







Kayakalp Clean Hospital Awards

Checklist for Assessment UPHC/APHC

The Cleanliness Score Card

Name of Facility	50.0%	Level of Assessment
Grading		Improvement

Thematic Scores

		
A. PHC Upkeep	B. Sanitation & Hygiene	C. Waste Management
20	20	20
		
D. Infection Control	E. Support Services	F. Hygiene Promotion
20	10	10

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
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Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A.	PHC UPKEEP				
A1	Pest & Animal Control			2	
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff. Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	1	
A1.2	Pest Control Measures are implemented in the facility	SI/RR/OB	Check for the evidence at the facility (Presence of Pests ,Record of Purchase of Pesticides and availability of the rat trap) and interview the staff	1	
A2	Landscaping & Gardening			2	
A2.1	Front area/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis. Gardens/ green area are secured with fence	1	
A2.2	Internal Roads and pathways are even and clean	OB	Check that pathways, corridors, courtyards, etc. are clean and landscaped.	1	
A3	Maintenance of Open Areas			2	
A3.1	There is no abandoned / dilapidated building / unused structure within the premises	OB	Check for presence of any 'abandoned building' and unused temporary structure within the premises	1	
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.	1	
A4	PHC Appearance			2	
A4.1	Walls are well-plastered and painted	OB	Check that wall (Internal and External) plaster is not chipped-off and the building is painted/ whitewashed in approved colour scheme. The paint has not faded away. Check for presence of any outdated posters & boards	1	
A4.2	Name of the PHC is prominently displayed at the entrance and have uniform signage system	OB	Name of the PHC is prominently displayed as per state's policy. The name board of the facility is well illuminated in night or is florescent. Check All signage's (directional & departmental) are in local language and follow uniform colour scheme	1	
A5	Infrastructure Maintenance			2	
A5.1	PHC Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the PHC. Periodic Maintenance is done.	1	

