

GENERAL INFORMATION OF THE HOSPITAL:

Surveyor Name :	Date: / / 2015
Hospital Name :	City:
Bed Capacity Of Hospital: ()	Number Of ICU Beds: ()
Number Of Hospital Isolation Beds () Negative Pressure()	Number Of Qualified Staff In IIPC: ()
MERS-Cov Center: YES <input type="checkbox"/> NO <input type="checkbox"/>	Capacity To Conduct MERS-Cov Lab.Test : YES <input type="checkbox"/> NO <input type="checkbox"/>
IPC Prevention Program: YES <input type="checkbox"/> NO <input type="checkbox"/>	IIPC Committee: YES <input type="checkbox"/> NO <input type="checkbox"/>
Plan For Continuous Supply Of Ppes: YES <input type="checkbox"/> NO <input type="checkbox"/>	Reporting System Followed: YES <input type="checkbox"/> NO <input type="checkbox"/>

ED GENERAL INFRASTRUCTURE & RESOURCES:

Number Of ED Beds ()	Average Daily Census in ED : ()
Number Of Isolation Beds In ED: () -Ve Pressure ()	Average Daily Admission From ED: ()
Number Of HEPA Filters In ED: ()	Availability Of Ppes, Different Sizes: YES <input type="checkbox"/> NO <input type="checkbox"/>
Dedicated Resuscitation Area For MERS-Cov: YES <input type="checkbox"/> NO <input type="checkbox"/>	Designated/Physic Ally Separated, Triage Are YES <input type="checkbox"/> NO <input type="checkbox"/>
Separate Waiting Area Other Than ED For Attendants: YES <input type="checkbox"/> NO <input type="checkbox"/>	Face Masks Available Near The Entrance: YES <input type="checkbox"/> NO <input type="checkbox"/>
Available IPC Officer To Encourage Hand Hygiene, At ED Entrance:	YES <input type="checkbox"/> NO <input type="checkbox"/>

ED PATIENTS FLOW:

Visual Triage Nurse (VTN) Available 24/7: YES <input type="checkbox"/> NO <input type="checkbox"/>	VTN 1 st Point Of Contact At ED Entrance: YES <input type="checkbox"/> NO <input type="checkbox"/>
Instructions To Patients/Visitors: YES <input type="checkbox"/> NO <input type="checkbox"/>	Access Restriction, To Allow For Control Of Patient Flow: YES <input type="checkbox"/> NO <input type="checkbox"/>
Staff Put PPEs Before Entry To Isolation Rooms YES <input type="checkbox"/> NO <input type="checkbox"/>	Staff Take Off PPEs Before Leave: YES <input type="checkbox"/> NO <input type="checkbox"/>
Flow Chart Is Available And Followed For Critical As Well As Non-Critical Patients:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Abbreviations: ED (Emergency Department), PPEs (Personal Protective Equipment), IPC (Infection Prevention & Control), PCSs (Potentially Contaminated Services), VTN (Visual triage nurse)

ED STAFF:

Number Of ED Physicians () Nurses () EMS ()	One ED Consultant Per Shift 24/7 Coverage: YES <input type="checkbox"/> NO <input type="checkbox"/>
One Nurse Per Bed In Resuscitation Area: YES <input type="checkbox"/> NO <input type="checkbox"/>	One Nurse Per 4 Beds In Observation Area: YES <input type="checkbox"/> NO <input type="checkbox"/>
Educational Programs: YES <input type="checkbox"/> NO <input type="checkbox"/>	Training Program ()
Staff Have Been Performed A Competency Test For Collecting Nasopharyngeal And Oropharyngeal Samples: YES <input type="checkbox"/> NO <input type="checkbox"/>	

IPC POLICIES AND GUIDELINES IN ED:

Updated IPC Guidelines Available To All ED Staff: YES <input type="checkbox"/> NO <input type="checkbox"/>	Policy For Ill employees: YES <input type="checkbox"/> NO <input type="checkbox"/>
Policies In Case Of Suspected/Confirmed Case: YES <input type="checkbox"/> NO <input type="checkbox"/>	Policy For Unprotected Exposure: YES <input type="checkbox"/> NO <input type="checkbox"/>
Policy For Transfer A Confirmed Case YES <input type="checkbox"/> NO <input type="checkbox"/>	Visitor Policy For Isolated Cases:
Policy/Guidelines For Triaging With MERS: YES <input type="checkbox"/> NO <input type="checkbox"/>	Policy/Guidelines For Ambulance Disinfection: YES <input type="checkbox"/> NO <input type="checkbox"/>
Policy For Restricting The Number Of Attendants: YES <input type="checkbox"/> NO <input type="checkbox"/>	Measures To Limit Unnecessary Transfer Of Cases: YES <input type="checkbox"/> NO <input type="checkbox"/>

ENVIRONMENTAL MEASURES IN ED:

Pcss Are Cleaned & Disinfected: YES <input type="checkbox"/> NO <input type="checkbox"/>	Soap & Antiseptics Are Available To Patients: YES <input type="checkbox"/> NO <input type="checkbox"/>
Housekeepers Wear Appropriate Ppes: YES <input type="checkbox"/> NO <input type="checkbox"/>	Use Of Detergents & Antiseptics Properly: YES <input type="checkbox"/> NO <input type="checkbox"/>
Curtains Changed Regularly & When Needed: YES <input type="checkbox"/> NO <input type="checkbox"/>	Towels & Bed Linens Are Replaced Regularly: YES <input type="checkbox"/> NO <input type="checkbox"/>
Cleaning Medical Equipment On Scheduled Basis: YES <input type="checkbox"/> NO <input type="checkbox"/>	Terminal Cleaning/Disinfection After Patient Leave: YES <input type="checkbox"/> NO <input type="checkbox"/>

TEMS FOR IMPROVEMENT IN ED:

Different Sizes Of Ppes: YES <input type="checkbox"/> NO <input type="checkbox"/>	Enough Ppes Stock: YES <input type="checkbox"/> NO <input type="checkbox"/>
Compliance Of Staff To Uses Ppes: YES <input type="checkbox"/> NO <input type="checkbox"/>	Hand Hygiene Policy Followed: YES <input type="checkbox"/> NO <input type="checkbox"/>
Transfer Policy Of MERS-Cov Followed: YES <input type="checkbox"/> NO <input type="checkbox"/>	Hygienic Facilities Available: YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsible Personnel For Reporting Of Cases: YES <input type="checkbox"/> NO <input type="checkbox"/>	Available Of The Official Forms For Reporting: YES <input type="checkbox"/> NO <input type="checkbox"/>
Designated Triage Area: YES <input type="checkbox"/> NO <input type="checkbox"/>	Nasopharyngeal Swabs Take In Appropriate Area: YES <input type="checkbox"/> NO <input type="checkbox"/>

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