

Infection prevention and control health-care facility response for COVID-19

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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Introduction

Context

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 “Infection prevention and control health-care facility response for COVID-19” monitoring tool. This tool has been designed to assess infection prevention and control capacities to respond to COVID-19 in health facilities. 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: Infection prevention and control health-care facility response for COVID-19

This self-assessment tool is designed for acute health-care facilities (i.e. tertiary and secondary) but can be modified for the use in long-term care facilities, to help identify, prioritize and address the gaps in infection prevention and control (IPC) capacity in managing their response to COVID-19. The tool should be used by IPC professionals and/or those responsible for disaster planning or outbreak management in the facility (such as the response to the COVID-19 outbreak) at the start of the improvement process. A sample workplan template is provided to address gaps identified and record required actions. Repeat assessments are recommended (i.e. once a month), in order to correct actions and 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.

This tool focuses on the readiness, response and maintenance of the COVID-19 outbreak for IPC. It takes into account the most essential elements to prevent and control COVID-19 in acute health facilities as well as long-term care facilities. It is based on the currently available, up-to-date and published WHO interim guidance for IPC in the context of COVID-19, as well as the minimum requirements for IPC programmes (2). All published materials on COVID-19 can be found on the [WHO website](#) (3).

This tool does not replace the IPC Assessment Framework (IPCAF) tool (4), which was developed to support the implementation of the WHO guidelines on core components of IPC programmes at the acute health-care facility level (5).

Content areas

This assessment tool covers the following aspects:

- IPC programmes;
- IPC guidelines and standard operating procedures;

- IPC training and monitoring;
- screening, triage, early recognition and testing of COVID-19;
- built environment, infrastructure and supplies;
- visitors; and
- maintaining IPC interventions.

Target audience

The tool is primarily intended to be self-administered (i.e. a self-assessment tool), but it can also be used for joint assessments, through careful discussions between external assessors (for example, from the ministry of health, WHO or other stakeholders) and facility staff, IPC professionals and/or facility managers.

Key questions that this tool can help to answer

The self-assessment tool is intended to answer the following key questions:

- Do facilities have a minimum IPC programme or focal point assisting in their COVID-19 response?
- Are facilities adequately equipped with critical IPC supplies and infrastructure to support a robust COVID-19 response or resurgence?
- Are facilities providing baseline IPC training in standard precautions and COVID-19-related guidelines and protocols as per international guidance?
- Are facilities performing IPC monitoring of COVID-19 infections in patients/residents, residents and staff?
- Do facilities have appropriate flow and visitor restrictions in place?

When to use this module

This module should be used as part of preparedness and/or response.

Mode of data collection

Paper-based and electronic collection of data is used.

Methodology

The tool should be used to assess your facility according to the seven sections presented and to help identify, prioritize and address gaps in the facility's IPC capacity. Each row in the assessment tool contains three statements related to targets for a specific response facet. These three statements are presented for each target, and describe whether the facility 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.

Mark the points for each subsection in the first line and add up the points at the end of each section to assess overall performance. For "partially meets the target" (++ , 2) or "does not meet the target" (+, 1), be sure to list any gaps identified, to help create action plans.

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: IPC programme

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)		Score	Gaps identified
2.1	IPC programme	The facility has BOTH of the following: - an IPC programme, supported by at least one full-time IPC professional or equivalent (nurse or doctor working 100% in IPC) per 250 beds - an IPC professional or focal point that participates in outbreak management planning activities for COVID-19	The facility has one of the following: - an IPC programme, supported by at least one full-time IPC professional or equivalent (nurse or doctor working 100% in IPC) per 250 beds - an IPC professional or focal point that participates in outbreak management planning activities for COVID-19	The facility does NOT have either an IPC programme or an IPC focal point			
2.2	IPC committee	The facility has an IPC committee^a actively supporting the IPC programme	The facility has an IPC committee^a but it is NOT active	The facility does NOT have an IPC committee^a			
2.3	IPC budget	The facility has a dedicated budget to secure all IPC needs for the COVID-19 response and to ensure continuous support to other core IPC activities within health-care delivery	The facility has funds to secure some IPC needs for COVID-19 response but does NOT have a dedicated budget for continuous support to other core IPC activities	The facility does NOT have either sufficient emergency funds for IPC needs for COVID-19 response or a dedicated budget for continuous support to other core IPC activities			
Total						/9	

^a An IPC committee is a multidisciplinary group with interested stakeholders across the facility, which interacts with and advises the IPC team. An IPC team includes dedicated IPC professionals who are responsible for the IPC programme.

