

# CLEAN AND SAFE HEALTH FACILITIES (CASH/IPC) PROGRAM IN ETHIOPIA

IMPLEMENTATION MANUAL  
FOR HEALTH CENTERS

**MAY**  
**2021**



## Foreword

In Ethiopia, effort is being made to improve the quality healthcare service provision to citizens. Among the multitude of initiatives currently underway, the protection of patients and healthcare workers from infections and reducing antimicrobial resistance in health facilities has been given particular attention by the Federal Ministry of Health. The current COVID 19 pandemic is also causing huge stress on the health care system through both social and economic impacts therefore infection prevention and control is a mandatory step towards successful control of the pandemic.

Cleanliness of health facilities is an important determinant of quality of care and patient satisfaction. Clean and safe health care facilities create safe environment for patients, attendants, visitors, staff and members of the general public; increased patients confidence in local healthcare settings in relation to environmental hygiene and the organizations commitment to reduce the incidence of health care acquired infections. It is not possible to have a good health facility without being clean and tidy.

To this regard the Federal Ministry of Health started implementing a flagship CASH initiative in an effort to make health facilities clean, safe and comfortable to patients, staff and visitors. The program was first launched in recognition to the currently unacceptable conditions of our health facilities in relation to cleanliness and safety conditions. There has been increasing consensus that the cleanliness of our health facilities particularly health centers are not up to the expectation of acceptable standards and remains to be the source of public complaints on health centers.

Attitudinal problems at all level are the main reasons for the unacceptable situations of our health centers. Not surprisingly therefore, the CASH initiative has targeted attitude changes at all level to make health facilities better. To galvanize the ongoing efforts and to standardize the CASH initiative monitoring mechanism, this national CASH implementation manual has been prepared. The implementation manual has been informed by experiences from similar WHO WASH-FIT and national audit tools from different countries. We have attempted to develop a simple and objective tool that could be used by any health professional. Both internal and external audits are required to track the progress of CASH. Therefore, the implementation manual would pave the way for better integration of the CASH initiative into the revised Ethiopian Health Centers Reform Implementation Guidelines.

Therefore, health centers and administrators at all levels are expected to utilize this implementation manual to support and track the progress of CASH implementation regularly and finding of the audit process need to be promptly acted upon according to the recommendation schedule. Finally, I wish to extend my heartfelt gratitude to all individuals and institutions that have contributed to the realization of this CASH implementation Manual.



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## Acknowledgements

The Federal Ministry of Health acknowledges the commitment and technical support of all individuals and organizations who made the finalization of this implementation manual a reality.

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## Abbreviations/acronyms

CASH: Clean and Safe health facilities

CSD: Clinical service directorate

FMHACA; food, medicine, health care control authority

HCAI: Health care Acquired infection

HEP-PHCD: Health Extension Program and Primary Health Care Directorate

HSQD: Health Service Quality Directorate

ICAP: International Colombia University

IPC: Infection prevention and control

JHPIEGO; John Hopkins program for international education in gynecology and obstetrics

SPMMC; St. Paulo's millennium medical college

UNICEF: United Nations International Child Fund

WASH: Water sanitation and Hygiene

WHO: World Health Organization

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## Terms and Definitions

Below are the descriptions applicable to the key terms used in this manual.

**Cleaning:** procedure that physically removes all visible dust, soil, blood or other body fluid, from inanimate objects as well as removing sufficient number of micro-organism to reduce risk for those who touch skin or handle the object.

**Patient Safety:** - is the prevention of errors and adverse effects to patients associated with health care.

**Infection Prevention and Control (IPC)** - refers to scientifically sound practices aimed at preventing harm caused by infection to patients, health workers and the community. It is a systematic effort or process of placing barriers between a susceptible host (person lacking effective natural or acquired protection) and infectious agents. Infection Prevention and Control is used interchangeably with Infection Prevention in this manual.

**Environmental health:** -addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health.

**Environmental hygiene:** is a group of activities that aims to protect people from dangerous conditions arising from unsanitary shelters, health care facilities, feeding centers, air etc. These conditions include unsanitary water supplies, waste disposal, and housing structures.

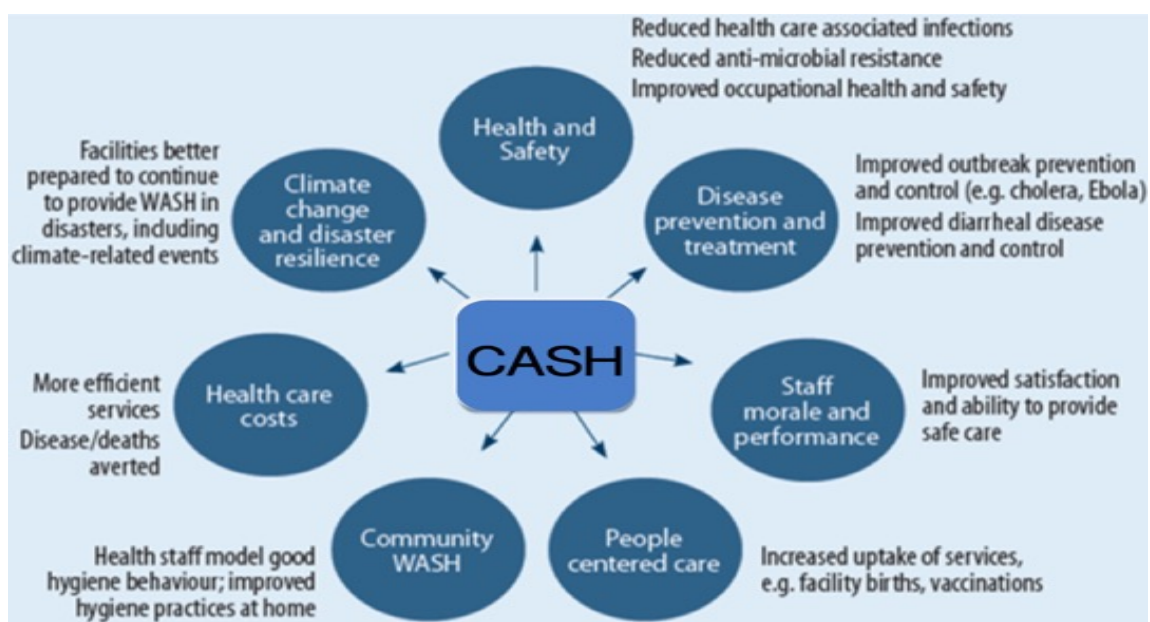
**Healthcare associated infection:** is a term used interchangeably with –healthcare facility acquired infection or –healthcare associated infections (HCAIs) is defined as infections acquired during the course of healthcare interventions, which was not present or incubating at the time of admission.

# 1. Introduction

Health care facilities need to be safe, effective and patient-centered within the context of quality of health care delivery. Cleanliness of health facilities is an important determinant of quality of care and patient satisfaction. A multitude of evidences have showed that health facilities that strictly adhere to CASH standards have significant reduction in Health facility associated infections as well as significantly reduced antimicrobial resistance. Health facilities needs to be responsive to the values, beliefs and culture of patients in all aspects as well as creating a healing health care environment. The objective of Clean and safe health care facilities is to create safe environment for patients, attendants, visitors, staff and members of the general public; increased patient confidence in local health care settings in relation to environmental hygiene and the organizations commitment to reduce the incidence of health care acquired infections. It is not possible to have a good health facility without being clean and tidy.

The essence CASH/IPC is not only about clean appearance of the health facility but also about effective infection prevention at a health care facility. This calls for measurement of cleanliness both in aspects of environmental cleanliness as well as infection prevention measures.

It makes a statement to patients and visitors about the attitudes of staff, managers and the senior management board in their efforts to provide quality care and in the way the health facilities are organized and run. Excellence in patient care is dependent on getting the basic right, making sure that the patients is cared for appropriately and that the general environment is clean, comfortable and safe. Patients should also be the corner-stone in the whole health care delivery process. Implementation of CASH/IPC has got multiple benefits to the patients, health care providers as well as the community at large as depicted in the picture below:



Federal Ministry of health (FMOH) has been designing and implementing various initiatives to improve the accessibility and the quality of healthcare to all citizens. Among these, CASH/IPC initiative has been implemented since 2014 taking into consideration the unacceptable conditions of the health facilities in relation to cleanliness and safety.

## 2. Rationale

The health centers facility management, hygiene and sanitation and infection prevention & control guide is provided through multiple protocols and guidelines. Therefore it is important to focus on clean and safe health facility (CASH) interventions at health centers. In order to ensure coordinated CASH implementation; it is necessary to have an implementation manual that focuses on the health center facility management, sanitation and hygiene. This implementation manual is intended to guide the effective implementation, monitoring and evaluation of CASH activities at health centers. Users of the manual (Audience)

This manual is intended to be used by program managers at FMOH, RHB, ZHD and WHO. It is also expected to be used by partners working on the programs as well as health care providers at hospitals (with EHIAQ) and health centers.

