Facility Readiness Assessment for Coronavirus Disease 2019 (COVID-19)

Infection Prevention and Control Considerations in Non-US Healthcare Settings

Strict implementation of infection prevention and control (IPC) measures at healthcare facilities during the COVID-19 pandemic will minimize healthcare-associated transmission of the virus that causes COVID-19 among healthcare workers (HCWs) and patients and allow for ongoing provision of essential health services.

This tool has been developed for healthcare facilities and public health stakeholders in non-US healthcare settings to assess a facility's readiness to identify and safely manage patients presenting with symptoms consistent with COVID-19, and to prepare for a surge of patients with COVID-19 during periods of widespread community transmission. A template work plan to address gaps identified during the assessment is provided at the end of the tool.

Facility name: _____ **Date: _____**

Coordination

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility has an IPC focal person in place					
Facility has an emergency response plan for COVID-19 or other viral respiratory pathogens in place				Ask to see a copy of the plan	
Facility has an emergency committee that meets at least every week to discuss planning for and/or response to COVID-19				Ask to see a copy of the last meeting's minutes	
Representative(s) from IPC participate in emergency committee meetings				Ask to see a copy of the last meeting's minutes	

Communication and reporting

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility has designated a focal person(s) available at all times to receive reports of suspected or confirmed COVID-19 cases				Ask for any documentation	
HCWs have been given phone number(s) for focal person(s) available at all hours to report suspected or confirmed COVID-19 cases				Ask HCWs to provide focal person phone number(s)	
COVID-19 focal person(s), facility leadership, and/or emergency committee know public health authorities at national or sub-national level to report suspected or confirmed COVID-19 cases				Ask facility to describe reporting process	
COVID-19 focal person(s) and facility leadership know national or sub-national guidance for referring patients with suspected or confirmed COVID-19 for treatment (home care for mild				Select N/A if no guidance exists. If guidance exists, asks facility to describe plans	

cases, refer to treatment center for moderate to severe cases, etc.)				for managing or referring patients for treatment.	

Supplies

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility is able to estimate its consumption rate (supply used per week) for critical supplies, including PPE, hand hygiene supplies, and disinfection materials				Ask facility to provide consumption rate estimates	
Facility performs an inventory of PPE supply at least once a month				Ask facility to provide results of most recent inventory	
A person responsible for managing the supply chain for critical IPC supplies has been identified				Ask facility to identify IPC supply chain point of contact	
Facility leadership knows how to request additional supplies from national or sub-national authorities				Ask about procurement chain	
Additional considerations for supplies in locations with community transmission:					
Facility has performed an inventory of PPE supplies in the past 7 days				Ask facility to provide results of most recent inventory	
Facility has the following supplies in stock in any amount at the time of the assessment:				Note any items in low supply in comments	
Non-sterile gloves					
Gowns					
Aprons					
Eye protection (face shields or goggles)					
Face masks					
N95, FFP2, or equivalent respirators				For aerosol generating procedures	
Alcohol-based hand rub					
Soap					
Veronica buckets				If functional sinks are not available in registration or respiratory waiting areas	
Hospital-grade disinfectants (e.g., sodium hypochlorite)				WHO recommends 0.1% chlorine for disinfecting surfaces and 0.5% chlorine	

				for cleaning large blood and body fluid spills	

Training

	Yes	No	N/A	Assessor Guidance	Assessor Comments
All HCWs (including clinical and support staff) are trained in recognition of COVID-19 symptoms				Ask facility to provide documentation of training; look for job aids, etc.	
HCWs who will be working in areas evaluating or treating patients with suspected and confirmed COVID-19 are trained in standard and transmission-based precautions in the context of COVID-19				This includes clinical and non-clinical staff. Training should include donning and doffing of PPE.	
Cleaners are trained in cleaning rooms or areas occupied by patients with suspected or confirmed COVID-19				Ask facility to provide documentation of training	