Section 3: IPC guidelines and standard operating procedures (SOPs)

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
3.1	IPC guidelines and SOPs – general IPC	The facility has ALL of the following guidelines and/or SOPs available: • standard precautions^a • transmission-based precautions^b • decontamination of medical devices • aseptic technique for invasive procedures, including surgery • specific SOPs to prevent the most prevalent hospital-acquired infections, based on the local context/epidemiology • occupational health	The facility has at least 3 of the following guidelines and/or SOPs available: • standard precautions^a • transmission-based precautions^b • decontamination of medical devices • aseptic technique for invasive procedures, including surgery • specific SOPs to prevent the most prevalent hospital-acquired infections, based on the local context/epidemiology • occupational health	The facility has 2 or fewer of the following guidelines and/or SOPs available: • standard precautions^a • transmission-based precautions^b • decontamination of medical devices • aseptic technique for invasive procedures, including surgery • specific SOPs to prevent the most prevalent hospital-acquired infections, based on the local context/epidemiology • occupational health		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
3.2	COVID-19 guidelines and SOPs	The facility has ALL of the following guidelines and/or SOPs available: • IPC during health care for suspected and confirmed COVID-19^c • dead body management • rational and extended use of personal protective equipment (PPE) and masks	The facility has at least 2 of the following guidelines and/or SOPs available: • IPC during health care for suspected and confirmed COVID-19^c • dead body management • rational and extended use of PPE and masks	The facility has 1 or none of the following guidelines and/or SOPs available: • IPC during health care for suspected and confirmed COVID-19^c • dead body management • rational and extended use of PPE and masks		
3.3	Health workers and COVID-19	The facility has ALL of the following guidelines and/or SOPs available: • monitoring health workers exposed to and/or infected with COVID-19 • protocols for health workers returning to work post-COVID	The facility has at least 1 of the following guidelines and/or SOPs available: • monitoring health workers exposed to and/or infected with COVID-19 • protocols for health workers returning to work post-COVID	The facility has NONE of the guidelines and/or SOPs for monitoring health workers NOR management protocols		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
3.4	COVID-19 surveillance	The facility has ALL of the following guidelines and/or SOPs available: • screening for COVID-19 (triage and inpatients/residents) • COVID-19 testing and specimen transport • monitoring staff and inpatients/residents for COVID-19 infections • reporting and notification of COVID-19 infections and outbreaks for inpatients/residents	The facility has at least 2 of the following guidelines and/or SOPs available: • screening for COVID-19 (triage and inpatients/residents) • COVID-19 testing and specimen transport • monitoring staff and inpatients/residents for COVID-19 infections • reporting and notification of COVID-19 infections and outbreaks for inpatients/residents	The facility has 1 or none of the following guidelines and/or SOPs available: • screening for COVID-19 (triage and inpatients/residents) • COVID-19 testing and specimen transport • monitoring staff and inpatients/residents for COVID-19 infections • reporting and notification of COVID-19 infections and outbreaks for inpatients/residents		
Total					/12	

a Standard precautions as per aide-mémoire: hand hygiene, use of PPE and risk assessment, respiratory hygiene and cough etiquette, injection safety (including management of needlestick injury), environmental cleaning, linen management, waste management, and cleaning and disinfection of equipment for patient care (non-critical equipment only) (6).

b Transmission-based precautions are: contact, droplet and airborne precautions.

c IPC for suspected and confirmed COVID-19 should include: screening and triage for early recognition of patients/residents with suspected COVID-19, rapid implementation of source-control measures (isolation and designated waiting areas), hand hygiene, respiratory hygiene, use of PPE, environmental cleaning, waste management, transmission-based precautions (including cohorting), airborne precautions during aerosol-generating procedures, and administrative and engineering controls.

