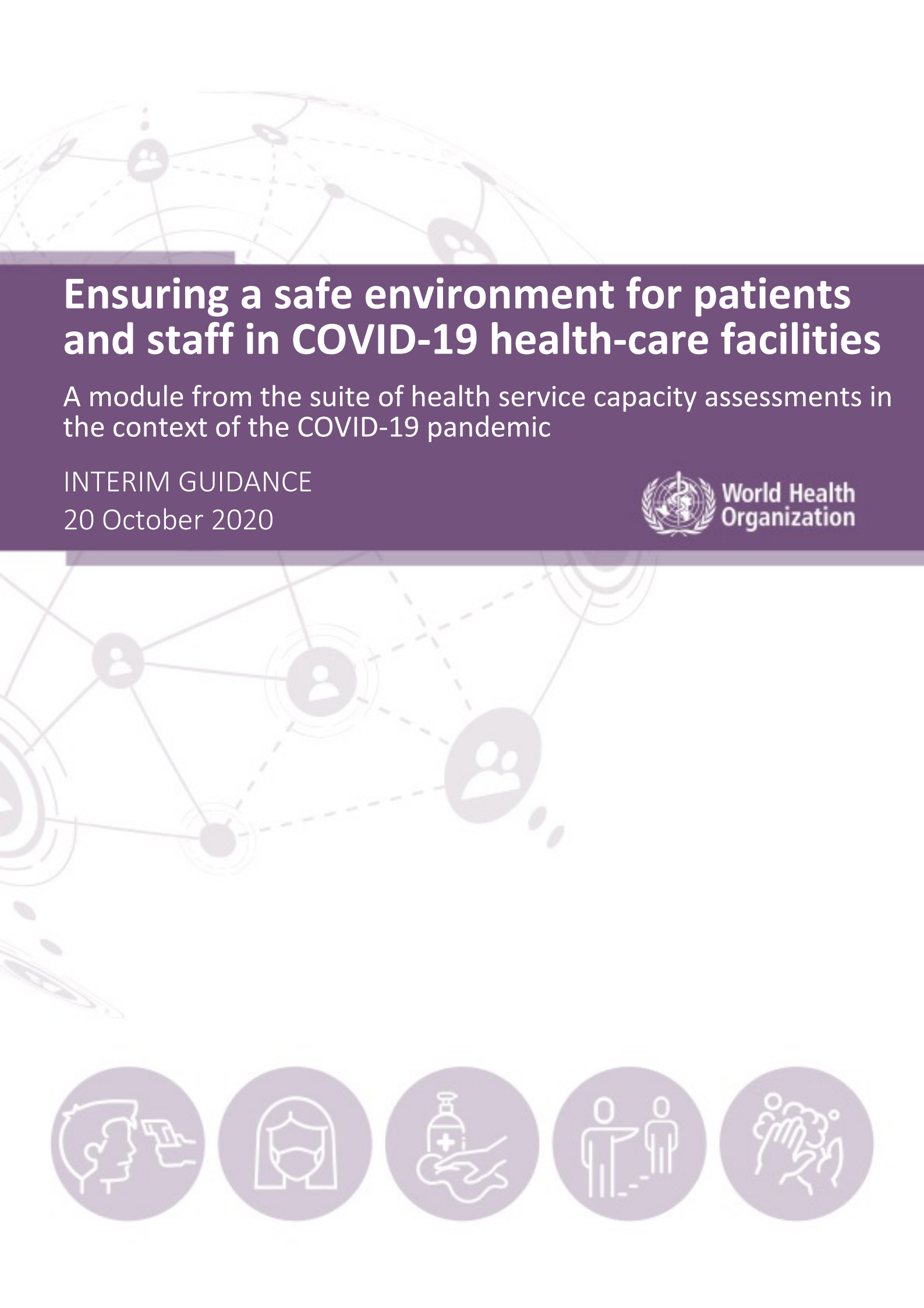


Ensuring a safe environment for patients and staff in COVID-19 health-care facilities

A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic

INTERIM GUIDANCE
20 October 2020





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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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Abbreviations

ABHR	alcohol-based hand rub
ACH	air changes/hour
HEPA	high-efficiency particulate air
IPC	infection prevention and control
NTU	nephelometric turbidity unit
PPE	personal protective equipment
SOP	standard operating procedure
WASH	water, sanitation and hygiene

Introduction

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

The COVID-19 pandemic has continued to shine a light on the fragility of health services and public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Against this rapidly evolving situation, many countries are facing challenges in the availability of accurate and up-to-date data on capacities to respond to COVID-19 while maintaining the provision of essential health services. Few countries have reliable and timely data on existing and surge health workforce and service capacities.

In response to this situation WHO has developed the “Ensuring a safe environment for patients and staff in COVID-19 health-care facilities” monitoring tool. This tool has been designed to assess the structural capacities of hospitals to allow safe COVID-19 case management, maintain the delivery of essential services and enable surge capacity planning. This tool forms part of a wider [Suite of health service capacity assessments in the context of the COVID-19 pandemic](#). These different monitoring tools focus on different aspects of the dual-track of maintaining essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in annex 1.

Objectives of this module: Ensuring a safe environment for patients and staff in COVID-19 health-care facilities

Countries can use the *Ensuring a safe environment for patients and staff in COVID-19 health-care facilities* assessment tool to assess and monitor the structural capacities of facilities to: (i) allow safe COVID-19 case management; (ii) continue to deliver essential services; and (iii) enable surge planning. Collecting this information provides guidance for immediate action and resolution of identified gaps. It is relevant for preparedness and readiness, as well as for evaluations during the response and, in particular, at any time the epidemiological situation requires further modifications/repurposing of the health-care facility structure and flows.

Content areas

This assessment tool covers the following aspects of essential health services:

- area distribution;
- surface availability versus foreseen occupancy rate;
- patient and staff flows;
- ventilation requirement per specific areas;
- visitors' area and visitor flow; and
- surge capacity.

Target audience

This tool is intended for:

- facility managers;
- technical officers;
- logisticians;
- water, sanitation and hygiene (WASH) specialists; and

- health-care facility engineers and architects.

Key question that this tool can help to answer

Does the facility provide a safe environment with adequate engineering and administrative controls to promote safe patient care for COVID-19 and protect the health and well-being of the staff?