## 3. Objectives

- Ensure Health centers achieve CASH standards through CASH audit cycles.
- Guide implementation of CASH program at all levels.
- Guide monitoring and evaluation of CASH implementation at all levels

## 4. Guiding principles and approaches

### 4.1 Guiding principles

It is important that CASH implementation need to follow guiding principles that ensures all CASH interventions are implemented in all the units, departments and service outlets of health centers by all relevant stakeholder. The following are some of the guiding principles that all CASH implementers need to note during their activities:

- Continuity
- Sustainable
- Comprehensive
- Responsibility of all units/individuals
- Efficiency
- Commitment

### 4.2 Approach

- Engage staffs on Clean and Safe health facility
- Attitude and behavior change towards health care facilities cleanliness and safety
- Sustained advocacy and communication on health care facilities cleanliness and safety
- Conduct regular cleanliness activities as well as regular cleaning campaigns as per the CASH audit tool
- Implement infection prevention, facility management standards
- Integrate CASH/IPC activities on cascaded annual plan and report
- Create a sense of ownership and make CASH/IPC everyone's priority agenda through health development army, patient/care giver forum, community forum etc.
- Development and implementation of cleaning manual, standards and tools
- Conducting internal and external audits and establish recognition mechanism



## 5. Role and responsibilities

### Ministry of Health (MOH):

- Responsible to oversee the initiative nationally.
- Prepares national policy, guideline, manuals, standards and tools.
- Provides capacity building on cleaning to RHBs and health facilities.
- Supports the efforts for cleanliness by providing financial, material and technical support.
- Mobilizes resources for the initiative.
- Conducts sustained advocacy and communication to mobilize the public
- Develop monitoring and evaluation framework and conduct regular M&E
- Documents best practices and prepare change package for scale up Conduct external audit of cleanliness and safety of health facilities and recognize best and worst performing hospitals.

### Regional Health Bureau (RHB):

- Oversee the regional health facility clean and safe initiative
- Conduct sustainable advocacy and mobilization to the public
- Liaise with MOH cleanliness project unit to implement the initiative
- Mobilize resources
- Conduct regular M&E with the regular time table and provide regular feedback
- Document best practices and prepare change package for scale up as well as arrange experience sharing among zones, woredas, health centers
- Conduct external audit
- Provide support for the Zonal Health office, Woreda Health Office and health facilities

### Zonal Health Office/Sub-city Health Office/ Woreda Health Office

- Oversee the Woreda health facility clean and safe initiative
- Conduct sustainable advocacy and mobilization to the public
- Liaise with Zonal Health Office /RHB in relation to the CASH/IPC implementation initiative
- Mobilize resources
- Conduct regular M&E with the regular time table and provide regular feedback
- Document best practices and prepare change package for scale up as well as arrange experience sharing among woredas and health centers
- Conduct external audit
- Provide support for the health facilities

### Health Facilities:

- Organize multi-professional CASH/IPC team to coordinate and facilitate the CASH implementation process
- Mobilize and allocate resources (human and supplies)
- Conduct baseline and ongoing health facility assessment and prepare performance improvement plan
- Include CASH/IPC initiative performance as a standing agenda in public platforms such as (Morning session, HDA, staff forum, caregiver forum)
- Prepare and sign service level agreements with departments/case teams/ and staff.
- Mobilize and engage all staff, care givers, and patients on regular room based & facility wide cleaning campaign.
- Implement and continuously monitor the standards for CASH/IPC

- Develop facility level policy & procedure on cleanliness and safety and arrange orientation for all staff, patients, attendants and visitors.
- Improve water supply system by making alternate/backup water sources.
- Establish a system of monitoring & evaluation to keep track of CASH/IPC implementation.
- Design recognition mechanism for best performing departments/case teams to create a positive competitive environment.
- Provide training to all staff
- Partners operating in the facility are expected to support the implementation of CASH/IPC as deemed necessary by the facility.

## **CASH/IPC coordination committee within a facility**

The team members are;-

- Health center head -----chair
- CASH/IPC focal-----secretary
- Pharmacy, laboratory, MCH, OPD, emergency department heads-----member
- Janitor head-----member
- Laundry head-----member
- HR head-----member

The roles and responsibilities of the committee are listed below;-

- Develop CASH/IPC specific action plan and cascade to department/Case team level
- Support the implementation of the facility CASH/IPC performance improvement plan
- Conduct ongoing CASH/IPC assessment, use the assessment findings to prepare improvement plan, and give feedback to facility management/SMT & department/Case team
- Conduct regular team meetings, set action points at each meeting and document minutes
- Organize facility wide cleaning campaign on monthly basis
- Establish surveillance and report system for Health Care Acquired Infection
- Monitor and support health posts and HEW

## **Full time Environmental health officer/designated CASH/IPC focal person**

- Act as a secretary at CASH/IPC implementing team
- Follow facility CASH/IPC practice regularly
- Conduct daily supervision at key functional areas and give feedback to CASH/IPC implementing team
- Participate on senior management team representing CASH implementing team

## **Department /case team Head**

- Proper utilization of CASH audit tool distributed by CASH implementing team
- Supervise the cleaning of respective departments
- Make CASH/IPC a priority agenda of HDA to change attitude on cleanliness
- Conduct regular cleaning campaign at department/case team level with all staff
- Provide report to CASH implementing team

## **All staffs**

- Every staff is responsible to keep his/her working area clean and safe all the time
- Practice CASH/IPC standards at all time at work
- All staff should attend trainings organized by the facility

- All staff expected to participate department and facility level CASH campaign
- Expected to report when there is cleaning problem in the working area
- Orient clients/patients and care givers/visitors on their roles and responsibilities

## **CLIENT/Patients**

- Practice hand washing regularly using soap and water:
- Have regular washes, showers or baths and wear pajamas. Please ask health center staff if you need any assistance.
- Make sure that staffs have washed their hands before having direct contact with you.
- Please remember that you can ask health facility staff to wash their hands – they will be happy to do so, as your health is their priority.
- Keep your room/bed space tidy and uncluttered so staff can clean more easily.
- Ask your room to be cleaned every day.
- Do not store food items and utensils on the bed sides.
- Request to have fresh bed linen and pajamas at least once a week.
- Tell the nurse in charge if you are concerned about cleanliness.
- Let staff know immediately if you have diarrhea or vomiting
- Dispose wastes in the right labeled containers
- Attend health education sessions in the health center

## **Visitors / Care givers**

- Do not visit if you are unwell.
- Try to keep your visits to a minimum if there is an outbreak of diarrhea and vomiting on the facility you are visiting. Staffs will advise you.
- Plan your visits so there are only two people at the bedside at any one time.
- Do not sit or sleep on any patients beds.
- Complying appropriate hand washing practice using soap and water.
- Do not touch your relative/friend's wound or any medical equipment provided for them.
- Check with nursing/other staff before bringing babies and young children to health center for visit.
- Tell the nurse in charge if you are concerned about hygiene & cleanliness.
- Ask the staff what items are allowed to bring to the health center
- You may have to take special precautions if the person you are visiting has an infection and is put into isolation away from other patients on a side room. Please follow the advice that the staff give you.

## **6. IPC measures for covid-19**

Infection prevention & control procedures including administrative rules and engineering controls, environmental hygiene, correct IPC practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent COVID-19 infections from spreading during healthcare delivery. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare workers, and visitors at the healthcare facility. Infection prevention & control procedures should be implemented in health care facilities by all staff.

Preventing transmission of respiratory pathogens including COVID-19 in healthcare facilities requires the application of infection prevention and control procedures and protocols. They include the following:

1. Early recognition and source control
2. Application of Standard Precautions for all patients
3. Implementation of empiric additional precautions; airborne and contact precautions. If airborne precautions are not feasible; apply droplet precautions instead.
4. Administrative controls
5. Environmental and engineering controls

The facilities should implement all these strategies simultaneously. The success of the implementation depends on the presence of clear administrative policies and organizational leadership that promote and facilitate adherence to these recommendations among the various people within the healthcare setting, including patients, visitors, and HCWs. IPC Measures should be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting.

## **6.1. PROTOCOL FOR INFECTION PREVENTION AND CONTROL DURING HEALTHCARE WHEN SARS COV-2 INFECTION IS SUSPECTED**

These protocols will be used by health care providers, professionals working in isolation unit and treatment center, rumor verification and investigating professionals, laboratory professionals, supportive staff (ambulance drivers, cleaners and laundry personnel) and the public in general and will help in preventing the transmission of infection with in isolation units, treatment centers and the general public.

This IPC protocols are based on WHO infection prevention and control during health care SARS CoV-2 infection interim guidance, Ethiopian National Infection Prevention and Control Guideline, WHO guideline on hand hygiene in health care and WHO putting on and taking off PPE.

### **For Rumor Verification and Rapid Response Team (RRT) do the following:**

- Before departure ensure that all the necessary IPC Supplies are available within the Vehicle.
- Each team member should be proficient on Rational, correct, and consistent use of available PPE and appropriate hand hygiene.
- During investigation wear appropriate Personal Protective Equipment based on the risk assessment.
- Ensure proper IPC protocols are followed during sample collection and transport.
- Ensure proper disinfection and cleaning for all contaminated environmental surfaces.
- After investigation ensure disinfection of temperature monitoring devices, any reusable Personal Protective Equipment and any other non-critical equipment using 70% Alcohol based Swabs using new gloves.
- Ensure that all wastes are secured and sealed in a leak proof biohazard bag for appropriate disposal.

### **Early Recognition and Source Control**

- Ensure establishment of sustainable IPC infrastructures and activities.
- Ensure HCWs training, patients' care givers education.
- Ensure prompt reporting for laboratory testing for identification of the etiologic agent.

- Ensure that professional working in clinical triage team have adequate training on SARS CoV-2 to ensure high level of clinical suspicion.
- Ensure that Posters are posted in public areas reminding symptomatic patients to alert HCWs that includes case definitions of suspected, probable and confirmed cases for SARS-CoV-2.
- Health Education programs should emphasize on respiratory hygiene as an important preventative measure that take account of covering mouth during coughing and sneezing with tissue or flexed elbow.
- Ensure appropriate waste management protocol.
- Ensure provision of dedicated waiting areas for symptomatic patients and appropriate placement of hospitalized patients promoting an adequate patient-to-staff ratio. Suspected SARS-CoV-2 patients should be placed in an area separate from other patients, and additional IPC (droplet and contact) precautions promptly implemented.