Section 4: IPC training and monitoring

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
4.1	IPC training – general	ALL health workers ($\geq 70\%$) in the facility are trained and documented on the following topics: • standard precautions • transmission-based precautions^a • prevention of the most prevalent hospital-acquired infections (e.g. prevention of surgical site infection) based on the local context and as it relates to their role • refresher training completed at least annually	At least 50–70% of health workers in the facility are trained and documented on the following topics: • standard precautions • transmission-based precautions^a • prevention of the most prevalent hospital-acquired infections (e.g. prevention of surgical site infection) based on the local context and as it relates to their role • refresher training completed at least annually	LESS THAN 50% of health workers in the facility are trained and documented on the following topics: • standard precautions • transmission-based precautions^a • prevention of the most prevalent hospital-acquired infections (e.g. prevention of surgical site infection) based on the local context and as it relates to their role • refresher training completed at least annually		
4.2	IPC training – COVID-19	There is documentation that ALL health workers have received training for IPC and COVID-19-related protocols and procedures (as listed in Section 3), as it relates to their role	There is documentation that at least 70% of health workers have received training for IPC and COVID-19-related protocols and procedures (as listed in Section 3), as it relates to their role	Documentation that <70% of health workers have received training for IPC and COVID-19-related protocols and procedures (as listed in Section 3), as it relates to their role		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
4.3	IPC training – patients/residents	The facility offers IPC training and/or education to patients/residents and visitors, explaining necessary IPC intervention and other measures for ensuring patient and health worker safety	The facility offers IPC training and/or education to patients/residents and visitors but NOT in a standardized way	The facility does NOT offer IPC training and/or education to patients/residents and visitors		
4.4	Monitoring	The facility monitors, at a minimum, ALL of the following: • compliance with hand hygiene • appropriate use of personal protective equipment (PPE) • other facility-defined IPC indicators (e.g. health worker infections)	The facility monitors, at a minimum, 1 of the following: • compliance with hand hygiene • appropriate use of PPE • other facility-defined IPC indicators (e.g. health worker infections)	The facility does NOT monitor any IPC-specific indicators		
4.5	Feedback	The facility provides routine (monthly or quarterly) feedback to key stakeholders ^b and the COVID-19 response committee	The facility provides routine (1–2 times per year) feedback to key stakeholders ^b and the COVID-19 response committee	The facility does NOT provide routine feedback to key stakeholders ^b and the COVID-19 response committee		
Total					/15	

^a Transmission-based precautions are: contact, droplet and airborne precautions.

^b Stakeholders may include: lead doctors and nurses, hospital managers, quality management and any other relevant party.

