



LAGOS STATE HEALTH FACILITY MONITORING AND ACCREDITATION AGENCY

FACILITY INSPECTION TOOL FOR PHCS

These standards and tools were developed in partnership with PharmAccess and are based on SafeCare principles.

MARCH 1, 2017

HEALTH FACILITY MONITORING AND ACCREDITATION AGENCY (HEFAMAA) ASSESSMENT TOOL

Name of Establishment		The Facility name as it appears in Legal documents, for example HEFAMAA License, CAC
Full Address		Address stating house number/s, street, city and state.
Ward		Ward within the LGA
Local Government Area		
Status of Establishment	New <input type="checkbox"/> Existing <input type="checkbox"/>	Has this facility ever been registered with HEFAMAA
HEFAMAA Reg. Number		
Contact details of Establishment (Name, email, phone)		Name, e-mail and phone number of the contact person for the facility
Days and hours of operation		What are the opening hours/days of this facility
Name and designation of person(s) interviewed		Names of persons that have been interviewed
Name of HEFAMAA Officer(s) Include designation		
Date of Assessment: <hr style="width: 100%;"/> <div style="text-align: center;">Day/Month/Year</div>	Arrival time for Assessment <div style="text-align: center;"> _ _ _ : _ _ _ </div> <div style="text-align: center;">H H M M</div> Departure time after Assessment <div style="text-align: center;"> _ _ _ : _ _ _ </div> <div style="text-align: center;">H H M M</div>	

Type of Health Establishment

Public Comprehensive HC <input type="checkbox"/>	Public PHC <input type="checkbox"/>	Private Clinic/HC <input type="checkbox"/>
Convalescent/Nursing Home <input type="checkbox"/>	Maternity Home <input type="checkbox"/>	Private Hospital <input type="checkbox"/>
Others, please specify _____		

Other Branches:

Any branch(es):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, specify Number _____ and location(s):				
i.	_____			
ii.	_____			
iii.	_____			
iv.	_____			
v.	_____			

A. Services Provided

Primary Healthcare Services <input type="checkbox"/> <i>Tick the box and use this tool if the facility provides primary health care services only</i>	
Child Welfare & Immunization <input type="checkbox"/> General Medical Practice <input type="checkbox"/> HIV prevention (HCT & PMTCT) <input type="checkbox"/>	Skilled birth delivery <input type="checkbox"/> Family planning <input type="checkbox"/> TB/DOTS <input type="checkbox"/>
Specify Services provided: _____ _____	
Clinical Support services: Laboratory <input type="checkbox"/> Ultrasound <input type="checkbox"/> Pharmaceutical <input type="checkbox"/>	
Others specify _____	

B. Ownership, Governance and Registration Status

1. Type of Ownership Public <input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> Public Private <input type="checkbox"/> Others Specify _____	
2. If private, what is the ownership arrangement Sole proprietorship <input type="checkbox"/> Group practice <input type="checkbox"/> Limited Liability company <input type="checkbox"/>	
3. Governance Structure Is there an organogram? Yes <input type="checkbox"/> No <input type="checkbox"/>	Presences of an organogram and staff can describe the lines of authority.
4. CAC Registration Status Registered <input type="checkbox"/> Not registered <input type="checkbox"/> Registration in progress <input type="checkbox"/>	Registered with certificate of incorporation, form C07 and a TIN certificate
5. HEFAMAA Registration Status Ever Registered <input type="checkbox"/> Not registered <input type="checkbox"/> Registration in progress <input type="checkbox"/>	Presence of previous HEFAMAA license/certificate
6. HEFAMAA Renewal Status Up to date <input type="checkbox"/> Not up to date <input type="checkbox"/> Last year of renewal _____	Up to date with documented evidence.
Comment:	

C. Building and Designated Areas

7. Type of Building

Purpose built <input type="checkbox"/>	Stand alone <input type="checkbox"/>	Shared accommodation <input type="checkbox"/>
Specify type of Building		
Other, please specify _____		