### **For Isolation Unit / Treatment Unit**

- In addition to Standard Precautions, all individuals, including family members, visitors and HCWs should apply Contact and Droplet precautions.
- Ensure patients are placed in adequately ventilated single rooms at least 12 air exchange rate per hour (ACH).
- If and only if single rooms are not available, cohort patients suspected of SARS-CoV-2 Infection together but never place suspected cases with confirmed patients and ensure 1m distance between cases.
- Ensure placement of policies on prevention of overcrowding especially in the Emergency department and isolation/ treatment units.
- Each healthcare worker working in SARS-CoV-2 infected or suspected cases should be proficient on rational, correct, and consistent use of available PPE and appropriate hand hygiene.
- During care health care workers should wear appropriate Personal Protective Equipment based on the risk assessment.
- Use N95 respirators; eye/ facial protection (i.e., goggles or a face shield); clean, non-sterile, long-sleeved fluid resistant gown; gloves.
- If equipment (example: BP apparatus, thermometer, etc.) needs to be shared among patients, clean and disinfect between each patient use (e.g., ethyl alcohol 70%).
- Refrain from touching eyes, nose or mouth with potentially contaminated hands.
- Ensure strict hand Hygiene practice, if hands are visibly soiled, wash hands with soap and water, if visible clean use Alcohol Based Hand Rub.
- Ensure proper IPC protocols are followed during sample collection and transport.
- Avoid the movement and transport of patients out of the room or area unless medically necessary. Use designated portable X-ray equipment and/or other important diagnostic equipment.
- If transport is required, use pre-determined transport routes to minimize exposures to staff, other patients and visitors and apply medical mask to patient.
- Ensure that health care workers who are transporting patients wear appropriate PPE as described in this section and perform hand hygiene.
- Notify the receiving area of necessary precautions as soon as possible before the patient's arrival.
- Ensure routine environmental cleaning and patient-contact surfaces using 0.5% chlorine Solution and disinfect non critical equipment using 70% Alcohol.
- Limit the number of HCWs, family members and visitors in contact with a patient with suspected SARS-CoV-2 infection.

- Ensure proper waste management protocols.
- Maintain a record of all persons entering the patient's room including all staff and visitors.

## General Precautions

This part of the protocol will be applicable if and only if the infection is confirmed in country. Once the outbreak is declared:

- Cough hygiene should be implemented by the general public including covering mouth during coughing and sneezing with tissue or flexed elbow.
- All personnel should wear surgical masks.
- Do not shake hands, and if you do Apply ABHR or wash hands thoroughly with soap and water
- Avoid contact with a patient who is suspected or conformed for nCoV
- Limit movement to essential purpose only
- Ensure adequate ventilation at homes
- Avoid thirst of throat, maintain rehydration

## List of IPC Materials Required

- N95 mask
- Long sleeved disposable gown
- Disposable glove
- Temperature monitoring device
- Alcohol Based Hand Rub (ABHR)/ Sanitizer
- 70% Alcohol
- Leak proof biohazard bag
- 0.5% Chlorine Solution

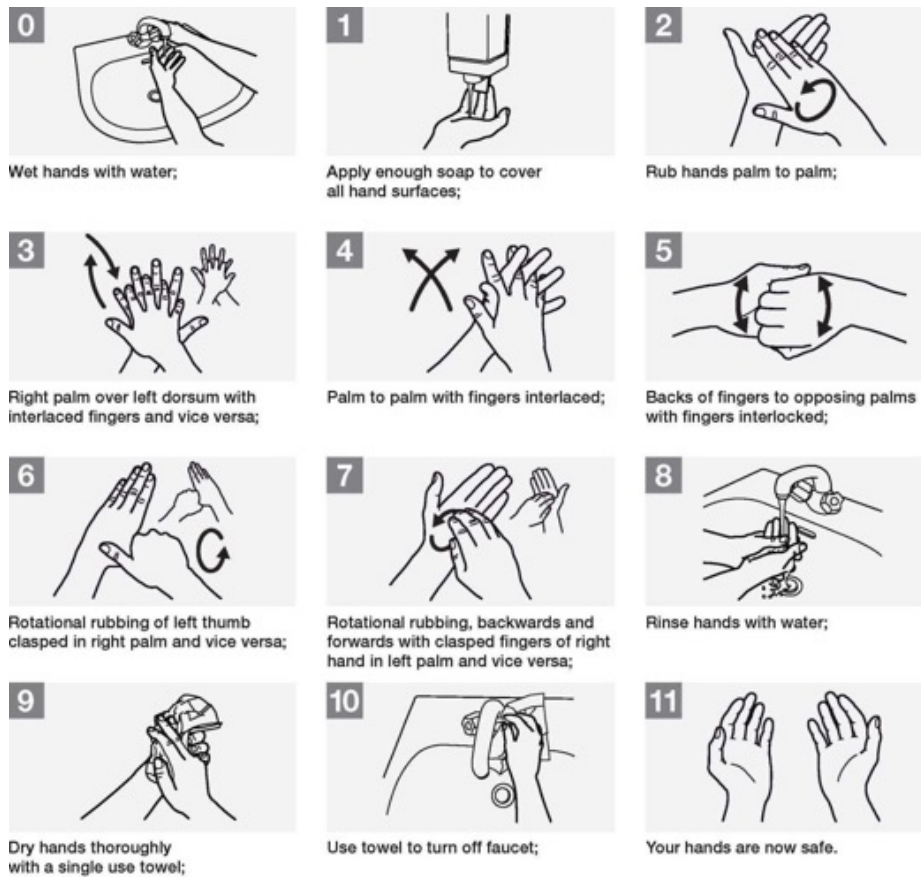
## Hand Hygiene Procedures

- All team members should perform consistent and appropriate hand hygiene procedures:
- Hand hygiene is the process of removing soil, debris, and microbes by cleansing hands using soap and water, ABHR, antiseptic agents, or antimicrobial soap.
- Hand washing is the process of mechanically removing soil, debris, and transient flora from hands using soap and clean water.
- Alcohol-Based Hand Rub (ABHR) is a fast-acting, antiseptic hand rub that does not require water to reduce resident flora, kills transient flora on the hands, and has the potential to protect the skin (depending on the ingredients).

## Practice good hand hygiene

- Clean your hands frequently throughout the day, also remember the 5 moments for hand hygiene
  1. Before touching patient
  2. After touching a patient
  3. After touching patient surroundings
  4. After exposure to body fluids
  5. Before doing procedure
- Use an alcohol-based hand rub (for at least 20 seconds) or soap and water (for at least 40 seconds) to clean hands. if hands visibly soiled, ensure you use soap and water.
- Follow these steps to clean hands;
- If using hand rub, apply palmful to cupped hand. If using soap and water, roll up sleeves, rinse hands in clean water and apply soap to palm.

- Clean your hands using steps:



**Figure 3: Hand Washing Procedure**



**Figure 4: Alcohol Based Hand Rub Procedure**

## 2. Practise good respiratory hygiene

- Cover mouth and nose with a tissue or elbow (not hands) when coughing or sneezing. If using a tissue, discard immediately and wash hands.



- Wear a medical mask or N95 respirator according to your task.
- While wearing mask/respirator, avoid fiddling with or touching outside surface at all times. If touched, perform hand hygiene immediately.
- Provide medical mask for patient with suspected or confirmed COVID-19.



- Perform hand hygiene if contact with respiratory secretions.



- Avoid touching your eyes, nose and mouth with unwashed hands.



Figure 5: practice respiratory hygiene

## 5. Wear appropriate Personal Protective Equipment (PPE)

- Precautions are required by health workers to protect themselves and prevent transmission of COVID-19. This includes the appropriate use of PPE.
- Help ensure a safe supply of PPE by using it appropriately and only when indicated.
- Wear PPE according to your task:

**Triaging or screening patients:**

- Medical mask

**Managing a patient or collecting respiratory specimens in patient with suspected/confirmed COVID-19:**

- Medical mask
- Goggles/visor
- Gown
- Gloves

**Performing aerosol-generating procedure<sup>1</sup> in patient with suspected/confirmed COVID-19:**

- N95 respirator
- Goggles/visor
- Gown
- Apron (if gown is not fluid resistant)
- Gloves

### When do I change my PPE?

- Change gloves between each patient.
- Change apron/gown if wet/dirty/damaged or after performing aerosol-generating procedure<sup>1</sup>.
- If using **medical mask**:
  - May be used continuously for up to 6 hours if severe shortage of supply.
  - Discard after 6 hours of use or sooner if displaced, touched by unwashed hands, gets wet/dirty/damaged or difficult to breathe through.
- If using **N95 respirator**:
  - Ideally, respirator should be used once only and then discarded. However respirator may be used continuously for up to 6 hours if severe shortage of supply.
  - Avoid touching outside surface of respirator at all times. If touched, wash/disinfect hands immediately and change gloves.
  - Discard after 6 hours of use or sooner if displaced, touched by unwashed hands, gets wet/dirty/damaged or difficult to breathe through.

Figure 6: Wear PPE

### How do I put on PPE correctly?

- Ensure you always first put on PPE correctly, even before performing CPR or other emergency procedures.

- 1 Clean hands for at least 20 seconds**

  - Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.
- 2 Put on gown/apron**

  - If gown, fully cover torso from neck to knees, arms to end of wrists, and wrap around back. Fasten at back of neck and waist.
  - If apron, place loop over head and fasten around waist.
  - When fastening, use bow (not a knot) for easy release.
- 3 Put on mask/respirator**

  - Secure ties or elastic bands at middle of head and neck.
  - Mould flexible band to nose bridge (do not pinch).
  - Ensure mask is pulled down under chin.
  - If respirator, check good fit by breathing in and out: mask should move in and out with breath.
- 4 Put on goggles/visor**

  - Place over face and adjust to fit.
- 5 Put on non-sterile gloves**

  - Extend gloves to cover wrists/end of gown.

Figure 7 Putting on Personal Protective Equipment (PPE)



### How do I remove PPE safely?

- Before leaving patient's room, remove all PPE except mask/N95 respirator.
- After leaving patient's room, close door and then remove mask/N95 respirator.
- When removing PPE, remember that outside of gloves, goggles/visor, gown/apron and mask/respirator is contaminated: if your hands touch the outside of any of these items during removal, immediately clean hands before removing next item.