Section 5: Screening, triage, early recognition and testing of COVID-19

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
5.1	Communication (posters, announcements, TV displays, etc.)	The facility performs ALL of the following: - has signs or posters directing patients/residents and visitors to follow a specific pathway at all facility entrances - communicates about COVID-19 signs and symptoms to patients/residents and visitors - communicates how to correctly perform hand hygiene and respiratory etiquette, maintain physical distance and use a mask when needed	The facility performs 2 of the following: - has signs or posters directing patients/residents and visitors to follow a specific pathway at all facility entrances - communicates about COVID-19 signs and symptoms to patients/residents and visitors - communicates how to correctly perform hand hygiene and respiratory etiquette, maintain physical distance and use a mask when needed	The facility performs 1 or none of the following: - has signs or posters directing patients/residents and visitors to follow a specific pathway at all facility entrances - communicates about COVID-19 signs and symptoms to patients/residents and visitors - communicates how to correctly perform hand hygiene and respiratory etiquette, maintain physical distance and use a mask when needed		
5.2	Waiting area – physical separation	A method is in place (to ensure a minimum of 1 m distance or physical separation (plastic/glass window, etc.) between patients/residents and visitors at all times	NO standard method is in place (plastic/glass window, physical distance, etc.) but some distance and/or physical separation is observed of at least 1 m between patients/residents and visitors, but not at all times	NO method is in place to ensure physical or geographical distance of at least 1 m between patients/residents and visitors		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
5.3	Waiting area – supplies	The facility provides all of the following at all times for patients/residents and visitors: • hand hygiene stations (alcohol-based hand rub [ABHR] and/or soap, water and clean or disposable towels) • masks • tissues • waste bin	The facility provides 2 of the following at all times for patients/residents and visitors: • hand hygiene stations (ABHR and/or soap, water and clean or disposable towels) • masks • tissues • waste bin	The facility provides none or 1 of the following at all times for patients/residents and visitors: • hand hygiene stations (ABHR and/or soap, water and clean or disposable towels) • masks • tissues • waste bin		
5.4	Screening and triage	The facility has ALL of the following in place: • physical barriers (plastic/glass window, tables) or geographic distancing (benches, chairs) in place, to ensure separation at least 1 m between staff and patients/ residents and among patients/residents in the screening and triage area • a separate and well-ventilated (natural or mechanical^a) area	The facility has at least 2 of the following in place: • physical barriers (plastic/glass window, tables) or geographic distancing (benches, chairs) in place, to ensure separation at least 1 m between staff and patients/ residents and among patients/residents in the screening and triage area • a separate and well-ventilated (natural or mechanical^a) area	The facility has 1 or none of the following in place: • physical barriers (plastic/glass window, tables) or geographic distancing (benches, chairs) in place, to ensure separation at least 1 m between staff and patients/ residents and among patients/residents in the screening and triage area • a separate and well-ventilated (natural or mechanical^a) area		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
		- access to personal protective equipment (PPE) for staff use at all times - clear protocols for screening patients/residents for COVID-19, with additional processes for screening visitors and staff for COVID-19 - hand hygiene stations (ABHR and/or soap, water and clean or disposable towels)	- access to PPE for staff use at all times - clear protocols for screening patients/residents for COVID-19, with additional processes for screening visitors and staff for COVID-19 - hand hygiene stations (ABHR and/or soap, water and clean or disposable towels)	- access to PPE for staff use at all times - clear protocols for screening patients/residents for COVID-19, with additional processes for screening visitors and staff for COVID-19 - hand hygiene stations (ABHR and/or soap, water and clean or disposable towels)		
5.5	Transfer of COVID-19 patients/residents/	The facility has BOTH of the following in place: - a clear pathway exists, is posted and appropriate staff trained for transferring suspected COVID-19 patients/residents - PPE is accessible to all staff for transferring suspected COVID-19 cases	The facility has 1 of the following in place: - a clear pathway exists, is posted and appropriate staff trained for transferring suspected COVID-19 patients/residents - PPE is accessible to all staff for transferring suspected COVID-19 cases	- The facility does NOT have a clear pathway available - There is insufficient accessible PPE		
Total					/15	

^a Natural ventilation: outdoor air driven by natural forces (for example, winds) through purpose-built openings in the building, including windows, doors, solar chimneys, wind towers and trickle ventilators. Mechanical ventilation: air driven by mechanical fans installed directly in windows or walls or in air ducts for supplying air into, or exhausting air from, a room. More information is available in reference (7)

