**RAPID SAFETY AUDIT OF COVID-19-SPECIFIC FACILITIES IN HOSPITALS**

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| **PART 1**  **GENERAL INFORMATION OF THE HOSPITAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (to be filled by the concerned hospital staff)  **Please tick wherever applicable (√)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of the respondent:** | | | | | | | | | | | **Contact No:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Designation of the respondent:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Name of the hospital | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Address with Pincode | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | District | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Name of the LSG | |  | | | | | | | | Municipal Corporation | | | | | | | | | | | Municipality | | | | | | | | | | | | | Grama Panchayat | | | | | |
| 5 | Phone number (Landline): | |  | | | | | | | | Phone number (Mobile): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 6 | E-mail id | |  | | | | | | | | 7. Website | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 7 | Month and year of establishment of the hospital | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Ownership of the hospital | | | | | | | | | | Government | | | | | | | | | | Cooperative/ Trust | | | | | | | | | | | | Private | | | | | | | |
| 9 | Type of healthcare | | | | | | | | | | Primary | | | | | | | | | | Secondary | | | | | | | | | | | | Tertiary | | | | | | | |
| 10 | Total no. of beds | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | a. Name and designation of the Head of the hospital (CEO/ Director/ Superintendent etc.) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. E-mail id | |  | | | | | | | | c. Office number | | | | | |  | | | | | | | | | | | d. Mobile number | | | | | | |  | | | | | |
| 12 | a. Name and designation of the Head of the Institutional Rapid Response Team (RRT) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. E-mail id | |  | | | | | | | | c. Office number | | | | | |  | | | | | | | | | | | d. Mobile number | | | | | | |  | | | | | |
| 13 | Details of the Core Committee members of the Institutional RRT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Role | | | | | | | | | | | | | | | | | | | Mobile Number | | | | | | | | | | | | | | | |
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| 14 | Has the hospital building faced any disasters in the past? (e.g.: flood, landslide, fire etc.) | | | | | | | | | | Yes | | | | | No | | | | | If yes, type of disaster: | | | | | | | | | | | | | | | | | | | |
| Month and year of occurrence: | | | | | | | | | | | | | | | | | | | |
| 15 | a. Total no. of staff |  | | b. No. of medical staff | | | |  | | | | c. No. of para-medical staff | | | | | | | | |  | | | | | | | | | d. No. of non-medical staff | | | | | | | |  | | |
| 16 | Total no. of operating staff shift wise | | | | | | | | | | General shift | | | |  | | | | 1st shift | | | |  | | | | | | 2nd shift | | |  | | | | 3rd shift | | | |  |
| 17 | No. of doctors shift wise | | | | | | | | | | General shift | | | |  | | | | 1st shift | | | |  | | | | | | 2nd shift | | |  | | | | 3rd shift | | | |  |
| 18 | No. of nurses shift wise | | | | | | | | | | General shift | | | |  | | | | 1st shift | | | |  | | | | | | 2nd shift | | |  | | | | 3rd shift | | | |  |
| 19 | Age of the COVID block (in years) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Year of renovation, if done. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Total height of the building (in meters) | | | | | | | | | Above ground level | | | | | | | | | |  | | | | | | Including basements | | | | | | | | | | | | |  | |
| 22 | Total No. of floors (eg: Basement + Ground + First + Second etc.) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | No. of basements | | |  | | | | | | 24. Use of basements (e.g.: parking, labs, laundry etc.) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 25 | Total no. of COVID beds | | |  | | | | | | 26. Total no. of ICU beds | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 27 | Current occupancy of COVID beds | | |  | | | | | | 28. Average no. of COVID patients admitted per day | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 29 | a. Total no. of COVID wards | | |  | | | b. No. of COVID wards with oxygen | | | | | | | | | | |  | | | | | | c. No. of COVID wards without oxygen | | | | | | | | | | | | | |  | | |
| 30 | a. Total no. of COVID isolation rooms | | |  | | | b. No. of isolation rooms with oxygen | | | | | | | | | | |  | | | | | | c. No. of isolation rooms without oxygen | | | | | | | | | | | | | |  | | |
| 31 | a. No. of ventilators available | | |  | | | b. No. of BiPAP/NIV available | | | | | | | | | | |  | | | | | | c. No. of HFO available | | | | | | | | | | | | | |  | | |
| 32 | Are the following specialties available for COVID care? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Medicine | | | | Emergency Medicine | | | | | | | | | Anesthesia | | | | | | | | | | | | | | | | | Critical Care | | | | | | | | | |
| Pediatrics | | | | Nephrology | | | | | | | | | Cardiology | | | | | | | | | | | | | | | | | General Surgery | | | | | | | | | |
| 33 | No. of Operation Theatres | | | |  | | | | | | | | | Is there a CSSD? | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| 34 | Does the hospital have laboratories? | | | | | | | | Yes | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | |
| 35 | Does the hospital have diagnostic radiology? | | | | | | | | Yes | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | |
| 36 | Does the hospital have a pharmacy? | | | | | | | | Yes | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | |
| 37 | Does the hospital have a kitchen and canteen? | | | | | | | | Yes | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | |
| 38 | a. Total no. of staircases | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. No. of internal staircases | | | | | | | |  | | | | Width (in m): | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| c. No. of external staircases | | | | | | | |  | | | | Width (in m): | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| d. No. of fire escape staircases | | | | | | | |  | | | | Width (in m): | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 39 | No. of ramps | | | | | | | |  | | | | Width (in m): | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 40 | a. Total no. of lifts | | | | | | | |  | | | | Total capacity: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| b. Patient lift/ bed lift | | | | | | | |  | | | | Capacity: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| c. Service lifts | | | | | | | |  | | | | Capacity: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| d. Fire lifts | | | | | | | |  | | | | Is lift license available? | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | |