**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 |