When to use this module

This module can be used from the early stages of emergency to early recovery and every time the epidemiological situation requires structural or flow changes.

Mode of data collection

Paper-based and electronic collection of data is used.

Methodology

This self-assessment tool is designed for health-care facilities to help identify, prioritize and address the gaps in terms of environment and engineering controls such as structural design, flows, area distribution and other structural requirements needed to safely manage their response to COVID-19. The tool should be used by technical officers, logisticians, WASH specialists, engineers, architects and/or those responsible for disaster planning or outbreak management in the facility (such as the response to the COVID-19 outbreak). Repeat assessments are recommended every time the epidemiological situation requires structural modifications/repurposing, in order to lead and correct actions and to maintain an adequate response to the COVID-19 outbreak. In order to best evaluate the facility's improving opportunities, it is suggested to answer the questions carefully and critically.

The assessment tool focuses on the readiness, response and maintenance of the response to COVID-19 in COVID-19 treatment centres, health-care facilities with dedicated COVID-19 wards/areas and community facilities for mild and moderate cases. It takes into account the minimum requirement to allow safe COVID-19 case management and enable proper infection prevention and control (IPC) standards in a health-care facility: areas distribution, use of available surface, flow, ventilation, etc. The assessment tool has been built to follow the patient's clinical pathway, to facilitate and ease its implementation. It is recommended that persons responsible for implementation of the COVID-19 plan visit the identified areas of the facility, interview staff and observe both the environment and the practices.

Each row in the assessment tool contains three statements related to targets for a specific readiness facet. These three statements are presented for each target, and describe whether the set-up meets the target (+++, 3), partially meets the target (++ , 2), or does not meet the target (+, 1). Read each statement carefully, then in the columns to the right place an X or check mark to indicate which description best fits this facility. If it is not possible to find out, check "DK" to indicate "don't know", and if the statement does not apply at this facility, check "NA" for "not applicable". Only check one category (meets/partial/does not/DK/NA) per row.

The questions are informed by relevant WHO tools and guidance (2–5).

Note: This assessment tool is focused on the environment and engineering control measures that are part of the IPC hierarchy, including administrative measures and personal protective equipment (PPE). In order to assure a comprehensive assessment of the health-care facility we recommend also performing the IPC assessment tool.

Ethical considerations



The guidance provided is not considered research, therefore, there is no need to submit it to the WHO Research Ethics Review Committee (ERC). Individual countries may need local ethics committee approval, depending on local law and guidelines and exactly what is done. They should ensure that they fulfil their ethical obligations submitting the document to the pertinent local ethics boards.

Respondents should be asked upfront for their informed consent. The WHO data sharing agreement “Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies” specifies arrangement with regards to usage, and dissemination of the data gathered. The agreement is attached as annex 2.

Section 1: Health facility identification and description

The questions in this section are related to the facility identification and description.

No.	Question	Response options
1.1	Facility code	
1.1.1	Region/province name	
1.1.2	District/county name	
1.1.3	(Country-specific question) Village/clan/locality name	
1.2	Facility name	
1.3	Address of facility	
1.4	Residence area	1. Urban 2. Peri-/ex-urban (country-specific, if relevant) 3. Rural
1.5	Type of facility	1. Primary care centre/clinic 2. First referral hospital (district hospital) 3. Other general hospital with specialties or single-specialty hospital 4. Long-term care facility 5. Other If other, please specify: _____ (Note: adapt response options to the country's own health system.)
1.6	Managing authority	1. Government 2. Private for profit 3. Private not for profit (e.g. nongovernmental organization, faith-based) 4. Other
1.7	Facility director/manager's name	
1.8	Facility director/manager's telephone number	
1.9	Facility director/manager's email address	
1.10	Respondent or key informant's name	
1.11	Respondent or key informant's position	
1.12	Date	Day: Month: Year:
1.13	Geographical coordinates of the facility (if applicable)	
1.13.1	Latitude	
1.13.2	Longitude	
1.14	Interviewer code	

The following questions relate to the services offered in this facility.

No.	Question	Response options	
1.15	Does this facility provide inpatient services?	1. Yes 2. No – skip to question 1.16	
1.16	How many overnight/inpatient beds does the facility have in total, excluding delivery beds?	_____ beds (numeric entry)	
1.17	Does the facility have the following departments or wards/spaces?	1. Yes	2. No
1.17.1	Dedicated 24-hour staffed emergency unit	☐	☐
1.17.2	Intensive care or other high-dependency unit	☐	☐
1.17.3	Operating room	☐	☐
1.18	If the answer to question 1.16.2 is “No”, skip to next section		
1.19	Of the total number of inpatient beds, how many are intensive care unit (ICU) beds?	_____ beds (numeric entry)	

Section 2: Severe acute respiratory infection treatment area/centre basic principles