Triage and evaluation of suspected COVID-19 cases

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility is implementing alternative ways for patients seeking care with respiratory symptoms to communicate before presenting to the facility, such as a telephone hotline or other communication system				Ask facility to describe hotlines, telemedicine, other communication modalities	
Signs or posters directing patients with respiratory symptoms to proceed directly to the registration desk are posted at all facility entrances				Identify all entrances to ensure that guidance is posted	
A physical barrier is in place between staff and patients presenting to the registration desk (for example, a plastic/glass window or table providing at least 1 meter separation)				Registration staff should be protected from any patient respiratory secretions	
Facility has created a separate area for patients presenting with acute respiratory symptoms (the “respiratory waiting area”)				This area should be well-ventilated	
Benches, chairs, or other seating in the respiratory waiting area is separated by at least 1 meter					
Functional hand hygiene stations are available near the registration desk and in the respiratory waiting area				Soap and clean water or alcohol-based hand rub should be available at all hand hygiene stations	
Dedicated toilets are available for patients in the respiratory waiting area					

Single rooms with doors are available for physical evaluation of patients with respiratory symptoms					
If single rooms are not available, a well-ventilated, private area away from other patients is available for conducting physical evaluations				For general ward rooms with natural ventilation, WHO recommends 60 L/s per patient	
COVID-19 triage forms and/or flow chart are available for HCWs evaluating patients in the respiratory waiting area				Should be provided by Ministry of Health or other national body	
HCWs conducting physical evaluations of patients with respiratory symptoms have access to gowns, gloves, face masks, and eye protection					
Plans exist for the safe transfer of patients with suspected or confirmed COVID-19 identified during triage process to inpatient care units or to other designated facilities				Mild cases may be discharged home (based on local guidance)	
Additional considerations for triage in locations with community transmission:					
Facility has increased staff dedicated to triage for COVID-19 to minimize overcrowding in the respiratory waiting area					
Facility has identified a separate ancillary or temporary structure to serve as additional space for patients with fever and respiratory symptoms to be evaluated				Such as tents, drive-through testing centers, fever clinics, etc.	

For facilities providing care to patients with suspected or confirmed COVID-19

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Gowns, gloves, face masks, respirators, and eye protection are available for all units providing care to patients with suspected or confirmed COVID-19				PPE should be located outside entrance to unit	
Patients with suspected or confirmed COVID-19 are housed in single rooms					
If single rooms are not available, patients with suspected or confirmed COVID-19 are cohorted in a well-ventilated area				For general ward rooms with natural ventilation, WHO recommends 60 L/s per patient	
Facility has an airborne infection isolation room or other adequately ventilated room for performing aerosol generating procedures				WHO recommends at least 160 L/s per patient in rooms with natural ventilation or 12 air changes per hour in rooms	

				with mechanical ventilation	
N95, equivalent, or higher-level respirators are available for HCWs performing aerosol generating procedures				Should be available outside of the procedure room	

Monitoring HCWs and inpatients for COVID-19

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility has plan in place for monitoring of HCWs exposed to patients with COVID-19				This may vary based on local epidemiology of COVID-19 (self-monitoring or active monitoring). Provide details in comments.	
Facility has a policy in place for determining when HCWs with suspected or confirmed COVID-19 may return to work				This may be based on a national/sub-national document or a local/facility-level policy	
Facility has a process to identify inpatients with COVID-19 symptoms				Ask facility to describe process. This could range from training clinicians to report suspicious cases to formal surveillance; plan should include reporting to facility leadership and public health.	

Preparing for a surge of patients with COVID-19

	Yes	No	N/A	Assessor Guidance	Assessor Comments
Facility knows its maximum capacity in the event of a surge (to be based on availability of physical space, human resources, intensive care capabilities, ventilator support, etc.)				Review plans for increasing capacity in a surge situation	
Facility has developed a plan to stop non-essential services (e.g., elective or non-urgent procedures) in the event of a surge				Should be done in coordination with national, sub-national, and/or local authorities	
Facility has identified additional space that can be used to expand the number of patients that can be treated (assuming adequate human resources, supplies, etc. are available)					
Facility has developed a plan to move non-critical patients elsewhere (e.g., home, long-term care facilities) to increase capacity in the event of a surge				Should be done in coordination with national, sub-national, and/or local authorities	
Facility has estimated consumption rates for critical supplies, including PPE, in the context of a surge scenario					

Work plan to address gaps

At the end of the assessment, the assessor and facility participants should review the tool and identify all items recorded as "No." The facility, in collaboration with the assessor, 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.), and the local epidemiological situation. Priority gaps and activities to address them should be recorded in the work plan 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