**TOOL TO ASSESS READINESS OF ART CENTERS**

**FOR AIRBORNE INFECTION CONTROL**

**Date of Assessment / Visit: ….. / …… / …..**

|  |  |  |  |
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| **Members of the Readiness Assessment Team of the ART Centre** | | | |
| **SN** | **Name** | **Designation** | **Signature** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

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| **A. General Information** | |
| 1. District and State: | |
| 1. Location of Facility and Contact Details: 2. Name of the Health Care Facility where ART Center is located: 3. Address: 4. Name & designation of In-charge: 5. Contact Phone/Mobile/Fax/e-mail: |  |
| 1. Type of Health Care Facility: (Tick in the list below) : | |
| * 1. **Tertiary Care Facility:** Medical College Private Multi-Specialty Hospital   2. **Secondary Care Facility:** District Hospital. General Hospital , Sub-District Hospital   (SDH) Rural Hospital (RH) , Community Health Center (CHC), Private Centre  (Please specify the facility) | |

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| **B. Health care facility Information** | **Nos. Sanctioned** | **Nos. Filled** |
| 1. Total Number of Staff at facility : |  |  |
| 1. Number of Medical Officers: |  |  |
| 1. Number of Nursing Staff : |  |  |
| 1. Number of other paramedical staff –including pharmacists, counselors, Data Managers) : |  |  |
| 1. Number of other paramedical staff - Class IV (including sweepers, dressers, janitors etc.): |  |  |