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A5.2	PHC has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	1	
A6	Illumination			2	
A6.1	Adequate illumination in inside and outside of the PHC area	OB	Check for Adequate lighting arrangements through Natural Light or Electric Bulbs inside PHC Check that PHC front, entry gate and access road are well illuminated	1	
A6.2	Use of energy efficient bulbs	OB	Check that PHC uses energy efficient bulb like CFL or LED for lighting purpose within the PHC Premises	1	
A7	Maintenance of Furniture & Fixture			2	
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished	1	
A7.2	Patients' furniture is in good condition	OB	Check that Patient beds, examination couch, stool, etc. are not rusted and are painted. Mattresses are clean and not torn Trolleys, Stretchers, Wheel Chairs, etc. are well maintained(As applicable)	1	
A8	Removal of Junk Material			2	
A8.1	No junk material within PHC premises	OB	Check if unused/ condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, Labour Room , Injection Room , Dressing Room, Wards, stairs, open areas, roof tops, balcony etc.	1	
A8.2	PHC has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	1	
A9	Water Conservation			2	
A9.1	Water supply system is maintained in the PHC	OB	Check for leaking taps, pipes, overflowing tanks and dysfunctional cisterns. Over-head tank has functional float-valve.	1	
A9.2	Check if the facility has rain-water harvesting system	SI/OB	Check for its functionality and storage system	1	
A10	Work Place Management			2	
A10.1	The Staff periodically sorts useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.	1	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A10.2	The Staff arranges the useful articles, records in systematic manner and label them	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in systematic manner. The place has been demarcated for keeping different articles Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	1	
B	Sanitation & Hygiene				
B1	Cleanliness of Circulation Area (Corridors, Waiting area, Lobby, Stairs)			2	
B1.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Vegetation/ Dust on the walls and roof in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	1	
B1.2	Corridors are cleaned at least once in the day with wet mop	SI/OB	Ask cleaning staff about frequency of cleaning in a day.	1	
B2	Cleanliness of OPD Clinic			2	
B2.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ Vegetation's on walls and roof in OPD	OB	Check floors and walls of the OPD for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of OPD for any Cobweb, Bird Nest, vegetation, etc.	1	
B2.2	OPD are cleaned at least twice in a day with wet mop	OB/SI	Ask cleaning staff about frequency of cleaning in a day.	1	
B3	Cleanliness of Procedure Areas(Dressing Room, Immunization, Injection Room, Labour Room (if available))			2	
B3.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ vegetation's on walls and roof in Procedure area	OB	Check that floors and walls of Procedure area like Labour Room, Dressing Room, Immunization Room etc. (As Applicable) for any visible or tangible dirt, grease, stains, etc. Check that roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	1	
B3.2	Procedure area are cleaned at least twice in a day	OB/SI	Ask cleaning staff about frequency of cleaning in a day and also verify with check-list	1	
B4	Cleanliness of Lab and Pharmacy			2	
B4.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ Vegetation on walls and roof in Lab and Pharmacy area	OB	Check that floors and walls of Lab and Pharmacy for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	1	
B4.2	Lab and Pharmacy area are cleaned at least once in the day with wet mop	OB/SI	Ask cleaning staff about frequency of cleaning in a day and also verify with check-list	1	
B5	Cleanliness of Auxiliary Areas(Office, Meeting Room, Staff Room, Record Room)			2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B5.1	No dirt/Grease/Stains and Cobwebs/Bird Nest/ Dust/ vegetation on walls and roof in Auxiliary area	OB	Check that floors and walls of office, Meeting Room, Staff Room Record room etc. (As applicable) for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any Cobweb, Bird Nest, Vegetation, etc.	1	
B5.2	Ambulatory area are cleaned at least once in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day.	1	
B6	Cleanliness of Toilets			2	
B6.1	No dirt/Grease/Stains/ Garbage in Toilets	OB	Check the toilets randomly for any visible dirt, grease, stains, water accumulation in toilets Check for any foul smell in the Toilets	1	
B6.2	Toilets have running water and functional cistern	OB/SI	Ask cleaning staff to operate cistern and water taps	1	
B7	Use of standards materials and Equipment for Cleaning			2	
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality PHC cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records. Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution.	1	
B7.2	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per requirement.	1	
B8	Use of Standard Methods for Cleaning			2	
B8.1	Use of Three bucket system for cleaning	SI/OB	Check if cleaning staff uses three bucket system for cleaning. One bucket for Cleaning solution, second for plain water and third one for wringing the mop. Ask the cleaning staff about the process, Disinfection and washing of mops after every cleaning cycle	1	
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to	1	
B9	Monitoring of Cleanliness Activities			2	
B9.1	Use of Housekeeping Checklist	OB/RR	Check that Housekeeping Checklist is displayed in PHC and updated. Check Housekeeping records if checklists are daily updated for at least last one month	1	
B9.2	Periodic Monitoring of Housekeeping activities	SI/RR	Periodic Monitoring is done by MOIC or another designated staff.	1	
B10.	Drainage and Sewage Management			2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
B10.1	Availability of connection with Municipal Sewage System/ or Soak Pit	OB/SI	Check if PHC sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, PHC should have a functional septic tank within the premises.	1	
B10.2	No blocked/ over-flowing drains in the facility	OB/SI	Observe that the drains are not overflowing or blocked All the drains are cleaned once in a week	1	
C	Waste Management				
C1	Segregation of Biomedical Waste			2	
C1.1	Segregation of BMW is done as per BMW management rule,2016	OB/SI	Check that Soiled Waste is collected in the yellow bin & bag. General & Biomedical Waste are not mixed together. Display of work instructions for segregation and handling of Biomedical waste	1	
C1.2	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol (Red bag for re-cyclable, Glassware into Cardboard Box with blue marking, etc.)	1	
C2	Collection and Transportation of Biomedical Waste			2	
C2.1	The PHC's waste is collected and transported by CWTF operator	OB	Check for records of linkage with CWTF operator or has functional deep burial pits within the facility.	1	
C2.2	The waste is transported in closed bag & trolley	OB	Check availability of trolley for transportation to collection point.	1	
C3	Sharp Management			2	
C3.1	Disinfection of Broken / Discarded Glassware is done as per recommended procedure	OB/SI/ RR	Check if such waste is either pre-treated with 10% Sodium Hypochlorite (having 30% residual chlorine) for 20 minutes or by autoclaving/ microwave/ hydroclave, followed storage in Blue Cardboard box for re-cycling.	1	
C3.2	Sharp Waste is stored in Puncture proof containers	OB/SI	Check availability of Puncture & leak proof container (White Translucent) at point of use for storing needles, syringes with fixed needles, needles from cutter/burner, scalpel blade, etc.	1	
C4	Storage of Biomedical Waste			2	
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if PHC has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.	1	
C4.2	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	1	
C5	Disposal of Biomedical waste			2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
C5.1	PHC has adequate facility for disposal of Biomedical waste	RR/OB/SI	The Health facility within 75 KM of CTF shall have a valid contract with a Common Treatment facility for disposal of Bio medical waste. Or else facility should have Deep Burial Pit and Sharp Pit within premises of Health facility. Such deep burial pit should have approval of the Prescribed Authority and would meet the norms.	1	
C5.2	Facility manages recyclable waste as per approved procedure	OB/SI	Check management of IV Bottles (Plastic), IV tubes, Urine Bags, Syringes, Catheter, etc. (Autoclaving/ Microwaving/ Hydroclaving followed by shredding or a combination of sterilisation and shredding. Later treated waste is handed over to registered vendors.)	1	
C6	Management Hazardous Waste			2	
C6.1	Availability of Mercury Spill Management Kit and Staff is aware of Mercury Spill management	SI/OB	Check for Mercury Spill Management Kit and ask staff what he/she would do in case of Mercury spill. (If facility is mercury free, give full compliance)	1	
C6.2	Disposal of hazardous chemicals	SI	Hazardous chemicals like Glutaraldehyde, Lab Reagents Should not be drained in sewage untreated	1	
C7	Solid General Waste Management			2	
C7.1	Disposal of General Waste	OB/SI	There is a mechanism of removal of general waste from the facility and its disposal.	1	
C7.2	Innovations in managing general waste	OB/SI/ RR	Look for efforts of the health facility in managing General Waste, such as Recycling of paper waste, vermicomposting, waste to energy initiative, etc.	1	
C8	Liquid Waste Management			2	
C8.1	The laboratory has a functional protocol for managing discarded samples	OB/SI/ RR	A copy of such protocol should be available and staff should be aware of the same.	1	
C8.2	Liquid waste is made safe before mixing with other waste water	OB/SI/RR	Check for the procedure - staff interview and direct observation	1	
C9	Equipment and Supplies for Bio Medical Waste Management			2	
C9.1	Availability of Bins and plastic bags for segregation of waste at point of use	OB/SI	One set of appropriate size bins at each point of generation for Biomedical and General waste. Check all the bins are provided with chlorine free plastic bags. Ask staff about adequacy of supply.	1	
C9.2	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	1	
C10	Statuary Compliances			2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
C10.1	PHC has a valid authorization for Bio Medical waste Management from the prescribed authority	RR	Check for the validity of authorization certificate	1	
C10.2	PHC maintains records, as required under the Biomedical Waste Rules 2016	RR	Check following records - a. Annual report submission (before 30th June) b. Yearly Health Check-up record of all handlers c. BMW training records of all staff (once in year training) d. Immunisation records of all waste handlers	1	
D	Infection Control				
D1	Hand Hygiene			2	
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water at all points of use	1	
D1.2	Staff is adheres to hand washing protocol	SI	Check Display of Hand washing Instructions Ask facility staff to demonstrate 6 steps of normal hand wash and 5 moments of hand washing	1	
D2	Personal Protective Equipment (PPE)			2	
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	1	
D2.2	Use of Masks ,Head cap and Lab coat, Apron etc.	SI/OB	Check, if staff uses mask head caps , Lab coat and aprons as applicable	1	
D3	Personal Protective Practices			2	
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	1	
D3.2	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.	1	
D4	Decontamination and Cleaning of Instruments			2	
D4.1	Staff knows how to make Chlorine solution	SI	Ask the staff about the procedure of making chlorine solution and its frequency	1	
D4.2	Decontamination of instruments and Surfaces like examination table, dressing tables etc.	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes. Check instruments are cleaned thoroughly with water and soap before sterilization Ask staff when and how they clean the surfaces either by chlorine solution or Disinfectant like carbolic acid	1	
D5	Disinfection & Sterilization of Instruments			2	