<b>1 Remove gloves</b> <ul style="list-style-type: none"><li>• Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.</li><li>• Hold removed glove in gloved hand.</li><li>• Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.</li><li>• Discard in medical waste bin.</li></ul>	
<b>2 Remove gown/apron</b> <ul style="list-style-type: none"><li>• If wearing a visor (not goggles), remove visor as below before removing gown/apron.</li><li>• Unfasten gown/apron ties. Ensure sleeves don't touch body when doing this.</li><li>• If gown: pull gown away from neck and shoulders, touching only inside of gown. Turn gown inside out.</li><li>• If apron: pull over head and roll downwards, touching only inside of apron.</li><li>• Fold or roll in to bundle and discard in medical waste bin.</li></ul>	
<b>3 Clean hands for at least 20 seconds</b> <ul style="list-style-type: none"><li>• Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.</li></ul>	
<b>4 Remove goggles/visor</b> <ul style="list-style-type: none"><li>• Remove goggles/visor from back by lifting head band or ear pieces.</li><li>• Place in container for reprocessing.</li></ul>	
<b>5 Remove mask/respirator</b> <ul style="list-style-type: none"><li>• If mask, first untie/break bottom ties, then top ties and remove without touching front of mask.</li><li>• If respirator, first grab bottom elastic, then top elastic and remove without touching front of respirator.</li><li>• Discard in medical waste bin.</li></ul>	
<b>6 Clean hands for at least 20 seconds</b> <ul style="list-style-type: none"><li>• Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.</li></ul>	

Figure 8: Putting off Personal Protective Equipment (PPE).

## Environmental Cleaning

- All contaminated surfaces should be cleaned with 0.5% chlorine solution, prior to cleaning with water and detergent
- Or correctly follow the usual procedures to clean the facility environment
- Clean all linens or the similar supplies using existing laundry or forms of cleaning in Precautionary manner
- Do not share items among patients before cleaning them properly
- All disposable wastes should be managed as if they are infectious
- Clean ambulance and stretchers, wheelchairs with 0.5% chlorine after infected patient transported

## Waste Management

- All medical and non-medical wastes should be collected, sealed and secured in leak proof biohazard bag and be transported in a manner that poses minimum risk to health careprovider, patients and community
- All leftover foods/items from patients should be managed as other medical wastes
- Wastes should be disposed in an incinerator designed for medical waste disposal

### 3. Practise good environmental infection control

- Clean and disinfect at least once a day:
  - All frequently touched surfaces, like workstations, telephones, keyboards, counter tops, doorknobs and medical equipment.
  - All surfaces that patients have contact with.
- First clean with soap and water then wipe with hospital disinfectant like sodium hypochlorite (5000 ppm) or 70% ethyl alcohol.



- Avoid touching surfaces unless necessary.
- Leave doors open if possible, or use feet/hips to open doors instead of using door handles.



- If possible, use disposable or dedicated equipment (like stethoscopes, blood pressure cuffs, thermometers).
- If sharing equipment between patients, clean and disinfect between each use.
- Avoid performing aerosol-generating procedures<sup>1</sup>, unless essential. If essential, ensure appropriate PPE is worn.

- Ensure laundry, food utensils and medical waste are managed according to safe standard procedures.
- Change linen regularly and send to laundry marked as infectious.



### 4. Manage patient flow within facility

- Have a separate, well-ventilated triage area near facility entrance for patients with respiratory symptoms.



- If suspected COVID-19, give patient a medical mask and isolate in well ventilated single room.
- If single room not available, isolate patient in separate area allocated for patients with suspected COVID-19.
- Ensure adequate ventilation and maintain a distance of at least 1 metre between patients.



- Limit patient movement within facility:
  - If possible, perform tests and procedures in patient's room and use portable x-ray equipment.
  - Ensure patient wears a medical mask if needing to move through facility.

- Limit people in contact with patient, including health workers.
- Avoid visitors. If essential, ensure visitor cleans hands thoroughly on arriving and leaving, and wears medical mask.



Figure 9: Environmental and traffic flow management

### 6. How to transition between home and work

- Follow these principles to protect yourself at work and to protect your family by not bringing COVID-19 home.

#### What must I do before leaving home and arriving at work?



#### Clothes

- Wear dedicated simple clothing (like short-sleeved t-shirt and pants) and cheap/old, dedicated work shoes. If long sleeves, keep them rolled up.
- Hot wash and dry clothes daily (or alternate 2 sets if unable to dry daily).
- Avoid wearing a belt, jewellery and a lanyard.
- Avoid a cloth surgical cap, use a disposable cap instead.



#### Phone, wallet and keys

- Leave wallet at home – bring essentials (like access card, drivers licence, bank card) in sealable plastic bag.
- Remove protective case from phone. Consider keeping phone in closed, sealable plastic bag and change this daily.
- Keep your phone in your pocket/bag, avoid placing it on work surfaces. Leave it on loud volume.
- If able, wipe phone down between each patient.
- Keep your keys in your pocket/bag and do not remove until after you have washed hands when leaving work.



#### Food and drink

- Bring lunch from home in reusable fabric shopping bag, avoid bought lunches from canteen/tearoom.
- Use own water bottle, avoid water coolers, kitchens and bought drinks.



#### What can I do to protect my family when leaving work and arriving home?

- Leave pen at work. Frequently coat it with alcohol hand rub throughout the day.

#### When leaving work:

- Remove work clothes and place in plastic bag to take home.
- Perform thorough hand and arm wash.



- Keep alcohol hand rub in car/bag and use to clean hands.

#### When you arrive home:

- Remove shoes and leave outside before entering home.



- If not already changed, remove work clothes at front door. Put these (or clothes in bag if changed already) straight into a hot wash, along with reusable fabric shopping bag. Then thoroughly wash hands.



- Immediately have hot shower/bath/wash.
- Avoid hugs, kisses and direct contact with family members until after shower/bath/wash.



Figure 10: Transition between home and work

## Sample Transportation

- Ensure that personnel who transport specimens are trained in safe handling practices and decontamination procedures
- Follow the requirements in the national or international regulations for the transport of dangerous goods (infectious substances) as applicable
- Deliver all specimens by hand whenever possible. Do not use pneumatic-tube systems to transport specimens
- Notify the receiving laboratory as soon as possible that the specimen is being transported.
- Packaging and transportation of specimens within national borders should comply with applicable national regulations and international standards.
- International Transport Regulations: SARS-CoV-2 specimens should follow the UN Model Regulations for international transportations

## 7. CASH/IPC/IPC Implementation Phases

CASH/IPC implementation follows five process or steps indicated below:



### 7.1.Phase I: Preparation and organizing

This phase forms the most important part of program to meet the set objectives. It involves:

- Provide orientation on CASH implementation to all facility staffs, distribute manuals and tools.
- Development of important guidelines, strategies, tools and manuals and standards.
- Establish CASH/IPC committee at different levels of the facility with relevant members.
- Identify and engage stakeholders
- Defining role and responsibilities
- Resource mobilization
- Governance structure defined along with an appropriate monitoring mechanism.
- Communication and advocacy activities before the launch of the initiative.

## 7.2.Phase II: Assessment

- Assessment will be conducted using the nationally prepared CASH audit tool as a base line then regularly every three months.
- Different health facility functional areas/units could pose varying risk conditions in terms of infection transmission (susceptibility to infection and or infectiousness). Therefore, it will be necessary to classify the risk level of the specific unit before executing the assessment and the subsequent planning.

The table below depicts such classification

**Table: Functional areas risk category**

Category 1: Very High Risk	Category 2: High Risk
<ul style="list-style-type: none"> <li>• Control of infection wards &amp; areas co-hosting</li> <li>• Operating theatres</li> <li>• Incinerator</li> <li>• Placenta pit</li> <li>• Remaining body part pit</li> <li>• Sewerage</li> <li>• Laundry</li> </ul>	<ul style="list-style-type: none"> <li>• CSSD, Accident and Emergency</li> <li>• Isolation rooms and catering facilities</li> <li>• OPDs including;-</li> <li>• Treatment rooms &amp; Clinical Consult Rooms / Radiology</li> <li>• Wards-Maternity, CCU and surgical</li> <li>• Laboratory</li> </ul>
Category 3: Moderate Risk	Category 4: Low Risk
<ul style="list-style-type: none"> <li>• Rooms-All other room types</li> <li>• Day activity areas (Noninvasive)</li> <li>• General pharmacy</li> <li>• Mortuary</li> <li>• Radiology &amp; Medical Imaging</li> <li>• OPD, Treatment &amp; clinical consult Rooms (Noninvasive)</li> <li>• Public thoroughfares</li> <li>• Residential/On-call/overnight accommodation</li> <li>• Main stairwells</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative areas</li> <li>• Non-sterile supply areas</li> <li>• Record Storage and archives</li> <li>• External Surrounds</li> <li>• Central Stores</li> <li>• Fire escapes</li> <li>• Library</li> <li>• Meeting Rooms</li> <li>• Retail areas</li> <li>• Staff Change Facilities</li> </ul>

## 7.3. Phase III: Planning

- The planning phase essentially involves the following steps and these apply for all levels:
- Promptly review the assessment findings and set priority areas to be addressed during the current planning phase (See Annex –on how to analyze and prioritize interventions).
- In the plan, determine /identify the resources (Human. Time, material and financial) required for effective implementation of the interventions.
- Orient all relevant staff and secure management buy-in before embarking on implementation of interventions.
- Prepare joint plan on how to monitor implementation of interventions.