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
2.1	Facility entrances	Patients and staff have dedicated entrances clearly labelled	There are two different entrances but NOT properly labelled or NOT properly used	There is only one common entrance for both staff and patients						
2.2	Area distribution (for COVID-19 facility)	Two areas are clearly divided and identified: one mixed, for staff and patients, and one for staff only	Two areas are divided but NOT clearly identified	There is NO clear division between mixed and staff-only areas						
2.3	Patient flow	All patients access the facility through the screening > waiting room > triage > wards; the flow is rational, clear and properly labelled	All patients access the facility through the screening > waiting room > triage > wards; the flow is rational and clear but NOT labelled	There is NOT a proper flow for patients						
2.4	Staff flow	All staff access the facility through staff entrance > syndromic surveillance (questionnaire/assessment) > changing room > staff area; the flow is rational, clear and properly labelled	All staff access the facility through staff entrance > syndromic surveillance (questionnaire/assessment) > changing room > staff area; the flow is rational and clear but NOT labelled	There is NOT a proper flow for staff						
2.5	Visitor flow	All visitors access the facility through a dedicated controlled and equipped (hand hygiene station) entrance including a screening station	All visitors access the facility through a dedicated controlled entrance but NOT equipped (hand hygiene station) OR WITHOUT a screening station	There is NO dedicated entrance for visitors						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
2.6	Patient accessibility and visitors' safety measures	All patients are accessible for visitors and 1 m distance allows visits without PPE or PPE and related training are provided; visitors are accompanied during the visit	NOT all patients are accessible for visitors OR 1 m distance is NOT respected OR PPE and related training are NOT always provided; visitors are NOT always accompanied during the visit	Patients are NOT accessible						
2.7	Finishing materials and furniture	The building finishing materials and furniture are easily cleanable, easy to maintain and repair, and resistant to microbial growth	The building finishing materials and furniture are easily cleanable and resistant to microbial growth but NOT easy to maintain and repair	The building finishing materials and furniture are NOT easily cleanable or resistant to microbial growth						
2.8	Electricity supply	The electrical system is compliant with national regulations and equipped with a back-up system	The electrical system is compliant with national regulations but only few services are connected to the back-up system OR A back-up system is NOT available	The electrical system is NOT compliant with national regulations and only few services are connected to the back-up system OR A back-up system is not available						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
2.9	Fire safety	The facility's fire system is compliant with national regulation and an evacuation plan is available and known by staff and patients	The facility's fire system is compliant with national regulation but the evacuation plan is NOT available	The facility's fire system is not compliant with national regulation						
2.10	Water supply	Drinking-water quality is compliant with national regulation and the storage capacity assures at least 3 days of functional use; in emergency settings, water has appropriate chlorine residual (0.2 mg/L / 0.5 mg/L) or 0 <i>E. coli</i> /100 mL and turbidity <5 NTU (nephelometric turbidity units)	Drinking-water quality is compliant with national regulation but the storage capacity CANNOT assure 3 days of functional use; in emergency settings, water has appropriate chlorine residual (0.2 mg/L / 0.5 mg/L) or 0 <i>E. coli</i> /100 mL and turbidity <5 NTU	Drinking-water quality is NOT compliant with national regulation; in emergency settings, water has less than 0.2 mg/L chlorine residual or presence of <i>E. coli</i>						
2.11	Waste management	The waste is zone is available inside the facility and is properly fenced and equipped to store, treat and dispose of all waste categories produced in the facility; a cleaning and disinfection area with running water is available in the waste zone OR Waste transport, treatment and disposal are outsourced	The waste is zone is NOT inside the facility but is easily accessible or transport is properly organized; it is properly fenced and equipped to store, treat and dispose of all waste categories produced in the facility; a cleaning and disinfection area with running water is available in the waste zone OR	There is NO waste zone available and the service is NOT outsourced						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
		to a validated and certificated company	Waste transport, treatment and disposal are outsourced to a company, but validation and certification have NOT been checked							
2.12	Natural light (lighting ratio)	The ratio between the floor surface and transparent surfaces in the room is at least 1/8	The ratio between the floor surface and transparent surfaces in the room is at least 1/10	The ratio between the floor surface and transparent surfaces in the room is less than 1/10						
2.13	Laundry	The centre is equipped with a dedicated functioning laundry service that is properly sized for the centre capacity OR The laundry service is outsourced to an authorized company that is able to cover the needs	The centre is equipped with a dedicated functioning laundry service but it is NOT properly sized for the centre capacity OR The laundry service is located in an external facility OR The laundry service is outsourced to an authorized company that is NOT able to cover the needs	The centre is NOT equipped with a dedicated laundry service and has no access to external laundry services						

Section 3: Screening

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
3.1	Location	The screening is placed in such a way that ALL patients accessing the facility must pass through screening before accessing the facility; screening is correctly labelled and flow is easily understandable	The screening is placed in such a way that ALL patients accessing the facility must pass through screening before accessing the facility; however, it is NOT correctly labelled and flow is NOT easily understandable	NOT all patients pass by the screening before accessing the facility					
3.2	Staff accessibility	Staff have a dedicated entrance to the screening directly from the staff area; no patients are allowed in the staff screening area	Staff have a dedicated entrance to the screening but NOT from the staff area; no patients are allowed in the staff screening area	There is NOT a dedicated entrance and patients and staff are present in the screening area					
3.3	Distance/barrier (IPC)	There is a physical barrier ensuring at least 1 m distance, or a transparent surface (i.e. plexiglass) between patients and staff when conducting screening	There is a physical barrier but LESS than 1 m distance between patients and staff	There is NO physical barrier between patients and staff					
3.4	IPC infrastructure and supply	There is a hand hygiene station, (alcohol-based hand rub [ABHR] or soap and water) in the screening areas for patients and staff	There is a hand hygiene station (ABHR or soap and water) in the screening areas for patients and staff but frequent supply ruptures	There is NO hand hygiene station or mask distribution available at the screening area					
3.5	IPC practices	ALL patients are actively encouraged to practise hand hygiene and to appropriately wear a surgical mask constantly (if tolerated)	NOT ALL patients are actively encouraged to practise hand hygiene OR The mask is NOT worn constantly OR NOT properly worn	Patients are NOT actively encouraged to practise hand hygiene and do NOT wear a mask					

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
3.6	Surface available without considering pathways for movement	For each staff member working in the screening area, there is more than 8 m ² of surface available	For each staff member working in the screening area, there is between 7.9 m ² and 6 m ² of surface available	For each staff member working in the screening area, there is less than 6 m ² of surface available						
3.7	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each shift; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each shift; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each shift						
3.8	COVID-19-safe behaviour promotion, signage and recommendations	Signals and labels are used, well visible and easily understandable, to display information at the entrance of the facility directing patients the area designated for screening	Signals and labels are used but they are NOT well visible or easily understandable	Signals and labels are NOT used						

Section 4: Waiting room

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
4.1	Location	The waiting room is located between the screening and triage areas; access is controlled from the screening area and patients waiting are visible from the triage area or staff area	The waiting room is located between the screening and triage areas; access is controlled from the screening but there is NO visibility from the triage area or staff area	Patients can access the waiting room from different entrances					
4.2	Donning/doffing (putting on/ removing PPE)	There is a dedicated donning/doffing space for the waiting room that is directly accessible from the staff area	There is NO dedicated donning/doffing space to enter and exit the waiting room but donning/doffing can be done in close proximity (visual contact is assured) to the waiting room	There is NO donning/doffing space for the waiting room and staff have to access the waiting room from a donning/doffing area without visibility of the waiting room					
4.3	Distance/barrier (IPC)	The waiting room is equipped with individual booths or there is at least 2 m between patients (1 m for IPC + 1 m for health worker movement)	There is at least 1 m between patients	There is LESS than 1 m between patients					
4.4	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); a dispenser for disposable tissues is available for respiratory hygiene and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station					