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
D5.1	Adherence to Protocols for sterilization	SI/OB/RR	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes. Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	1	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling for 20 minutes with lid on, soaking in 2% Glutaraldehyde/Chlorine solution for 20 minutes.	1	
D6	Spill Management			2	
D6.1	Staff is aware of how to manage spills	SI	Check for adherence to protocols	1	
D6.2	Spill management protocols are displayed at points if use	SI/OB	Check for display	1	
D7	Isolation and Barrier Nursing			2	
D7.1	Infectious patients are separated from other patients	OB/SI	Check patients with respiratory infectious cases are separated from general patients in OPD area	1	
D7.2	Staff is aware about Standard Precautions	OB	Ask staff about Standard precautions and how they adhere to it.	1	
D8	Infection Control Program			2	
D8.1	Antibiotic Policy is implemented at the facility	RR/SI	Check if the PHC has documented Antibiotic policy and doctors are aware of it.	1	
D8.2	Immunization and medical check-up of Service Providers	RR/SI	PHC staff has been immunized against Hepatitis B Check for the records and lab investigations of staff	1	
D9	Hospital Acquired Infection Surveillance			2	
D9.1	Facility measures the Health care associated infections	RR/SI	Check for monitoring of Healthcare Associated Infection that may occur in a Primary healthcare setting like Injection abscess, Postpartum sepsis, infection at dressing and suturing sites etc.	1	
D9.2	Facility reports all notifiable diseases and events	RR/SI	Check facility has list of all notifiable disease needs immediate/periodic reporting to higher authority. Check records that notifiable disease have been reported in program such as IDSP and AEFI Surveillance.	1	
D10	Environment Control			2	
D10.1	Cross-ventilation	OB/SI	Check availability of Fans/ air conditioning/ Heating/ exhaust/ Ventilators as per environment condition and requirement	1	