Please note that the surface area of these rooms must not be less than 4 by 3 square meters

Room	Adequate in size	Well-equipped	
8. Waiting/Reception Area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Adequate space for outpatients (not less than 4 by 4 m ²) and their relatives to seat, ensure free flow, with proper cross ventilation. Equipped with adequate chairs, television for informative films, weighing scale, stadiometer, adequate light, ceiling fans/air conditioner
9. Consulting Room Area <i>Specify number of consulting rooms</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Adequate space for outpatients (not less than 4 by 4 m ²) and their relatives to seat, ensure free flow, with proper cross ventilation. There must be access to clean toilet facilities. <ul style="list-style-type: none"> • Diagnostic Set/tool • Hand washing facilities with dust bin, • Ward screen, • Patient couch, Intercom or nurse call system
10. Treatment Room Area	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Minimum of 4 by 4 m ² space. Medications trays Resuscitation tray Sterile packs Lab bottles Ward screens Sharps container
11. Wards	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Minimum of 1m space between beds in a general ward and maximum of 2 beds in a 16m ² space for a private ward. <ul style="list-style-type: none"> • Patients bed

20. One metre space between beds Yes <input type="checkbox"/> No <input type="checkbox"/>	To reduce spread of nosocomial infections, beds should be spaced one metre apart as a minimum. This space is also needed for ease of movement of staff and equipment (trolleys etc.)
21. Mattresses and Pillows Functional <input type="checkbox"/> Not functional <input type="checkbox"/> Covered with mackintosh Yes <input type="checkbox"/> No <input type="checkbox"/>	It is important that bed and beddings be covered with mackintosh for ease of daily cleaning and carbolization between admissions.
Comment:	

E. Maternity Unit

22. Delivery bed with stirrups (Specify number): Functional <input type="checkbox"/> Non-functional <input type="checkbox"/>	A functional Secondary care facility should ensure adequate number of delivery beds (clean) are provided for its size. A standard delivery bed should include functional stirrups to place patient in lithotomy position for safe and easy delivery. The bed should be well positioned; not shaky/tacky.
23. Angle Poise Lamp (Specify number): Functional <input type="checkbox"/> Non-functional <input type="checkbox"/>	A functional Secondary care facility should ensure adequate number of functional angle poise lamps with the appropriate bulbs are provided. The lamps should be placed safely, such that the electric cord does not interfere with other activities on going during any procedure. This will serve as a better light source during delivery and episioraphy procedure.
24. Resuscitaire (Specify number): Functional <input type="checkbox"/> Non-functional <input type="checkbox"/> (Includes: Mucus extractor, Ambu Bag, Flat Table, Lamp)	A functional Secondary care facility should ensure adequate complete (clean) set of resuscitaire is provided for its size. Components should include at least the following: mucus extractor, ambu bag, flat table, lamp).
25. Suction machine Manual (Specify number): Functional <input type="checkbox"/> Non-functional <input type="checkbox"/> Automatic (Specify Number): Functional <input type="checkbox"/> Non-functional <input type="checkbox"/>	
26. Suturing materials Available <input type="checkbox"/> Not Available <input type="checkbox"/>	A functional Secondary care facility should ensure adequate number of manual and automatic suction machines are provided for its size. This assist in reducing neonatal morbidity and mortality. Each one should be used according to manufacturer's guidelines and guiding protocols. Evidence of regular maintenance is very important