Section 6: Built environment, infrastructure and supplies

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
6.1	Built environment and infrastructure	The facility has ALL of the following in place: - at least one designated isolation area for taking care exclusively of inpatients/residents with COVID-19 - patients/residents with suspected or confirmed COVID-19 are placed in single rooms/ isolation area or cohorted according to status (suspected with suspected and confirmed with confirmed) in dedicated rooms with at least 1 m distance between beds - signs at the entrances of dedicated COVID-19 isolation areas that describe the risk of transmission (droplet/ contact) of COVID-19 and indicate correct use of personal protective equipment (PPE)	The facility has at least 2 of the following in place: - at least one designated isolation area for taking care exclusively of inpatients/residents with COVID-19 - patients/residents with suspected or confirmed COVID-19 are placed in single rooms/ isolation area or cohorted according to status (suspected with suspected and confirmed with confirmed) in dedicated rooms with at least 1 m distance between beds - signs at the entrances of dedicated COVID-19 isolation areas that describe the risk of transmission (droplet/ contact) of COVID-19 and indicate correct use of PPE - areas identified for health workers to safely put on and remove PPE	The facility has 1 or none of the following in place: - at least one designated isolation area for taking care exclusively of inpatients/residents with COVID-19 - patients/residents with suspected or confirmed COVID-19 are placed in single rooms/ isolation area or cohorted according to status (suspected with suspected and confirmed with confirmed) in dedicated rooms with at least 1 m distance between beds - signs at the entrances of dedicated COVID-19 isolation areas that describe the risk of transmission (droplet/ contact) of COVID-19 and indicate correct use of PPE - areas identified for health workers to safely put on and remove PPE		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
		• areas identified for health workers to safely put on and remove PPE • an airborne infection isolation room or other adequately ventilated (natural or mechanical^a) room for performing aerosol-generating procedures (AGPs^b)	• an airborne infection isolation room or other adequately ventilated (natural or mechanical^a) room for performing aerosol-generating procedures (AGPs^b)	• an airborne infection isolation room or other adequately ventilated (natural or mechanical^a) room for performing aerosol-generating procedures (AGPs^b)		
6.2	Hand hygiene	The facility has BOTH of the following in place: • functioning and continuously equipped hand hygiene stations (alcohol-based hand rub [ABHR] or soap and water) at all points of care^c • hand hygiene stations (ABHR and/or soap and water) available at all entrances, including wards and all toilets	The facility has 1 of the following in place: • functioning and continuously equipped hand hygiene stations (ABHR or soap and water) at all points of care^c • hand hygiene stations (ABHR and/or soap and water) available at all entrances, including wards and all toilets	The facility does NOT have hand hygiene stations at all points of care^c or entrances		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
6.3	IPC supplies	The facility has ALL of the following in place: - a person responsible for managing the supply chain for critical IPC supplies (9) - all critical IPC supplies are continuously and readily available for providing care to suspected and/or confirmed COVID-19 patients/residents - a plan to address supply shortages and monitor consumption of IPC supply - routinely provides patients/residents and visitors with masks	The facility has at least 2 of the following in place: - a person responsible for managing the supply chain for critical IPC supplies (9) - all critical IPC supplies are continuously and readily available for providing care to suspected and/or confirmed COVID-19 patients/residents - a plan to address supply shortages and monitor consumption of IPC supply - routinely provides patients/residents and visitors with masks	The facility has 1 or none of the following in place: - a person responsible for managing the supply chain for critical IPC supplies (9) - all critical IPC supplies are continuously and readily available for providing care to suspected and/or confirmed COVID-19 patients/residents - a plan to address supply shortages and monitor consumption of IPC supply - routinely provides patients/residents and visitors with masks		
6.4	Environmental cleaning	The facility has ALL of the following in place: - screening/triage area and inpatient rooms are disinfected at least twice daily - outpatient or ambulatory rooms are cleaned and disinfected after each patient visit (high-touch surfaces) and once-daily terminal cleaning	The facility has at least 2 of the following in place: - screening/triage area and inpatient rooms are disinfected at least twice daily - outpatient or ambulatory rooms are cleaned and disinfected after each patient visit (high-touch surfaces) and once-daily terminal cleaning	The facility has 1 or none of the following in place: - screening/triage area and inpatient rooms are disinfected at least twice daily - outpatient or ambulatory rooms are cleaned and disinfected after each patient visit (high-touch surfaces) and once-daily terminal cleaning		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
		- shared toilets are cleaned and disinfected at least three times a day and private patient toilets are cleaned at least twice daily - cleaners have regular access to and wear PPE according to the facility's standard operating procedure (SOP) - the facility uses an approved hospital disinfectant	- shared toilets are cleaned and disinfected at least three times a day and private patient toilets are cleaned at least twice daily - cleaners have regular access to and wear PPE according to the facility's SOP - the facility uses an approved hospital disinfectant	- shared toilets are cleaned and disinfected at least three times a day and private patient toilets are cleaned at least twice daily - cleaners have regular access to and wear PPE according to the facility's SOP - the facility uses an approved hospital disinfectant		
6.5	Waste management	- The facility has differential waste-collection containers for non-infectious (general), infectious and sharps waste in close proximity to all waste-generation points - The facility manages and disposes of waste accordingly, using an incinerator or alternative technology for the treatment of infectious and sharp waste	- The facility has differential waste-collection containers for non-infectious (general) waste, infectious waste and sharps waste, but they are NOT at all waste-generation points - The facility has an incinerator or alternative technology for the treatment of infectious and sharp waste, however, it is NOT always functional and/or of a sufficient capacity	- The facility does NOT have differential waste-collection containers for non-infectious (general) waste, infectious waste and sharps waste - The facility does NOT have an incinerator or alternative technology for the treatment of infectious and sharp waste		