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
4.5	IPC practices	ALL patients are actively encouraged to practise hand hygiene and to appropriately wear a surgical mask constantly (if tolerated)	NOT ALL patients are actively encouraged to practise hand hygiene OR The mask is NOT worn constantly OR NOT properly worn	Patients are NOT actively encouraged to practise hand hygiene and do NOT wear a mask						
4.6	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each patient; cleaners wear correct PPE and standard operation procedures (SOPs) for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each patient; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each patient						
4.7	Surface available without considering pathways for movement	Individual booths: each booth is at least 3 m ² Without individual booths: there is at least 6 m ² per patient	Individual booths: each booth is between 2.5 m ² and 2.9 m ² Without individual booths: there is between 2.5 m ² and 5.9 m ² per patient	There are NO individual booths and there is LESS than 2.5 m ² per patient						
4.8	Capacity	The waiting room represents more than 20% of the total bed capacity	The waiting room represents between 15% and 20% of the total bed capacity	The waiting room represents LESS than 15% of the total bed capacity						
4.9	Surge plan	A dedicated overflow area for the waiting room is available; it is equipped and ready at any time	A dedicated overflow area for the waiting room is available but it is NOT equipped	There is NO overflow area available						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
4.10	Ventilation	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 air changes/hour (ACH) for mechanical ventilation; air flow has been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA (high-efficiency particulate air) filter that is correctly maintained according to the manufacturer's instruction	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 ACH for mechanical ventilation; air flow has NOT been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	Ventilation has NOT been considered at all						
4.11	Toilet facility	Separate toilet services are available for male and female patients, with a dedicated hand hygiene station; there is 1 toilet for every 20 users; a designated accessible toilet is available for persons with physical disabilities	Separate toilet services are NOT available for male and female patients OR There is 1 toilet for more than 20 users OR There is NO dedicated hand hygiene station OR A designated accessible toilet is NOT available for persons with physical disabilities	There is NO toilet for the waiting room						
4.12	COVID-19-safe behaviour promotion, signage and recommendations	Health promotion messages (posters, videos, leaflets) are used, well visible and easily understandable and display graphic information on the need to cover the nose and mouth with a tissue or bent elbow when coughing or sneezing	Health promotion messages (posters, videos, leaflets) are used but they are NOT well visible or easily understandable	Health promotion messages (poster, videos, leaflets) are NOT used						

Section 5: Triage

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
5.1	Location	The triage area is located between the waiting room and patient wards; patient access is controlled from the waiting room and ALL patients accessing the wards have to pass by the triage area; staff members have visibility of the waiting area and can access the triage area directly from the staff area	The triage area is located between the waiting room and the patient wards; patient access is NOT controlled from the waiting room but ALL patients accessing the wards have to pass by the triage area; staff members have visibility of the waiting area and can access the triage area directly from the staff area	The triage area is located between the waiting room and the patient wards; patient access is NOT controlled from the waiting room and NOT ALL patients accessing the wards pass by the triage area; staff members do NOT access the triage area directly from the staff area					
5.2	Distance/barrier (IPC)	Individual triage stations have a physical barrier assuring a 1 m distance or a transparent surface between patients and staff members	Individual triage stations have a physical barrier but LESS than 1 m distance between patients and staff members	There is NO physical barrier between patients and staff members and less than 1 metre between patients and staff members					
5.3	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station					
5.4	IPC practices	ALL patients are actively encouraged to practise hand hygiene and to appropriately wear a surgical mask constantly (if tolerated)	NOT ALL patients are actively encouraged to practise hand hygiene OR The mask is NOT constantly OR NOT properly worn	Patients are NOT actively encouraged to practise hand hygiene and do NOT wear a mask					

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
5.5	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each patient; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each patient; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each patient						
5.6	Surface available without considering pathways for movement	Individual booths: each booth is at least 3 m ² Without individual booths: there is at least 6 m ² per patient	Individual booths: each booth is between 2.5 m ² and 2.9 m ² Without individual booths: there is between 2.5 m ² and 5.9 m ² per patient	The are NO individual booths and there is LESS than 2.5 m ² per patient						
5.7	Capacity	There is a least one triage station for every 15 seats in the waiting room	There is one triage station for every 20 seats in the waiting room	There is one triage station for every 25 or more seats in the waiting room						
5.8	Surge plan	A dedicated additional triage station is available in case of overflow; it is equipped and ready at any time	A dedicated additional triage station is available in case of overflow but it is NOT equipped	There is NO dedicated additional triage station available in case of overflow						
5.9	Ventilation	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 ACH for mechanical ventilation; air flow has been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 ACH for mechanical ventilation; air flow has NOT been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	Ventilation has NOT been considered at all						

Section 6: Emergency unit

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
6.1	Location	The emergency unit is located near the waiting room, triage area and patient wards; patient access is controlled from the waiting room and ALL patients accessing the emergency unit have to pass by the triage area; staff have direct visibility from the staff area and can access the emergency unit directly from the staff area	The emergency unit is located near the waiting room, triage area and patient wards; patient access is NOT controlled from the waiting room but ALL patients accessing the emergency unit have to pass by the triage area; staff have direct visibility from the staff area and can access the emergency unit directly from the staff area	The emergency unit is located near the waiting room, triage area and patient wards; patient access is NOT controlled from the waiting room and NOT ALL patients accessing the emergency unit pass by the triage area; staff do NOT access the emergency unit directly from the staff area					
6.2	Area distribution	There is a dedicated area for staff only, which allows visibility of patients	There is a dedicated area for staff, but there is NO visibility of patients	There is NO dedicated area for staff only					
6.3	Donning/doffing (putting on/removing PPE)	There is a dedicated donning/doffing space for the emergency unit that is directly accessible from the staff area	Donning/doffing to enter and exit the emergency unit can be done in close proximity to the unit	There is NO donning/doffing space for the emergency unit and staff have to access the emergency unit from a donning/doffing room located in a different area					
6.4	Distance/barrier (IPC)	The ward has individual rooms or there is at least 2 m between patients (1 m for IPC + 1 m for health worker movement)	There is at least 1 m between patients	There is LESS than 1 m between patients					