## 7.4. Phase IV: Executing the action plan

- Implementation is carrying out the action plan in to practice and may involve the following key steps:
- Take action plan steps according to the time line
- Follow agreed up on roles and time frames
- Communicate and hold meetings with key individuals to investigate how actions are progressing and identify any barriers to progress

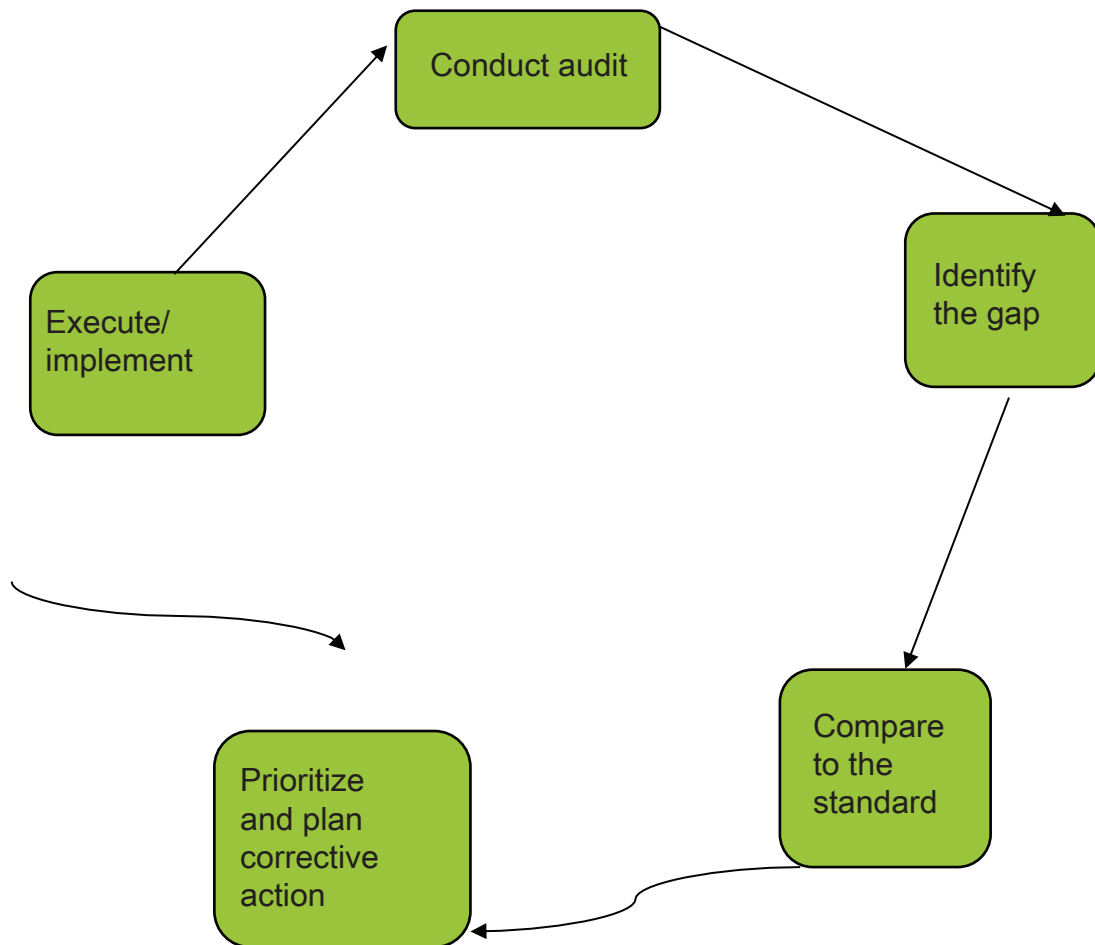
## 7.5. Phase V: Monitoring and Evaluation

Monitoring the progress of the CASH/IPC implementation at all levels is very important to track the progress and identify best practices. The aim of setting standards of cleanliness and safety is to ensure that everyone can determine whether the facility is sufficiently clean and safe irrespective of the service provider.

This requires measurement to ensure standards remain high. A documented monitoring plan ensuring all functional areas are assessed in accordance with their risks is important. However an overall audit/assessment using the nationally prepared audit tool is expected to be conducted every three months. An audit process is conducted to improve facility cleanliness and safety according to the standard. Timely and effective feedback and reporting is crucial for the facility itself. Besides to this, the overall all audit score which is conducted quarterly is expected to be sent to the next level (Woreda, Zonal, regional health bureau and Federal Ministry of health).

## 8. Audit process

The aim of setting standards of cleanliness is to ensure that everyone can determine whether the health center is sufficiently clean irrespective of the service provider. This requires measurement to ensure standards remain high. A documented monitoring plan ensuring all functional areas are assessed in accordance with their risks is important. The audit process steps;



## There are three aspects of the audit process

An audit process at technical, managerial and external level should be considered to ensure health center cleanliness as per the standard. Timely and effective feedback and performance information should be provided following the audit process. Targets and outcomes for achievement should be shared for wards and the health center as a whole and teams need to be encouraged to steadily improve performance.

There are three levels of auditing procedure: technical, managerial and external. The duration and frequency of each audit is discussed below based on the auditing levels from technical to external. The technical audits include regular audits by frontline supervisory staff such as cleaning services heads and department managers and it is performed as part of the daily management and supervision of cleaning services. These staffs should conduct regular audit based on the frequency for conducting internal audit and response time mentioned in the table below.

On the other hand, managerial audits include regular scheduled multidisciplinary team audits that form part of the ongoing management supervision of cleaning services. Multidisciplinary audit team members should include cleaning service head, nurse managers, management members, IP focal, food services manager, and patient representative, etc. These teams should conduct the auditing at least quarterly.

Additionally, patient attendants could be used to conduct audit of respective rooms with proper guidance, orientation and collaboration with nurses. This assignment should be voluntary and based on rotation basis making sure that all attendants in the room assume responsibility.

External audits are done to validate the internal audit process and provide an independent and objective assessment of cleanliness and safety. These can be facilitated by an external team or a monitoring unit from Woreda, Zonal, regional health bureau and Federal Ministry of health. Personnel involved in auditing should have a detailed knowledge and understanding of health care facilities cleaning services, be competent to judge what is acceptable in terms of cleanliness and safety. External audits should be conducted quarterly at woreda, biannually at zonal, and annually at regional and federal level.

The audit findings shall be used to constantly improve the cleanliness and safety condition as well as provide recognition and awards to most improved health care facilities. The recognition process would be integrated in to the recognition mechanism of the Ethiopian Primary health care alliance for quality (EPAQ) initiative.

### Frequency for conducting internal audit and response time

Risk	Frequency for Internal Audit	Time frame for corrective action
Very High Risk	Two times a week	Immediately
High Risk	Weekly	Immediately
Moderate Risk	Monthly	Within 24 hour or up to a week depending on infection and safety risk

## 9. Using the Audit Tool

- The Audit tool has a total of 31 standards for Health Center which are used to audit/measure Clean and Safe Health Care Facility
- Each standard has specification criteria's that facilities are expected to meet all.
- During auditing/assessment different means of verifications are used
  - ✓ Review documents
  - ✓ Observational
  - ✓ Interview

The audit tool is designed and convenient to check and tick each verification criteria on the assessment tool.

- Standards that fully met the verification criteria's (100%) score and labeled Green
- Standards that partially met the verification criteria's (above 50% and below 100%) score and labeled yellow
- Standards that partially met the verification criteria's (below 50%) score and labeled Red.

The CASH audit score can be calculated using the below formula and can also be used for each thematic area and to calculate the overall audit score.

$$\text{CASH Audit Score} = \frac{(\sum \text{SCORE FOR EACH STANDARD}) * 100\%}{\text{Total Number of standards} * 2 (62)} = \underline{\hspace{2cm}}$$

## 10. Annexes:

- Annex 1. Health centers CASH/IPC audit tool
- Annex 2. Clinical areas checklist
- Annex 3. Risk prioritization
- Annex 4. Sample risk assessment table
- Annex 5. Sample improvement action plan

## Annex 1 CASH/IPC AUDIT TOOL- HEALTH CENTER

### HEALTH CENTER CASH/IPC AUDIT TOOL

#### Health Center General Information

Date of Assessment			
Region, zone/sub city, city administration/ woreda			
Health center name			
Medical Director/PHCU director	Name		
	phone no		
	Email		
CASH coordinator/focal person	Name		
	phone no		
	Email		
Staff- number (total)			
Clinical staff			
Supportive staff			
Number of Environmental health officers			
Number of Cleaners			
Number of Laundry workers			
Name of supervisors/auditors			
	<b>S.no</b>	<b>Name</b>	<b>signature</b>
	1		
	2		
	3		
	4		



1. STRUCTURE AND MANAGEMENT					
No	Standards	Verification Criteria's	Means of verification	SCORE	REMARK
				2	
1.	The governing board should support and monitor CASH / IPC activities	<ul style="list-style-type: none"> <li>The governing board allocate budget for CASH activities support</li> <li>monitor CASH/IPC activities</li> </ul>	<ul style="list-style-type: none"> <li>Observe minute and report of budget and other necessary materials allocation</li> <li>Observe the board monitoring checklist and feedback</li> </ul>		
2.	The Health center should support and monitor CASH / IPC activities	<ul style="list-style-type: none"> <li>Integrate or incorporate CASH/IPC activities in the health centers annual and strategic plan.</li> <li>Management team support and monitor CASH/IPC activities</li> <li>Facility level CASH launching ceremony conducted</li> <li>Review the quarterly progressive assessment report</li> <li>Department/case team performance assessment and mechanism of recognition in place</li> <li>Ensure/support active engagement of CASH ambassador</li> </ul>	<ul style="list-style-type: none"> <li>Observe the HC annual/strategic plan</li> <li>Observe minute and report of budget and other necessary materials allocation</li> <li>Observe the mgt monitoring checklist and feedback</li> <li>Launching program proposal, minute, photo, and report</li> <li>Review mgt minute whether they discuss on the quarterly CASH audit tool findings</li> <li>See case teams recognition criteria, certificates awarded, photos</li> <li>Ambassador selection minute, letter, photo posted</li> <li>Observe documents, photos or others that the ambassador has done so far</li> </ul>		