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
6.6	Decontamination of medical equipment	There is a dedicated and regularly functioning decontamination and sterile supply area for the decontamination and sterilization of medical devices and other items/equipment	There is a dedicated decontamination and/or sterile supply area for the decontamination and sterilization of medical devices and other items/equipment, but it is NOT always functioning or up to standard	There is NO dedicated decontamination area and/or sterile supply area for the decontamination and sterilization of medical devices and other items/equipment		
Total					/18	
^a Natural ventilation: outdoor air driven by natural forces (for example, winds) through purpose-built openings in the building, including windows, doors, solar chimneys, wind towers and trickle ventilators. Mechanical ventilation: air driven by mechanical fans installed directly in windows or walls or in air ducts for supplying air into, or exhausting air from, a room. More information is available in reference (7). ^b AGPs are defined as per IPC interim guidance: tracheal intubation, non-invasive ventilation (e.g. bilevel positive airway pressure [BiPAP], continuous positive airway pressure [CPAP]), tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, sputum induction induced by using nebulized hypertonic saline, and autopsy procedures (8). ^c The place where three elements come together: the patient, the health worker, and care or treatment involving contact with the patient or his/her surroundings (within the patient zone). The concept embraces the need to perform hand hygiene at recommended moments exactly where care delivery takes place. This requires that a hand hygiene product (e.g. ABHR, if available) be easily accessible and as close as possible – within arm's reach of where patient care or treatment is taking place. Point-of-care products should be accessible without having to leave the patient zone.						

Section 7: Visitors

Note: If the health facility has a strict no visitors policy, then please skip and proceed to the next section.

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
7.1	Visitors	The facility has ALL of the following in place: - visitors are screened for signs and symptoms of COVID-19 at the entrance to the facility - there are signs or other materials visible at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of COVID-19 - the facility has a protocol to limit or restrict visitors into patients/residents' rooms - the facility provides basic IPC education (hand hygiene, limiting surfaces touched, and use of personal protective equipment [PPE]) for visitors (e.g. folder, banner, interview)	The facility has at least 2 of the following in place: - visitors are screened for signs and symptoms of COVID-19 at the entrance to the facility - there are signs or other materials visible at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of COVID-19 - the facility has a protocol to limit or restrict visitors into patients/residents' rooms - the facility provides basic IPC education (hand hygiene, limiting surfaces touched, and use of PPE) for visitors (e.g. folder, banner, interview)	The facility has none or 1 of the following in place: - visitors are screened for signs and symptoms of COVID-19 at the entrance to the facility - there are signs or other materials visible at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of COVID-19 - the facility has a protocol to limit or restrict visitors into patients/residents' rooms - the facility provides basic IPC education (hand hygiene, limiting surfaces touched, and use of PPE) for visitors (e.g. folder, banner, interview)		
Total					/3	

Section 8: Maintaining IPC interventions

Note: This section is only to be completed if there is a decrease in local transmission of COVID-19.