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
6.5	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station						
6.6	IPC practices	ALL patients are actively encouraged to practise hand hygiene and to appropriately wear a surgical mask constantly (if tolerated)	NOT ALL patients are actively encouraged to practise hand hygiene OR The mask is NOT constantly OR NOT properly worn	Patients are NOT actively encouraged to practise hand hygiene and do NOT wear a mask						
6.7	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each patient; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each patient; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each patient						
6.8	Surface available without considering pathways for movement, considering a hospital bed size of 220 cm × 100 cm	With beds: there is at least 9.6 m ² per patient With chairs: there is at least 6 m ² per patient	With beds: there is between 6.4 m ² and 9.5 m ² per patient With chairs: there is between 2.5 m ² and 5.9 m ² per patient	With beds: there is less than 6.4 m ² per patient With chairs: there is less than 2.5 m ² per patient						
6.9	Surge plan	A dedicated additional space is available in case of overflow; it is equipped and ready at any time	A dedicated additional space is available in case of overflow but it is NOT equipped	There is NO overflow area available						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
6.10	Ventilation	A natural ventilation system assures an air flow of at least 160 L/s/patient or 12 ACH for mechanical ventilation; air flow has been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	A natural ventilation system assures an air flow of at least 160 L/s/patient or 12 ACH for mechanical ventilation; air flow has NOT been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	Ventilation has NOT been considered at all						
6.11	Toilet facility	Individual toilet or separate toilet services are available for male and female patients; there is at least 1 toilet every 20 users; a designated accessible toilet is available for persons with physical disabilities	Separate toilet services are NOT available for male and female patients OR There is 1 toilet for more than 20 users OR A designated accessible toilet is NOT available for persons with physical disabilities	Separate toilet services are NOT available for male and female patients AND There is 1 toilet for more than 20 users AND A designated accessible toilet is NOT available for persons with physical disabilities						

Section 7: Sampling

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
7.1	Location and access	The sampling room is located near the waiting room, triage area and emergency unit; patient access is controlled from the waiting room and ALL patients accessing the sampling room have to pass by the triage area	The sampling room is located near the waiting room, triage area and emergency unit; patient access is NOT controlled from the waiting room but ALL patients accessing the sampling room have to pass by the triage area	The sampling room is located near the waiting room, triage area and emergency unit; patient access is NOT controlled and NOT ALL patients accessing the wards pass by the triage area						
7.2	Donning/doffing (putting on/ removing PPE	There is a dedicated donning/doffing space for the sampling room that is directly accessible from the staff area	Donning/doffing to enter and exit the sampling room can be done in close proximity to the sampling room	There is NO donning/doffing space for the sampling room and staff have to access the sampling room from a donning/doffing room located in a different area						
7.3	Distance/barrier (IPC)	The sampling is performed in an individual room	Sampling is NOT performed in an individual room, but there is a physical barrier between patients	Sampling is NOT performed in an individual room and there is NO physical barrier between patients						
7.4	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
7.5	IPC practices	ALL patients are actively encouraged to practise hand hygiene and to appropriately wear a surgical mask constantly (if tolerated)	NOT ALL patients are actively encouraged to practise hand hygiene OR The mask is NOT constantly OR NOT properly worn	Patients are NOT actively encouraged to practise hand hygiene and do NOT wear a mask						
7.6	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each patient; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each patient; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each patient						
7.7	Ventilation	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 ACH for mechanical ventilation; air flow has been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 ACH for mechanical ventilation; air flow has NOT been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	Ventilation has NOT been considered at all						

Section 8: Staff entrance

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
8.1	Location and staff screening	The staff entrance is controlled and accessible from outside the facility and ONLY for staff; all staff have to pass by the same entrance, where active syndromic surveillance is established	The staff entrance is controlled and accessible from outside the facility and ONLY for staff; NOT all staff pass by the same entrance, where active syndromic surveillance is established	The staff entrance is NOT controlled OR NOT accessible from outside the facility OR NOT ONLY for staff						
8.2	Distance/barrier (IPC)	The area where the syndromic surveillance takes place is equipped with a physical barrier assuring a 1 m distance or a transparent surface between staff members	The area where the syndromic surveillance take place is equipped with a physical barrier assuring LESS than 1 m distance between staff members	There is NO physical barrier						
8.3	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station						
8.4	IPC practices	ALL staff members practise hand hygiene and ALL staff members complete a screening questionnaire prior to accessing the facility	NOT ALL staff members practise hand hygiene and NOT ALL staff members complete a screening questionnaire prior to accessing the facility	Staff members DO NOT practise hand hygiene and DO NOT complete a screening questionnaire prior to accessing the facility						



No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
8.5	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each shift; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each shift; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each shift						

Section 9: Changing room

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
9.1	Location, changing procedure and furniture	The changing rooms are between the staff entrance and the staff area; ALL staff members accessing the staff area are obliged to change their personal clothes and wear adequate working uniform (e.g. scrub and boots), which are available in the changing room; individual lockers are available for staff; separate changing rooms are available for male and female staff	The changing rooms are between the staff entrance and the staff area; ALL staff members accessing the staff area are obliged to change their personal clothes and wear adequate working uniform (e.g. scrub and boots), which are NOT always available in the changing room; individual lockers are available for staff; separate changing rooms are available for male and female staff	The changing rooms are between the staff entrance and the staff area; NOT all staff members accessing the staff area change their personal clothes and wear adequate working uniform (e.g. scrub and boots), which are NOT always available in the changing room; individual lockers are NOT available for staff; separate changing rooms are available for male and female staff					
9.2	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station					
9.3	IPC practices	ALL staff members practise hand hygiene	NOT ALL staff members practise hand hygiene	Staff members DO NOT practise hand hygiene					
9.4	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each shift; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each shift; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each shift					



No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
9.5	Surface available without considering pathways for movement	There are at least 2 m ² per user, or shift changes are properly organized to meet the 2 m ² per user	There are between - for 11–30 users: 1.2 m² - for 31–50 users: 1.00 m² - for 51–80 users: 0.80 m² - for 81–120 users: 0.50 m² - for over 120 users: 0.40 m² and 1.9 m ² per person	There is less than - for 11–30 users: 1.2 m² - for 31–50 users: 1.00 m² - for 51–80 users: 0.80 m² - for 81–120 users: 0.50 m² - for over 120 users: 0.40 m² - per person						