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| **Burden of Airborne Infection in *ART Centre: In the last 3 months*** | | | | | |
| **5** | **People Living with HIV/AIDS (PLHIV) on Anti- Retroviral Treatment (ART)** | | | | |
| Number of PLHIV in active care | | Number of PLHIV alive and on ART | Average number of PLHIV visiting the ART center per day ( source: visit register) | | |
|  | |  |  | | |
| **6** | **TB-HIV co-infection and referrals** | | | | |
| Number of PLHIV referred to TB diagnostic facility | | Of the referred, number of patients diagnosed with TB | Of the diagnosed, number receiving Revised National Tuberculosis Control Program (RNTCP) treatment | Total patients enrolled in HIV-TB register | Total number of patients initiated on Co-trimoxazole preventive therapy (CPT) |
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| **7. Administrative CONTROL** | | | | | |
|  | **Elements/Indicators** | **Yes** | **Requested for** | **No** | **Comments** |
| **7. A) Guidelines and Policies** | | | | | |
| **7.a 1** | Facility level infection control (IC) committee or bio-medical waste (BMW) management committee in place. |  |  |  |  |
| **7.a 2** | Composition of the IC Committee / BMW management Committee. |  |  |  |  |
| **7.a 3** | Is the ART center Nodal Officer a member of the Hospital Infection Control Committee (HICC)? |  |  |  |  |
| **7.a 4** | Is Nodal Officer also responsible for IC activities? |  |  |  |  |
| **7.a 5** | Is Nodal Officer trained on IC control activities? |  |  |  |  |
| **7.a 6** | How often does the committee meet? |  |  |  |  |
| **7.a 7** | When was the most recent committee meeting held? |  |  |  |  |
| **7.a 8** | Are the minutes of these meetings maintained and available for review? |  |  |  |  |
| **7.a 9** | Facility IC/BMW management plan available in written form? |  |  |  |  |
| **7.a 10** | Is there an institutional policy to provide N-95 or FFP2 (or higher) respirators to staff who have contact with patients with DR TB and other infectious airborne diseases? |  |  |  |  |
| **7.a 11** | Is a site-specific “facility infection control plan” including AIC been developed and is available to staff at ART center |  |  |  |  |
| **7.a 12** | Has a facility risk assessment for AIC been performed at least annually? |  |  |  |  |
| **7.B) Trainings** | | | | | |
| **7.b 1** | Has Airborne Infection control education/training for ART Centre staff been provided in last 2 years? |  |  |  |  |
| **7.b 2** | Is an Occupational Health Program/HCW surveillance (TB screening and treatment) in place at this facility? |  |  |  |  |
| **7.b 3** | Is Staff training plan for Infection Control /or bio-medical waste in place? |  |  |  |  |
| **7.b 4** | Is Standardized training material on IC training of staff available? |  |  |  |  |
| **7.C) Information and Education** | | | | | |
| **7.c 1** | Is relevant information on AIC available for all patients and visitors and is displayed within the premises? |  |  |  |  |
|
| **7.c 2** | Are patients with cough or other symptoms of TB promptly separated and fast tracked? |  |  |  |  |
| **7.c 3** | Are signages for cough etiquette displayed? |  |  |  |  |
| **7.D) Monitoring and Reporting** | | | | | |
| **7.d 1** | Is the fast tracking of cases also done at other services such as pharmacy, laboratory etc within the institution? |  |  |  |  |
| **7.d 2** | Does the ART center have an updated HIV-TB register? |  |  |  |  |
| **7.d 3** | Are tissues, masks, bins etc available for coughing patients? |  |  |  |  |
| **7.d 4** | Are TB AIC practices monitored daily |  |  |  |  |
| **7.E) Environmental** | | | | | |
| **7. e 1** | Does the facility design, patient flow and triage system comply with what is outlined in the infection control plan and/ or national infection control policy? |  |  |  |  |
| **7. e 2** | Is the waiting area well ventilated (i.e windows and doors open when feasible) and there is clear display of messages on cough hygiene in all areas frequented by patients? |  |  |  |  |
| **7. e 3** | Are patients crowded in hallways or waiting areas? |  |  |  |  |
| **7. e 4** | Do staffs monitor natural and/or mechanical airflow daily (especially in waiting rooms and at least one exam room)? |  |  |  |  |
| **7.e 5** | Any other measures taken by centres for AIC ? if yes write in comments column. |  |  |  |  |
| **7.G) Personal Protective Equipment (PPE)** | | | | | |
| **7.g 1** | Are surgical masks available for patients with cough or other TB symptoms? |  |  |  |  |
| **7.g 2** | Are N-95 or FFP2 (or Higher) respirators readily available to all staff that have contact with patients with TB or suspected of having TB in the center? |  |  |  |  |
| **7. g 3** | Are staffs trained on proper fit of respirators and documentation of training is available? |  |  |  |  |
| **7.H) Infrastructure Available** | | | | | |
| **7.h 1** | No. of doors / windows available for the outer premises |  |  |  |  |
| **7. h 2** | Are Air-Curtains available at the entrance / exist gates / doors |  |  |  |  |
| **7.h 3** | AHU available (Yes / No)  If Yes, is it in working condition?  If Not working, than for how long”  Does it require major or minor repair” |  |  |  |  |
| **7. h 4** | No. of working exhaust fans with CFM capacity.  No. of non-working exhaust fans with CFM capacity  Are the fans been cleaned regularly: |  |  |  |  |
| **7.h 5** | No. of HEPA filters, installed, if any.  If they are cleaned regularly? |  |  |  |  |
| **7.h 6** | No. of working UV lights.  No. of non-working UV lights.  Are the UV lights regularly cleaned and logs maintained? |  |  |  |  |
| **7. h 7** | On which floor is the ART Centre located?  Is there enough free space available around the ART Centre where exhaust can be released? |  |  |  |  |
| **7. h 8** | Is the arrangements available for temperature control in the consulting / waiting areas for all weather conditions with filters (primary dust filters / F2 / HEPA filters in supply / exhaust AHUs) |  |  |  |  |
| **7. h 9** | Is an Agency / departmental resources available for upkeep / maintenance of the Air Handling systems |  |  |  |  |
| **7.h.10** | No. of ACs available, if any, to cover MO rooms / Pharmacy rooms / waiting lounge |  |  |  |  |
| **7.h.11** | *An indicative sketch of ART Centre is attached. ART Centre Incharge is to give approximate dimension of the rooms / premises in case the facility is having different layout, an indicative sketch (may be hand-drawn) with approximate measurements, entry/ exit and air flow may please be attached.* | | | | |