1. STRUCTURE AND MANAGEMENT							
3.	The health center should have functional or active CASH / IPC committee	<ul style="list-style-type: none"> <li>Updated TOR for CASH /IPC committee annually</li> <li>Availability of annual CASH/IPC specific operational plan</li> <li>Conduct regular meetings &amp; minutes documented (at least monthly)</li> <li>Training on CASH/IPC given both to clinical and non-clinical staff annually</li> <li>Progressive assessment done quarterly for each departments performance and report sent to management team</li> <li>Support departments, health posts and HEWs continuously on CASH (document review – plan, reports...etc.,)</li> <li>Health center have cleaning campaign (at least monthly)</li> <li>Annual CASH/IPC baseline assessment done</li> <li>Experience sharing between case teams and with another health center/hospital</li> </ul>	<ul style="list-style-type: none"> <li>TOR for the fiscal year</li> <li>CASH/IPC annual plan for the fiscal year</li> <li>Review committee meeting minute and count against standard</li> <li>Training proposal, attendance, photo taken for both staffs</li> <li>Filled quarterly CASH audit tool, report to mgt</li> <li>Supervision checklists, feedbacks given, documented changes on HC and HP CASH</li> <li>Cleaning campaign attendance, photos, reports</li> <li>Baseline conducted based on CASH audit tool</li> <li>Experience sharing proposal, minute, photos, report</li> <li>Review case teams plan</li> <li>Monthly CASH activities report copy</li> <li>Review case team meeting minutes</li> <li>Observe CASH reports, schedules of cleaning campaigns, photographs, observe their respective department cleanliness</li> </ul>				
4.	Each department /case team should actively involved in CASH/IPC activities	<ul style="list-style-type: none"> <li>Integrate or incorporate CASH/IPC activities in department/case team annual plan</li> <li>Prepare CASH activities report and send to CASH/IPC coordinating committee every month</li> <li>Case team /department members discuss and engaged on CASH activities</li> <li>Case team /department members engaged on CASH activities</li> </ul>					

2. FACILITY MANAGEMENT						
No	Standards	Verification Criteria's	Means of verification	SCORE		
				2	1	0
REMARK						
5.	The health center surrounding fence should be Protective	<ul style="list-style-type: none"> <li>Fence which surrounds all the health center grounds which will not allow the entrance of pets and other animals</li> <li>A functional gate separate for vehicle and client</li> <li>There should be at least two gates that could aid in case of emergencies</li> </ul>	<ul style="list-style-type: none"> <li>Observe the fence</li> <li>Observe the entrance gate</li> </ul>			
6.	The health center external compound should be clean and tidy	<ul style="list-style-type: none"> <li>The health center external ground (at least 5-20m from the fence) Free from any health center and community generated wastes.</li> </ul>	<ul style="list-style-type: none"> <li>Observe the area outside the health center cleanliness</li> </ul>			
7.	The health center Internal compound should be clean and suitable for movement	<ul style="list-style-type: none"> <li>Tidy and well maintained Internal grounds</li> <li>Infectious &amp; non infectious collection containers/bins should be placed in recommended place labeled with local language of the area</li> <li>Free of abandoned medical equipment/ old cars, etc.</li> <li>There should be designated green areas/ parks with seating facilities.</li> <li>Suitable walk ways/ramps, and hand rail in all area for clients with reduced mobility</li> </ul>	<ul style="list-style-type: none"> <li>Observe compound cleanliness</li> <li>Observe availability of bins in service delivery and different areas of the HC premise</li> <li>Observe availability of improperly discarded/ stored materials</li> <li>Check availability of attractive green areas in the compound</li> <li>Check availability of suitable walk ways/ramps and hand rail for clients starting from entrance to the HC through all service delivery and admin units</li> </ul>			

## 2. FACILITY MANAGEMENT

8.	The health center should have visible and clear Signage	<ul style="list-style-type: none"> <li>Easily visible Health center service directory board &amp; signs directing people around (approximately 3- 5 meters from floor level, framed, legible text and visible at day and night)</li> <li>Clear signage in the health center showing the name of the health center at the entrance, departments, and also warning signs for hazards in the facility etc.</li> <li>Signs on doors, toilets, etc... should have either pictures, words or both and should be consistent in appearance</li> <li>Signs for toilets should be visible from all patient areas</li> </ul>	<ul style="list-style-type: none"> <li>Observe availability of board</li> <li>Observe availability of signage's at the entrance, department doors, and warning sign</li> <li>Observe department, toilet doors</li> <li>Observe availability of directions for the toilets</li> </ul>		
9.	Health center buildings and immediate surroundings should be Clean and tidy	<ul style="list-style-type: none"> <li>Health center buildings are clean, properly painted, and free from cracks.</li> <li>Drainage system within and around building(s) e.g. gutters, pipes, etc, free from any obstructions, e.g. vegetation.</li> <li>Windows, doors frames are clean and free from damage and appropriately painted</li> </ul>	<ul style="list-style-type: none"> <li>Check all health center blocks</li> <li>Check gutters, pipes</li> <li>Observe cracks and Check windows, doors cleanliness with napkin,</li> <li>observe stairs and steps</li> <li>observe corridors</li> </ul>		
10.	Health center Building corridor and waiting area should be clean and tidy	<ul style="list-style-type: none"> <li>Stairs and steps are visibly clean and well-maintained</li> <li>Corridors are visibly clean, free from obstacles and suitable for any weather condition.</li> <li>The waiting areas with adequate space, clean not damaged chairs/benches</li> </ul>	<ul style="list-style-type: none"> <li>availability that's clean, protected from sunlight &amp; rain</li> <li>check waiting areas with at least chairs that can accommodate at least 30 clients without overcrowding</li> <li>Check availability of notice boards and postings on the wall</li> </ul>		

2. FACILITY MANAGEMENT									
11.	Inclusion of CASH/IPC in health education program	<ul style="list-style-type: none"> <li>Inclusion of CASH/IPC as a topic in the health education programs</li> <li>availability of health message contained audiovisuals &amp; other materials</li> </ul>	<ul style="list-style-type: none"> <li>check CASH/IPC is one of the topics in the HE program posted, observe HE registration book</li> <li>check availability of posters, leaflets, brochures, videos</li> </ul>						
12.	The health center should have adequate and safe electricity power supply	<ul style="list-style-type: none"> <li>Continuous electricity availability in the health center with backup</li> <li>Properly fixed and fully functional electric lines that have no un insulated wires/sockets that can pose risk/danger to people</li> </ul>	<ul style="list-style-type: none"> <li>Check availability of generator or solar</li> <li>Check electric lines, sockets</li> </ul>						
13.	The health center should have fire safety system	<ul style="list-style-type: none"> <li>The health center has fire safety plan</li> <li>Functional fire extinguishers (expire date is up to date)</li> <li>Fire extinguisher placed at easily recognizable place</li> <li>Staff trained on fire safety</li> </ul>	<ul style="list-style-type: none"> <li>Observe fire safety plan</li> <li>Observe availability of up-to-date fire extinguishers</li> <li>Observe whether the location is recognizable</li> <li>Observe training/orientation minute, photo, certificate,</li> </ul>						
14.	The health center should have Pest and rodent /vector control mechanism	<ul style="list-style-type: none"> <li>Availability of materials &amp; chemicals to control pests, rodents and insects</li> <li>Regular pest &amp; rodent control/inspection every 3 month</li> </ul>	<ul style="list-style-type: none"> <li>Check availability of pesticides and insecticides</li> <li>Check availability of schedule, inspection checklist, and reports</li> </ul>						
15.	The health center should have noise pollution preventive mechanism	<ul style="list-style-type: none"> <li>The compound free from internal /external sound disturbance (e.g. sounds from; generator, constructions, workshop, music shops, loud car sounds</li> <li>Signs of prohibiting noise should be posted inside the compound</li> </ul>	<ul style="list-style-type: none"> <li>Check availability of disturbing sounds</li> <li>Check availability of signs</li> </ul>						
16.	Health center service area should have adequate ventilation and illumination	<ul style="list-style-type: none"> <li>All service areas have adequate natural or artificial light access</li> <li>All service area/room are well ventilated with natural or artificial system</li> </ul>	<ul style="list-style-type: none"> <li>Check availability of light in all rooms</li> <li>Check all rooms are ventilated</li> </ul>						
				TOTAL					

3. WATER, SANITATION AND HYGIENE							
3.1 WATER							
No	Standards	Verification Criteria's	Means of verification	SCORE			REMARK
				2	1	0	
17.	The health center should ensure the availability of water at all times	<ul style="list-style-type: none"> <li>Improved water supply piped into the health center compound</li> <li>Water available at all times (24 hrs. /7 days a week) and of sufficient quantity (only available) for all service areas.</li> <li>A reliable drinking water station is present and accessible for staff and ,patients at service area and all times</li> </ul>	<ul style="list-style-type: none"> <li>Check availability of water piped in to the HC premise</li> <li>Check availability of water during visiting time, availability of backups</li> <li>Check availability of drinking water stations</li> </ul>				
18.	The health center should have sufficient Water storage / Reservoir	<ul style="list-style-type: none"> <li>Water storage is sufficient to meet the needs of the facility for 2 days.</li> <li>Storage reservoirs/tanks are made from rust resistant material</li> <li>Reservoirs cleaning conducted on regular basis twice a year (every six month)</li> <li>Reservoir are placed at least 50 cm above the ground and are protected with surrounding fence.</li> </ul>	<ul style="list-style-type: none"> <li>Check availability of water tank with at least 5000 liter capacity</li> <li>Check reservoirs/tanks</li> <li>Observe cleaning reports ,photos, plan of CASH/IP team</li> <li>Observe availability of fence and placement</li> </ul>				
19.	The health center should establish a Water safety mechanism	<ul style="list-style-type: none"> <li>The health center have included a water safety in the CASH/IP committee plan</li> <li>All water pipelines are installed underground and free from leakage</li> <li>Water test is regularly conducted every six months.</li> </ul>	<ul style="list-style-type: none"> <li>Observe the CASH/IP committee plan</li> <li>Observe water pipelines</li> <li>Observe bacteriological and chemical test results</li> <li>Observe document on intervention measures taken based on the result.(if the result needs intervention)</li> </ul>				