Section 10: Offices

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
10.1	Location	Offices are located in the staff area and no patients are allowed; offices are clearly labelled	Offices are located in the staff area and no patients are allowed; offices are NOT clearly labelled	Offices are NOT located in the staff area OR patients can access them						
10.2	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station						
10.3	IPC practices	ALL staff members practise hand hygiene	NOT ALL staff members practise hand hygiene	Staff members DO NOT practise hand hygiene						
10.4	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each shift; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each shift; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each shift						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
10.5	Surface available without considering pathways for movement	At least 8 m ² for the first staff member + 6 additional m ² for each additional staff member	Between 6 m ² and 4 m ² per staff member	For each staff member working in the office there is LESS THAN 4 m ² surface						
10.6	Toilet facility	Separate toilet services are available for male and female staff, with a dedicated hand hygiene station; there is 1 toilet for every 20 users; a designated accessible toilet is available for persons with physical disabilities	Separate toilet services are NOT available for male and female staff OR There is 1 toilet for more than 20 users OR There is NO dedicated hand hygiene station OR A designated accessible toilet is NOT available for persons with physical disabilities	There is NO toilet for the offices						

Section 11: Mild–moderate case wards

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
11.1	Location and access	The ward for mild and moderate cases is clearly identified and labelled and access is controlled; patients can access the ward directly from the triage area without walking into the staff area; discharged patients (tested negative or referred to other facilities) have a dedicated discharge pathway	The ward for mild and moderate cases is clearly identified and labelled and access is controlled; patients can access the ward directly from the triage area without walking into the staff area; there is NOT a dedicated discharge pathway for discharged patients (tested negative or referred to other facilities)	The ward for mild and moderate cases is NOT clearly identified and labelled OR access is NOT controlled; patients CANNOT access the ward directly from the triage area OR have to walk into the staff area					
11.2	Area distribution	There is a dedicated area for staff only, with visibility of the patients' ward	There is a dedicated area for staff only but there is NO visibility of the patients' ward	There is NOT a dedicated area for staff					
11.3	Donning/doffing (putting on/ removing PPE)	There is a dedicated donning/doffing space for the ward that is directly accessible from the staff area	Donning/doffing to enter and exit the ward can be done in close proximity to the ward	There is NO donning/doffing space for the ward and staff have to access the ward from a donning/doffing room located in a different area					
11.4	Distance/barrier (IPC)	The ward has single-occupancy rooms or there is at least 2 m between patients (1 m for IPC + 1 m for health worker movement) and physical barriers between them (Plexiglas, curtains, etc.)	There is at least 1 m between patients and physical barriers between them (Plexiglas, curtains, etc.)	There is less than 1 m between patients					
11.5	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); a dispenser for disposable tissues is available for cough hygiene and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station					

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
11.6	IPC practices	ALL patients are actively encouraged to practise hand hygiene and to appropriately wear a surgical mask when moving around the ward/facility	NOT ALL patients are actively encouraged to practise hand hygiene OR The mask is NOT constantly worn when moving around the ward/facility OR NOT properly worn	Patients are NOT actively encouraged to practise hand hygiene and do NOT wear a mask when moving around the ward/facility						
11.7	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each patient AND at least 2 or 3 times a day; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each patient AND at least twice a day; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each patient OR Surfaces are cleaned and disinfected less than once a day						
11.8	Surface available without considering pathways for movement, considering a hospital bed size of 220 cm × 100 cm	With beds: there is at least 9.6 m ² per patient With chairs: there is at least 6 m ² per patient	With beds: there is between 6.4 m ² and 9.5 m ² per patient With chairs: there is between 2.5 m ² and 5.9 m ² per patient	With beds: there is less than 6.4 m ² per patient With chairs: there is less than 2.5 m ² per patient						
11.9	Surge plan	A dedicated additional space is available in case of overflow; it is equipped and ready at any time	A dedicated additional space is available in case of overflow but it is NOT equipped	There is NO overflow available						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
11.10	Ventilation	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 ACH for mechanical ventilation; air flow has been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	A natural ventilation system assures an air flow of at least 60 L/s/patient or 6 ACH for mechanical ventilation; air flow has NOT been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	Ventilation has NOT been considered at all						
11.11	Toilet facility	Individual toilet or separate toilet services are available for male and female patients; there is at least 1 toilet every 20 users; a designated accessible toilet is available for persons with physical disabilities	Separate toilet services are NOT available for male and female patients OR There is 1 toilet for more than 20 users OR A designated accessible toilet is NOT available for persons with physical disabilities	Separate toilet services are NOT available for male and female patients AND There is 1 toilet for more than 20 users AND A designated accessible toilet is NOT available for persons with physical disabilities						

Section 12: Severe and critical case wards

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
12.1	Location and access	The ward for severe and critical cases is clearly identified and labelled and access is controlled; patients can access the ward directly from the triage area without walking into the staff area; discharged patients (tested negative or referred to other facilities) have a dedicated discharge pathway	The ward for severe and critical cases is clearly identified and labelled and access is controlled; patients can access the ward directly from the triage area without walking into the staff area; there is NOT a dedicated discharge pathway for discharged patients (tested negative or referred to other facilities)	The ward for severe and critical cases is NOT clearly identified and labelled OR access is NOT controlled; patients CANNOT access the ward directly from the triage OR have to walk into the staff area					
12.2	Area distribution	There is a dedicated area for staff only, with visibility of the patients' ward	There is a dedicated area for staff only but there is NO visibility of the patients' ward	There is NOT a dedicated area for staff					
12.3	Donning/doffing (putting on/ removing PPE)	There is a dedicated donning/doffing space for the ward that is directly accessible from the staff area	Donning/doffing to enter and exit the ward can be done in close proximity to the ward	There is NO donning/doffing space for the ward and staff have to access from a donning/doffing room located in a different area					
12.4	Distance/barrier (IPC)	The ward has single-occupancy rooms or there is at least 2 m between patients (1 m for IPC + 1 m for health worker movement) and physical barriers between them (Plexiglas, curtains, etc.)	There is at least 1 m between patients and physical barriers in between (Plexiglas, curtains, etc.)	The is less than 1 m between patients					
12.5	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); a dispenser for disposable tissues is available for cough hygiene and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station					