	in order to ensure effective use of the machines.
27. Oxygen (tick the applicable - sighted) Available <input type="checkbox"/> Not Available <input type="checkbox"/> a. Cylinder with all accessories <input type="checkbox"/> <i>(Gauge, Flow Meter, Masks, tubes)</i> b. Oxygen concentrator <input type="checkbox"/>	A functional Secondary care facility provides all materials needed for suturing at the maternity unit. Suturing materials assist in securing bleeding especially during episioraphy procedure. These materials include different sizes of sutures that are sterile (safely packed) and are kept in a specific location for easy retrieval.
28. Pinard Fetoscope Yes <input type="checkbox"/> No <input type="checkbox"/> Sonicaid Yes <input type="checkbox"/> No <input type="checkbox"/>	A functional Secondary care facility should ensure there is provision for sufficient oxygen supply in case an emergency resuscitation is needed. An oxygen cylinder with all accessories (gauge, flow meter, masks, tubes) and an oxygen concentrator should be provided. The use of oxygen at the facility should be guided by developed protocol/guideline and documented evidence of servicing and regular maintenance should be provided.
29. Does the facility possess the following maternal life-saving drugs and commodities? Magnesium sulphate Yes <input type="checkbox"/> No <input type="checkbox"/> Misoprostol Yes <input type="checkbox"/> No <input type="checkbox"/> Anti-shock garment Yes <input type="checkbox"/> No <input type="checkbox"/>	A functional Secondary care facility should ensure provision of adequate number of functional Pinard Fetoscopes at the maternity unit. The fetoscope is used to listen to fetal heart sound during labour and assist in detecting danger signs in-utero. The Pinard Fetoscope should be in good condition (functional and clean) and safely kept for easy retrieval.
30. Delivery packs are available <i>(minimum of 3)</i> <i>see Annex 2</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	A functional Secondary care facility should ensure provision of life-saving commodities, in adequate supplies for its maternity unit. These commodities are needed in emergency situations to reduce maternal morbidity and mortality. They should be kept according to manufacturers' guidelines and use must be guided by acceptable protocols/guidelines. There should also be mechanism in place to ensure regular supply.
31. Baby cots <i>Specify number functional:</i> _____ Functional <input type="checkbox"/> Non-functional <input type="checkbox"/>	A functional Secondary care facility should ensure availability of delivery packs (minimum of 3) that contains basic commodities needed during delivery, which are not expired and are kept according to the manufacturer's guideline and there is a mechanism in place for regular supply.

<p>32. Infant ID bracelets are available Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/></p>	<p>A functional Secondary care facility should ensure each bed at the maternity unit has a baby cot attached to it for the safety of the baby. The baby cots should be clean and functional, with appropriate sized mosquito nets attached and appropriate sized mattresses for each bed.</p>
<p>Comment</p>	<p>A functional Secondary care facility should ensure provision of adequate number of infant ID bracelets to safeguard the safety of babies born to their mothers and for easy identification. They should be safely kept for easy retrieval. The use of these bracelets should be guided by use of developed guideline.</p>

F. Emergency and Referral Services

<p>33. Clinical and nursing personnel are trained on BLS Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>34. Facility has skilled personnel trained on Yes <input type="checkbox"/> No <input type="checkbox"/> MNCH related emergencies (<i>use of partograph, anti-shock garment, misoprostol and Mag. Sulphate</i>)</p>	<p>A functional Secondary care facility should ensure relevant qualified staff are periodically trained and re-trained on Basic Life Support to ensure emergency services that are up-to-date are rendered. It is important for the facility to have required number of qualified staff that is sufficient for its size and patient load, to be able to handle emergency cases.</p>
<p>35. Emergency equipment are available and functional Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Oxygen cylinder /concentrator <input type="checkbox"/></p> <p>Ambubag Paediatric <input type="checkbox"/> Ambubag Adult <input type="checkbox"/></p> <p>Suction machine <input type="checkbox"/></p> <p>Nebulizer <input type="checkbox"/> Defibrillator <input type="checkbox"/></p>	<p>A functional Secondary care facility should ensure availability of emergency equipment to save lives. This will ensure reduction in morbidity and mortality rates.</p>
<p>36. Contents of Emergency Tray</p> <p>Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> (<i>check functionality (Good or Bad) and expiry</i>) – see Annex 1 for List</p> <p><i>List of emergency equipment and commodities sighted and functionality (Good or Bad) and expired</i></p> <p><i>i.</i> <i>ii.</i></p> <p><i>iii.</i> <i>iv.</i></p> <p><i>v.</i> <i>vi.</i></p> <p><i>vii.</i> <i>viii.</i></p> <p><i>ix.</i> <i>x.</i></p>	<p>A functional Secondary care facility should ensure the provision of appropriate number of emergency trays with the relevant commodities in order to reduce complications and morbidity and mortality. There is need to ensure regular supply of all commodities.</p>
<p>37. Is there an established referral system in place? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>A functional Secondary care facility should ensure a robust referral system, such that there is appropriate communication between the referring center and the</p>

