

Inspection checklist- Healthcare Inst & Nursing Home

Health Services

CLEANLINESS

Which of the following were clean and well maintained?

- ☐ Waste Storage and Disposal ☐ Garbage Bins,Furnishing ☐ Fixture and equipment ☐ Linen
☐ Compound and facility

Were there carpeted flooring?

Yes

No

NA

Were Cleaning and Disinfection schedule updated?

Yes

No

NA

GENERAL CHECK

Select the Sanitary and Hygiene Practices that were followed.

- ☐ Sanitary Conveniences ☐ Handwashing Facility ☐ Hand Sanitizers strategically placed
☐ Water safe and adequate quantity ☐ Water Quality records (if trucked) and trucking information in place

Were temperature done at the entrance building?

Yes

No

NA

Were residents/clients/patients subjected to daily temperature checks and was the same recorded?

Yes

No

NA

Before using were the multi-use devices properly cleaned and disinfected?

Yes

No

NA

In recreational, common and dining areas were social distancing maintained?

Yes

No

NA

Were there separate entry, exits gate?

Yes

No

NA

GENERAL DETAILS

Number of Staff reported absent

Name of Manager/CEO

Number of Shifts Operated

Total number of staff reported not present

Institution

Parent Company (if Applicable)

Address

Email id

Contact Number

Number staff absent due to illness

Number of Residents/Clients/Patients

Average number of clients/patients checked daily

Residents/Clients/Patients Recorded

MEASURES TAKEN TO HANDLE THE PATIENTS

Was there separate area for isolation?

Yes

No

NA

Were MOHW Infection Prevention Control (IPC) measures taken?

Yes

No

NA

Were the records of the workers updated time to time?

Yes

No

NA

Was the contact details of Ministry of Health and Wellness present?

Yes

No

NA

Did the healthcare personnel have personal protective equipment?

Yes

No

NA

PERSONAL PROTECTIVE EQUIPMENT (PPE) USE AND DISPOSAL CHECK

Was the PPE used properly?

Yes

No

NA

Was the guidelines for PPE use and disposal present?

Yes

No

NA

Was the health education pamphlets/ posters attached prominently?

Yes

No

NA

TRANSPORTATION ARRANGEMENTS

Was the register of all contracted drivers and their vehicles well maintained?

Yes

No

NA

Please mark which of the following details were recorded

☐

Staff members transported per trip

☐

Residents/clients/patients or staff transported or transferred to one healthcare facility to another

Was the procedures and guidelines for cleaning and sanitization of vehicles available?

Yes

No

NA

VENTILATION CHECK

Was the natural ventilation used?

Yes

No

NA

Was program on Preventative maintenance observed?

Yes

No

NA

Was the the cleaning and maintenance schedule updated?

Yes

No

NA

Overall comments

textarea