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
12.6	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each patient AND at least 2 or 3 times a day; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each patient AND at least twice a day; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each patient OR Surface is cleaned and disinfected less than once a day						
12.7	Surface available without considering pathways for movement, considering a hospital bed size of 220 cm × 100 cm	With beds: there is at least 9.6 m ² per patient	With beds: there is between 6.4 m ² and 9.5 m ² per patient	With beds: there is less than 6.4 m ² per patient						
12.8	Surge plan	A dedicated additional space is available in case of overflow; it is equipped and ready at any time	A dedicated additional space is available in case of overflow but it is NOT equipped	There is NO overflow available						
12.9	Ventilation	A natural ventilation system assures an air flow of at least 160 L/s/patient or 12 ACH for mechanical ventilation; air flow has been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	A natural ventilation system assures an air flow of at least 160 L/s/patient or 12 ACH for mechanical ventilation; air flow has NOT been tested with a smoke test; exhausted air is safely diluted or treated through a HEPA filter that is correctly maintained according to the manufacturer's instruction	Ventilation has NOT been considered at all						



No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
12.10	Toilet facility	Individual toilet or separate toilet services are available for male and female patients; there is at least 1 toilet every 20 users; a designated accessible toilet is available for persons with physical disabilities	Separate toilet services are NOT available for male and female patients OR There is 1 toilet for more than 20 users OR A designated accessible toilet is NOT available for persons with physical disabilities	Separate toilet services are NOT available for male and female patients AND There is 1 toilet for more than 20 users AND A designated accessible toilet is NOT available for persons with physical disabilities						

Section 13: Morgue

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
13.1	Location and access	The morgue is easily accessible from all the wards but not visible If the onsite morgue or mortuary allows visitors: Visitors can access the morgue directly from outside the centre and see the body from a distance of 1 m, or through a transparent window; the morgue has a dedicated exit to hand over the body to the burial team directly outside the centre	The morgue is easily accessible from all the wards but visible If the onsite morgue or mortuary allows visitors: Visitors CANNOT access the morgue directly from outside the centre to see the body; the morgue has a dedicated exit to hand over the body to the burial team directly outside the centre	The morgue is NOT easily accessible from all the wards If the onsite morgue or mortuary allows visitors: Visitors CANNOT access the morgue directly from outside the centre to see the body; the morgue does NOT have a dedicated exit to hand over the body to the burial team directly outside the centre					
13.2	Area distribution (only if the onsite morgue or mortuary allows visitors)	There is a dedicated area for temporary storage of bodies, an area to show the body to family members (without visibility of the storage area) and a dedicated area to hand over the body to the burial team	There is a dedicated area for temporary storage of bodies and a dedicated area to hand over the body to the burial team	There is a dedicated area for temporary storage of bodies but NO dedicated area to hand over the body to the burial team					
13.3	Donning/doffing (putting on/ removing PPE; only if the onsite morgue or mortuary allows visitors)	There is a dedicated donning/doffing space for the morgue that is directly accessible from the staff area	Donning/doffing to enter and exit the morgue can be done in close proximity to the morgue	There is NO donning/doffing space for the morgue and staff have to access from a donning/doffing room located in a different area					

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
13.4	Distance/barrier (IPC; only if the onsite morgue or mortuary allows visitors)	There is a physical barrier assuring 1 m distance OR a transparent surface to allows visitors to safely see the body	There is NO physical barrier assuring 1 m distance but staff accompany relatives during the visit to the morgue	Relatives CANNOT see the body						
13.5	IPC infrastructure and supply (only if the onsite morgue or mortuary allows visitors)	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for disposal of used tissues	There is a hand hygiene station (ABHR or soap and water)	There is NO hand hygiene station						
13.6	IPC practices (only if the onsite morgue or mortuary allows visitors)	ALL visitors practise hand hygiene	NOT ALL visitors practise hand hygiene	Visitors DO NOT practise hand hygiene						
13.7	Surface cleaning and disinfection	Surfaces are cleaned and disinfected between each patient; cleaners wear correct PPE and SOPs for surface cleaning and disinfection are correctly implemented	Surfaces are cleaned and disinfected between each patient; cleaners do NOT wear correct PPE OR SOPs for surface cleaning and disinfection are NOT correctly implemented	Surfaces are NOT cleaned and disinfected between each patient						
13.8	Refrigeration (with cold chamber available)	The cold chamber is constantly maintained at a temperature of +2/+4 °C. The operating temperatures is continuously monitored and fitted with alarms, which are activated when the temperature exceeds a predetermined level; the alarms are transmitted to a permanently manned station	The cold chamber is constantly maintained at a temperature of +2/+4 °C. The operating temperatures is NOT continuously monitored and fitted with alarms, which are activated when the temperature exceeds a predetermined level; the alarms are NOT transmitted to a permanently manned station	The cold chamber is NOT maintained at a temperature of +2/+4 °C.						

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Meets	Partial	Does not	DK	NA
13.9	Ventilation and heating ventilation and air conditioning (HVAC; without cold chamber available)	The temperature of the body-holding area is maintained within a comfortable range, not exceeding 20–21 °C; the ventilation system is isolated from other ventilation systems by being designed to minimize the spread of odours	The temperature of the body-holding area is maintained within a comfortable range, not exceeding 20–21 °C; the ventilation system is NOT isolated from other ventilation systems	The temperature of the body-holding area exceeds 20–21 °C						
13.10	Surge plan	A dedicated additional space is available in case of overflow; it is equipped and ready at any time	A dedicated additional space is available in case of overflow but it is NOT equipped	There is NO an overflow area available						
13.11	Toilet facility (for visitors; (only if the onsite morgue or mortuary allows visitors)	Individual toilet or separate toilet services are available for male and female visitors; there is at least 1 toilet every 20 users; a designated accessible toilet is available for persons with physical disabilities	Separate toilet services are NOT available for male and female visitors OR There is 1 toilet for more than 20 users OR A designated accessible toilet is NOT available for persons with physical disabilities	Separate toilet services are NOT available for male and female visitors AND There is 1 toilet for more than 20 users AND A designated accessible toilet is NOT available for persons with physical disabilities						