3. WATER, SANITATION AND HYGIENE					
3.1 WATER					
20.	The health center should have clean, safe and adequate shower	<ul style="list-style-type: none"> <li>The available shower separated for staff and patient /maternal areas/</li> <li>The showers wall, floor visibly clean &amp; free from crack</li> <li>The shower has a functional door with a lock. If there is no door, clean curtains should be installed for privacy</li> <li>Availability and functionality of delivery room shower &amp; visible clean free from crack</li> </ul>	<ul style="list-style-type: none"> <li>Observe the shower rooms for all the criteria's</li> </ul>		
3.2 SANITATION AND WASTE MANAGEMENT					
21.	The health center should have adequate and safe toilet	<ul style="list-style-type: none"> <li>Availability of proportional toilet to patient ratio (one toilet to 40 patients)</li> <li>Separated for male and female.</li> <li>Separated for patient and staff</li> <li>Visibly clean from any solid and liquid waste</li> <li>Free form bad odor</li> <li>Ensure privacy for the clients by having door and lock.</li> <li>Adequate functional artificial light for the night time.</li> <li>At least one toilet meets for menstrual hygiene management (tap water, etc)</li> <li>At least one toilet meets the needs of people with reduced mobility.</li> <li>Covered and leak proof waste bin inside the latrines</li> </ul>	<ul style="list-style-type: none"> <li>Ask the average patient flow per day and compare it with the no. of seats available</li> <li>Observe the latrines for the remaining criteria's</li> </ul>		
		<ul style="list-style-type: none"> <li>Functional hand hygiene stations (running tap water, soap, dust bin, etc)</li> </ul>	<ul style="list-style-type: none"> <li>Observe availability of hand hygiene stations in all latrines</li> </ul>		

3. WATER, SANITATION AND HYGIENE						
3.2 SANITATION AND WASTE MANAGEMENT						
No	Standards	Verification Criteria's	Means of verification	SCORE		REMARK
				2	1 0	
22.	The health center should practice proper solid waste management system	<ul style="list-style-type: none"> <li>Health Care Waste Management Manual/ SOP available in all service area</li> <li>Functional color-coded waste bins or labeled bins available with cover at each service point</li> <li>Waste correctly segregated/according to the standards at the point of waste generation</li> <li>Separate functional waste transport equipment for the collected waste</li> <li>Fenced and protected disposal site(burial pit, incinerator)</li> <li>Waste correctly sorted according to the standards at the point of disposal</li> <li>Functional incinerator with ash-pit available</li> <li>Appropriate personal protective equipment for all staff in charge of waste transportation, treatment and disposal.</li> </ul>	<ul style="list-style-type: none"> <li>Observe availability of hand hygiene stations in all latrines</li> <li>Check SOPs availability</li> <li>Observe waste collection bins</li> <li>Observe transport trolley/cart</li> <li>Observe disposal site</li> <li>Observe waste sorting at disposal site</li> <li>Observe incinerator and ash pit</li> <li>Observe waste handlers</li> </ul>			
23.	The health center should practice proper liquid Waste management system	<ul style="list-style-type: none"> <li>Proper liquid waste management system with sewerage line connected to their own septic tank.</li> <li>Liquid wastes treated before discharging from septic tank (applied only if the HC dispose the waste outside of the health center)</li> <li>Sewerage lines connected from liquid waste generation point source are free from any leakage</li> </ul>	<ul style="list-style-type: none"> <li>Observe/ask availability and functionality of septic tank</li> <li>Observe availability of treatment mechanisms (Tx pond, compartments )</li> <li>Observe sewer lines</li> </ul>			



3. WATER, SANITATION AND HYGIENE						
3.2 SANITATION AND WASTE MANAGEMENT						
24.	The facility should have an appropriate safe and functional Placental pit	<ul style="list-style-type: none"> <li>Clean and functional placental pit with cover &amp; vent pipe</li> <li>The pit should be properly fenced</li> <li>Free from bad/unwanted smell.</li> </ul>	<ul style="list-style-type: none"> <li>Observe the placenta pit area for all criteria's</li> </ul>			
		TOTAL				
3.3 HYGIENE						
25.	The health center should have Proper hand hygiene stations	<ul style="list-style-type: none"> <li>Functioning hand hygiene stations (running tap water, soap, alcohol hand rub, etc) are available at all points of care/service area</li> <li>Visibly clean sink and wall-attached dispensers/soaps</li> <li>Hand hygiene promotion materials posted at the point of use</li> <li>Hand hygiene compliance activities are undertaken</li> <li>Hand washing day celebrated annually within the facility</li> </ul>	<ul style="list-style-type: none"> <li>Observe hand hygiene stations</li> <li>Observe hand hygiene stations</li> <li>Observe availability of posters, stickers</li> <li>Observe hand hygiene practice of at least 5 HWs at different service delivery</li> <li>Check photos, reports, videos</li> </ul>			

3. WATER, SANITATION AND HYGIENE						
3.3 HYGIENE						
No	Standards	Verification Criteria's	Means of verification	SCORE		REMARK
				2	1	0
26.	The health center should establish Housekeeping and Room hygiene mechanism	<ul style="list-style-type: none"> <li>Adequate cleaning supplies and stored properly</li> <li>Cleaning schedule developed and implemented</li> <li>Established system for monitoring cleaning activity</li> <li>Visibly clean, washable &amp; uniform physical appearance floor with no cracks and holes</li> <li>Visibly clean &amp; washable wall surface and ceiling including skirting with no cracks and holes</li> <li>All furniture's (chairs, tables, commodes/ lockers, curtains/screens, mirrors, and notice board) are visibly clean and not damaged</li> <li>All parts of the bed (including mattress, bed sheets/linen, blankets, bed frame, wheels, and bed nets) are visibly clean and not damaged</li> <li>All medical equipments (weighing scales, drip stand, oxygen cylinder, autoclaves, baby incubator, etc) are visibly clean</li> <li>The waste bins are visibly clean and covered</li> </ul>	<ul style="list-style-type: none"> <li>Ask and observe availability of supplies</li> <li>Observe if they have cleaning schedule of the HC rooms</li> <li>Check if any monitoring system is there</li> <li>Check at least 6 randomly selected rooms and observe furniture, beds, medical equipments and waste bins of the HC for the remaining criteria's</li> </ul>			

3. WATER, SANITATION AND HYGIENE						
3.3 HYGIENE						
27.	The health center should ensure staff canteens food hygiene practice at all the time	<ul style="list-style-type: none"> <li>Separate kitchen room and store</li> </ul>	<ul style="list-style-type: none"> <li>Observe kitchen and store</li> </ul>			
		<ul style="list-style-type: none"> <li>Kitchen room &amp; store visibly clean, well ventilated, odor free, well lit and free from rodents</li> <li>Food preparation &amp; serving equipments are visibly clean, not damaged, not stained, and free from rust</li> <li>Cutting boards are made from plastic (propylene plastic)</li> <li>Dishwashers are three compartment with detergent, and running hot and cold water</li> </ul>	<ul style="list-style-type: none"> <li>Observe kitchen and store</li> <li>Observe utensils used for preparation and serving of food also for the next criteria</li> </ul>			
28.	Staff safety and occupational hazards prevention should be in place	<ul style="list-style-type: none"> <li>All food handlers have regular medical checkup every three month</li> <li>All food handlers wear the recommended PPE while on job and apply personal hygiene practice</li> <li>Refrigerators and Deep freezers are visibly clean, temperature monitored, and with functional gauge</li> </ul>	<ul style="list-style-type: none"> <li>Check food handlers medical certificate, PPE utilization, clean PPEs, hands, and shoes also for the next criteria</li> </ul>			
		<ul style="list-style-type: none"> <li>Staff dresses clean uniforms with name and job title identification</li> <li>All staff wears appropriate PPE on task specified</li> <li>Post exposure prophylaxis and prevention of exposure service should be available</li> </ul>	<ul style="list-style-type: none"> <li>Check Refrigerators and Deep freezers</li> <li>Check randomly at least 5 HWs &amp; 3 cleaners/ laundry workers gowns, badge, PPE also for the next criteria</li> <li>Ask HC head and observe PEP documents (reports)</li> </ul>			