No.	Area	Meets target +++ (3)	Partially meets target ++ (2)	Does not meet target + (1)	Score	Gaps identified
8.1	In the context of a decrease in local transmission of COVID-19	The facility has ALL of the following in place: - there is an IPC focal point in the facility - The facility monitors the epidemiology of COVID-19 through the local surveillance systems - triage of patients/residents with COVID-19 symptoms is still in place in the facility - there are isolation rooms/areas readily available to be used for patient with COVID-19 symptoms - the facility continues to monitor personal protective equipment (PPE) and critical supplies - the facility can reinstate all measures against COVID-19 in less than a week in the event of a new increase in local transmission	The facility has at least 3 of the following in place: - there is an IPC focal point in the facility - The facility monitors the epidemiology of COVID-19 through the local surveillance systems - triage of patients/residents with COVID-19 symptoms is still in place in the facility - there are isolation rooms/areas readily available to be used for patient with COVID-19 symptoms - the facility continues to monitor PPE and critical supplies - the facility can reinstate all measures against COVID-19 in less than a week in the event of a new increase in local transmission	The facility has 1 or none of the following in place: - there is an IPC focal point in the facility - The facility monitors the epidemiology of COVID-19 through the local surveillance systems - triage of patients/residents with COVID-19 symptoms is still in place in the facility - there are isolation rooms/areas readily available to be used for patient with COVID-19 symptoms - the facility continues to monitor PPE and critical supplies - the facility can reinstate all measures against COVID-19 in less than a week in the event of a new increase in local transmission		
Total					/3	

Results summary

No.	Domain	Score achieved	Maximum score
1	IPC programme		9
2	IPC guidelines and standard operating procedures		12
3	IPC training and monitoring		15
4	Screening, triage, early recognition and testing of COVID-19		15
5	Built environment, infrastructure and supplies		18
6	Visitors		3
7	Maintaining IPC interventions		3
Total			75

Workplan to address gaps

At the end of the assessment, the facility should review the tool and identify all items recorded as “No.” The facility, should prioritize these items based on the 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.

No.	Domain	Gap identified	Activities to address gap	Responsible	Timeline
1	IPC programme				
2	IPC guidelines and standard operation procedures				
3	IPC training and monitoring				
4	Screening, triage, early recognition and testing of COVID-19				
5	Built environment, infrastructure and supplies				
6	Visitors				
7	Maintaining IPC interventions				

References

1. Suite of health service capacity assessments in the context of the COVID-19 pandemic. Geneva: World Health Organization; 2020 (<https://www.who.int/teams/integrated-health-services/monitoring-health-services>, accessed 8 October 2020).
2. Minimum requirements for infection prevention and control programmes. Geneva: World Health Organization; 2019 (<https://www.who.int/infection-prevention/publications/min-req-IPC-manual/en/>, accessed 8 October 2020).
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4. Infection Prevention and Control Assessment Framework at the facility level. Geneva: World Health Organization; 2018 (<https://www.who.int/infection-prevention/tools/core-components/IPCAF-facility.PDF?ua=1>, accessed 8 October 2020).
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7. Atkinson J, Chartier Y, Pessoa-Silva CL, Jensen P, Li Y, Seto W-H, editors. Natural ventilation for infection control in health-care settings. Geneva: World Health Organization; 2009 (https://www.who.int/water_sanitation_health/publications/natural_ventilation/en/, accessed 13 October 2020).
8. Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed. Interim guidance. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/332879>, accessed 9 October 2020).
9. Coronavirus disease (COVID-19) technical guidance: essential resource planning. WHO surge calculators. Geneva: World health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/COVID-19-critical-items>, accessed 9 October 2020).

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 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.