Section 14: Doffing

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Meets	Partial	Does not	DK	NA
14.1	Location	The doffing area is directly accessible from the patients' area with exit directly onto the staff area; it is clearly identified and labelled	The doffing area is directly accessible from the patients' area with exit directly onto the staff area; it is NOT clearly identified and labelled	The doffing area is NOT directly accessible from the patients' area					
14.2	Distance/barrier (IPC)	There is a physical barrier (door) or a clear horizontal signage assuring physical or 1 m spatial separation between the doffing area and patient/staff area	There is a clear horizontal signage assuring less than 1 m spatial separation between the doffing area and patient/staff area	There is NO spatial separation between the doffing area and patient/staff area					
14.3	IPC infrastructure and supply	There is a hand hygiene station (ABHR or soap and water); disposable tissues for respiratory hygiene are available upon request and no-touch receptacles for used tissue disposal at the doffing exit	There is a hand hygiene station (ABHR or soap and water) at the doffing exit	There is NO hand hygiene station at the doffing exit					
14.4	IPC practices	ALL staff members practise hand hygiene	NOT ALL staff members practise hand hygiene	Staff members DO NOT practise hand hygiene					
14.5	Surface available	With partition: at least 4 m ² per user Without partition: at least 6 m ² per user	With partition: between 1 m ² and 3.9 m ² per user Without partition: between m ² and 5.9 m ²	With partition: less than 1 m ² per user Without partition: less than 2 m ² per user					

Workplan to address gaps

(At the end of the assessment, the facility should review the tool and identify all items recorded as “Partially meets target ++ (2)” and “Does not meet target + (1)”. The facility should prioritize these items based on ease of addressing each gap, the availability of resources to address gaps (including partner support, human resources, financial resources, etc.), the impact of bridging the gap and the local epidemiological situation. Priority gaps and activities to address them should be recorded in the workplan below, along with a person(s) responsible for implementing the activities and a timeline for implementation.

Gap identified	Activities to address gap	Who is responsible	Timeline



Helpdesk support for COVID-19 facilities

As part of the COVID-19 HealthOPS, a dedicated helpdesk for COVID-19 facilities has been set up. The support is addressed to Member States, ministries of health and other ministries, WHO country and regional offices, United Nations agencies, international and national organizations and health managers.

The helpdesk supports the process of designing new COVID-19 facilities, repurposing an existing building into a self-quarantine, screening and treatment centre, as well as adapting existing health-care facilities for the COVID-19 post-acute phase, in order to make health structures more resilient and flexible and so able to easily surge in case of needs.

It is intended to be an ad-hoc support service to better respond to specific needs in a customized way.

Applicants can submit a request sharing their needs, expectations and constraints. This information will allow the helpdesk to provide a complete technical document on the design process and a short manual, based on the latest WHO guidance, for the centre management.

Specific diagrams are provided to explain staff, patient and visitor flows; area distribution; minimum ventilation requirements; use of PPE by area; and, if requested, fluid dynamic simulation to better assess/recommend a ventilation system.

Additionally, thanks to collaboration with other WHO pillars, the technical support can include support for oxygen supply strategies, training for medical and non-medical staff, estimation of consumables and a lot more.

For further information and to submit a request please click [here](#) or write to oslhealthtechn@who.int.

References

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2. Severe acute respiratory infections treatment centre. Interim guidance. Geneva: World Health Organization; 2020 (WHO/2019-nCoV/SARI_treatment_center/2020.1; <https://www.who.int/publications-detail/severe-acute-respiratory-infections-treatment-centre>, accessed 29 September 2020).
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Annex 1. Suite of health service capacity assessments in the context of the COVID-19 pandemic

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

In response to this situation, the [Suite of health service capacity assessments in the context of the COVID-19 pandemic](#) has been developed to support rapid and accurate assessments of the current, surge and future capacities of health facilities throughout the different phases of the COVID-19 pandemic. (1) The suite consists of two sets of modules that can be used to inform the prioritization of actions and decision-making at health facility, subnational and national levels:

1. **Hospital readiness and case management capacity for COVID-19**
This set of modules can be used to assess health facility readiness and case management capacities for COVID-19.
2. **Continuity of essential health services in the context of the COVID-19 pandemic**
This set of modules can be used to assess health facility capacities to maintain delivery of essential health services. It can also be used to assess community needs and access to services during the COVID-19 outbreak.

The modules are listed in Table 1.

Table 1. Suite of health service capacity assessment modules

Hospital readiness and case management capacity for COVID-19	
Module	Purpose
Rapid hospital readiness checklist	To assess the overall readiness of hospitals and to identify a set of priority actions to prepare for, be ready for and respond to COVID-19
Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19	To assess present and surge capacities for the treatment of COVID-19 in health facilities with a focus on availability of diagnostics, therapeutics and other health products as well as vaccine readiness, availability of beds and space capacities
Biomedical equipment for COVID-19 case management – inventory tool	To conduct a facility inventory of biomedical equipment re-allocation, procurement and planning measures for COVID-19 case management
Ensuring a safe environment for patients and staff in COVID-19 health-care facilities	To assess the structural capacities of hospitals to allow safe COVID-19 case management, maintain the delivery of essential services and enable surge capacity planning
Infection prevention and control health-care facility response for COVID-19	To assess infection prevention and control capacities to respond to COVID-19 in health facilities

Continuity of essential health services in the context of the COVID-19 pandemic

Module	Purpose
Continuity of essential health services: Facility assessment tool	– To assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 outbreak – To assess workforce capacity during the outbreak, including availability, absences, COVID-19 infections, support and training
Continuity of essential health services: Community demand side tool	To conduct a rapid pulse survey on community needs and perceptions around access to essential health services and community resilience during the COVID-19 outbreak

Countries may select different combinations of modules according to context and the need for one-time or recurrent use throughout the pandemic.

Annex 2. Data Sharing

Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies

Data are the basis for all sound public health actions and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Ministry of Health of your Country confirms that all data to be supplied to WHO have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of your Country:

- to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.
- Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the Ministry of Health of your Country may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt out.