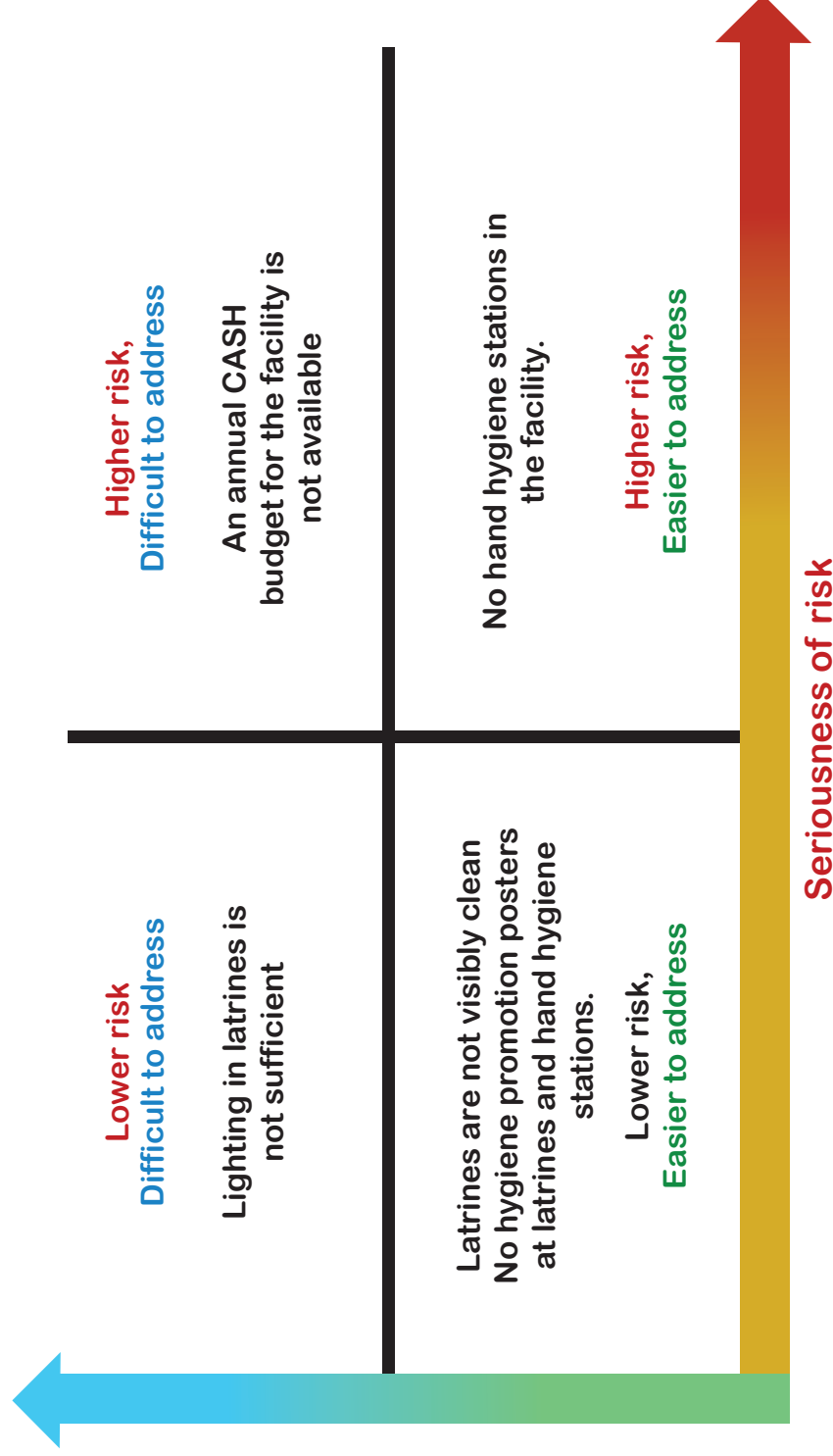
3. WATER, SANITATION AND HYGIENE										
3.3 HYGIENE										
29.	The health center should have Laundry/Linen processing service	<ul style="list-style-type: none"> <li>SOPs should be available and utilize for linen processing.</li> <li>Designated area for sorting, washing, drying and storage</li> <li>Functional laundry, drying, and ironing machines</li> <li>Availability of adequate place for air drying</li> <li>Sufficient and separate trolleys for transporting clean/washed, soiled, and non-soiled linens</li> <li>Availability of adequate amount of detergents, disinfectants and PPE</li> <li>Prepared and posted SOPs and job aids for instrument processing.</li> <li>Staffs properly follow the recommended steps of instrument processing steps after the procedure (i.e. cleaning, sterilization and high level disinfection) and for each.</li> <li>Clean and protected shelves for processed/sterilized instruments</li> <li>Instrument processing machines are calibrated (preventive maintenance) as per the manufacturers schedule</li> <li>Instrument processing equipments (buckets, tooth brush, etc) are clean and not damaged</li> </ul>	<ul style="list-style-type: none"> <li>Check the availability and ask laundry workers how they use of SOPs</li> <li>Observe availability of the areas for laundry service</li> <li>Observe availability of machines</li> <li>Check availability of space for air drying</li> <li>Check availability of trolleys</li> <li>Ask and check availability of supplies</li> <li>Check the availability of SOPs</li> <li>Ask and observe how they process instruments</li> <li>Observe shelves</li> <li>View calibration documents</li> <li>Observe equipments used for instrument processing</li> </ul>							
				30.	The health center ensures Instrument processing at all times					

3. WATER, SANITATAION AND HYGIENE						
3.3 HYGIENE						
31.	The health center should apply all COVID-19 IPC activities (Applied only during COVID-19 times)	<ul style="list-style-type: none"> <li>hand washing facility at the entrance of the health center</li> <li>pre triaging of patients</li> <li>patient flow management</li> <li>appointment spacing</li> <li>availability of enough PPEs for staffs</li> <li>suspected patient sample collection and transport</li> </ul>	<ul style="list-style-type: none"> <li>observe availability of water with detergent</li> <li>observe temperature and mask monitoring at the entrance</li> <li>ask and observe any patient flow decreasing mechanisms applied</li> <li>check chronic patients multi month drug dispensing, tele health</li> <li>randomly ask staffs on PPEs availability</li> <li>ask and observe availability of SOPs, trained personnel, necessary equipments, documentations</li> </ul>			
		TOTAL				
		GRAND TOTAL	$\frac{\quad}{62} \times 100 = \quad \%$			

## Annex 2 Clinical areas checklist

Room name	Actual score										Percentage attained									
Commode																				
Weighing scales																				
Drip stands																				
Medical Equipment																				
bed sheet and linen																				
Bed																				
floors																				
Switches, sockets and data points																				
Walls																				
Ceilings																				
doors																				
All windows and frames																				
Mirrors																				
notice board																				
Radiators or baby incubators																				
Ventilation grilles/extractors/inlets/fans																				
odor																				
Electrical items																				
lighting																				
ventilation																				
Cleaning equipment																				
Chairs																				
Lockers																				
Tables																				
Hand hygiene alcohol rub dispensers																				
waste segregation practice/Waste receptacle (bin)																				
Curtains, blinds (including screens)																				
water availability																				
Hand washing sink																				
baths																				
toilet																				
Privacy,																				
Score																				
%																				

## Annex 3 Risk prioritization matrix



# Annex 4 Sample risk assessment table

Tool 3. Risk assessment

**SAMPLE**

Date of assessment: 24<sup>th</sup> September 2016

Domain	Hazards (Problems) List up to three main hazards or problems that you face. These will be indicators that were scored + or ++.	Risks List the possible risks associated with each hazard (problem).	Level of risk vs. feasibility of addressing problem <i>Mark a cross on the grid for each one according to the system below:</i>		Actions <i>Agreed actions to be undertaken either locally or at the district/regional levels.</i>		
			Lower risk, difficult to address	Higher risk, difficult to address	Facility/Community	District/Regional	
Water	<p>1.3 Some end points in the water supply are not working, taps are blocked, or broken. Water is not available from the taps in the maternity ward.</p> <p>1.7 No drinking water stations are available in the facility, therefore staff and patients are unable to drink water at facility, and no water is available for swallowing medicines.</p> <p>1.9 The facility does not currently treat water and because of</p>	<p>Cleaning cannot be carried out as easily after deliveries leading to risk of infection for staff and patients. Water not available for hand hygiene, or for women to wash themselves after delivering. Risk of infection, less dignity for women.</p> <p>Risk of waterborne illness when patients drink unsafe water.</p> <p>Staff and patients at risk of</p>	Lower risk, easier to address	Higher risk, easier to address	Cleaners to remove debris; plumbers to repair broken pipes once parts received.	Authorities provide new pipes/valves to make repairs.	
						Facility to install covered clean container and regularly fill and chlorinate.	Authorities to extend piping into facility and install longer-term filters to treat water at point of collection.
							Facility to safely store water and if



# Annex 5 Sample improvement action plan

## Tool 4. Improvement plan

**SAMPLE**

Improvement plan written on: 26<sup>th</sup> March 2016 Date of 1<sup>st</sup> review: 25<sup>th</sup> September 2016 Date of 2<sup>nd</sup> review: Due in March 2017

Domain	What specific improvement action will be taken to resolve the hazards identified? <i>The actions to be taken link to the hazards recorded in tool 3.</i>	Who will carry out the task and is there anyone who will supervise it? <i>List people responsible for implementation.</i>	What resources are needed to do it? <i>"Resources" could be staff, technical or financial.</i>	When do you expect to complete this action? <i>Indicate target date.</i>	Completion date <i>Once the activity has been completed, record the date of completion.</i>	STEP 5: Monitoring When you review the plan, how does it need to be changed? <i>What, if any, additional efforts are needed?</i>	
						Review 1	Review 2
Water	1.3 Leaks in piping will be fixed to ensure that taps are working.	Local engineer to be contracted to carry out repairs to piping.	2 days of work at a cost of \$10/day.	1 June 2016	5 June 2016	Action completed. Pipes will be monitored in case of any further leakages.	
	1.7 Drinking water stations to be bought and installed in waiting areas.	Jacob to assign budget for purchasing and source drinking- water stations. Idriss to ensure stations are installed in correct places.	\$10 per station, plus ceramic filters at \$40 each. Total \$50 x 4 needed = \$200.	15 <sup>th</sup> April 2016	15 <sup>th</sup> April 2016	No drinking- water available in maternity ward so additional stations need to be bought when funds are available.	
	1.9 water for drinking- water stations will be treated using ceramic filtration.	Jacob to assign budget for purchasing and source drinking- water stations. John responsible for treating water.	John's time.	Ongoing activity. Treatment to start in April once materials are available.	Treatment started on April 21 <sup>st</sup> .	Drinking stations are not filled regularly enough when water supply is absent.	

MAY 2021