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D10.2	Preventive measures for air borne infections has been taken	OB/SI	Check staff is aware, adhere and promote respiratory hygiene and cough etiquettes	1	
E	SUPPORT SERVICES				
E1	Laundry Services & Linen Management			2	
E1.1	Available linens are clean	RR/SI	Check linen such as table cloth, bedsheets, curtains etc. are clean and spotless	1	
E1.2	Arrangements for washing linens	OB/SI	Check facility has in-house or outsourced arrangements for washing linens at least once in a week.	1	
E2	Water Sanitation			2	
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	Water is available on 24x7 basis at all points of usage	1	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The PHC should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.	1	
E3	Pharmacy and Stores			2	
E3.1	Medicines are arranged systematically	OB/SI	Check all the shelves/racks containing medicines are labelled in pharmacy and drug store Heavy items are stored at lower shelves/racks Fragile items are not stored at the edges of the shelves Drugs and consumables are stored away from water and sources of heat, direct sunlight etc. Drugs are not stored at floor and adjacent to wall	1	
E3.2	Cold storage equipment's are clean and managed properly	OB	Check ILR, Deep freezers, Refrigerators and Ice packs are clean Check if there is a practice of regular cleaning. Cold storage equipment are not been used for purpose other than storing drugs and vaccines.	1	
E4	Security Services			2	
E4.1	Presence of security Guard	OB	Check for the presence of at least one security personnel at PHC	1	
E4.2	Departments are locked after working hours	OB/SI	Departments like OPD, Lab, Administrative office etc. are locked after working hours.	1	
E5	Outreach Services			2	
E5.1	Biomedical waste generated during outreach session are transported to the PHC on the same day	RR/SI	Check the records and ask staff	1	
E5.2	Medical officers monitor cleanliness and hygiene of outreach sessions and sub centres.	RR/ SI	Check with medical officers and records of monthly meeting "swachh bharat abhiyan" has been followed up during monthly meetings with extension workers like MPW, ASHA, ANM etc.	1	

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F	Hygiene Promotion				
F1	Community Monitoring & Patient Participation			2	
F1.1	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles & responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	1	
F1.2	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	Check if there is a feedback system for the patients. Verify the records	1	
F2	Information Education and Communication			2	
F2.1	IEC regarding importance of Hygiene practices are displayed	OB	Check IEC regarding hand washing, water sanitation, use of toilets are displayed in local language	1	
F2.2	IEC regarding Swachhta Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	1	
F3	Leadership and Team work			2	
F3.1	Cleanliness and infection control committee has been constituted	RR/SI	Verify with the records	1	
F3.2	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	1	
F4	Training and Capacity Building and Standardization			2	
F4.1	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	1	
F4.2	Infection control Training has been provided to the staff	SI/RR	Check staff are trained at the time of induction and at least once in every year	1	
F5	Staff Hygiene and Dress Code			2	
F5.1	PHC has dress code policy for all cadre of staff	OB/SI	PHCs staff adhere to dress code Check Identity cards and name plates have been provided to all staff	1	
F5.2	There is a regular monitoring of hygiene of staff	SI/OB	Check about personal hygiene and clean dress of staff	1	