	tertiary institution. This will enable a holistic patient management.
38. Are ambulance services readily accessible? Yes <input type="checkbox"/> No <input type="checkbox"/>	A functional Secondary care facility will ensure the provision of ambulance services. This will aid transportation of patients in cases of emergencies and first aid can easily be rendered for emergency cases before referral.
Comment	

G. Sterilization / Infection Control

39. Designated sterilization area Available <input type="checkbox"/> Not Available <input type="checkbox"/>	A separate well-equipped room or unit for the sole purpose of sterilizing surgical tools, packs, drapes and gowns should be available. A roaster showing staff responsible for sterilization be developed. Guidelines on sterilization need to be in place. Detailed records of cleaning, disinfection and sterilization should be kept.
40. Functional Autoclave Yes <input type="checkbox"/> No <input type="checkbox"/>	An autoclave large enough to cater to sterilization needs should be available with an operation manual. It should be included in a preventive maintenance plan.
41. Sterilization Drum Yes <input type="checkbox"/> No <input type="checkbox"/>	Adequate number of sterilization drums, well aerated and not touching each other in a secure storage.
42. Use of indicator tape Yes <input type="checkbox"/> No <input type="checkbox"/>	Lead based indicator tapes change colour when autoclave steam hit 121°C for at least 15 minutes. Each pack must have a sterility tape on the exterior before autoclaving.
43. Other methods (please describe): _____ _____	
44. Personal protective devices Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> (Head Cap, Eye Goggles, Face Mask, Apron, Surgical Gloves, Latex Gloves, Elbow Length Gloves, Industrial Gloves, Knee Length Boots, Ankle length Boots) Others (Specify): _____	Adequate number of PPEs as listed in the criteria should be provided to protect staff and patients.
Comment	

H. Hand Washing Facilities

<p>Check adequacy of handwashing facilities: <i>Water supply, liquid soap (with manual applicator), drying technique (single-use hand towels)</i></p> <p>45. Treatment Room Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p> <p>46. Consulting Room Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p> <p>47. Wards Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p> <p>48. Health Records Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p> <p>49. Labour room Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p> <p>50. Laboratory Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p>	<p>Hand hygiene is the cornerstone of infection control. It is important that one handwashing unit be available per department and where not possible, sanitizers can be used when the hands are not obviously dirty (fluid, tissue etc). Each handwashing unit should have the full complement:</p> <ul style="list-style-type: none"> • A wash hand basin • Clean running water • Liquid soap • Means for drying hand, e.g. single use paper towels • Handwashing posters <p>Waste bin</p>
<p>Comment:</p>	

I. Health Records

<p>51. Indicate if records are Paper-based <input type="checkbox"/> Digital <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p> <p>Describe if it is both</p> <hr/>	<p>Proper record keeping is vital for ensuring confidentiality. Records can either be paper-based, digital (electronic) or even both.</p>
<p>52. Are records facilities adequate:</p> <p>Secure Location Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Shelving Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Filing Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>A cabinet with shelves will make records keeping easier. It is important that these shelves are lockable and accessed only by designated staffs.</p>
<p>53. Are NHMIS registers available Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>NHMIS registers are important in that they contribute to the planning and budgeting for health of the country, contribute to the health indices of the state and country at large.</p>

54. Is HMIS data submitted monthly No <input type="checkbox"/> Yes <input type="checkbox"/>	All required information should be filled, aggregated and submitted to the appropriate authority monthly. All monthly data should be verified and signed off by the most senior staff in concerned department or any other delegated staff.
Comment:	

J. Diagnostic Services

Laboratory

55. Type of Laboratory: Commercial (standalone) <input type="checkbox"/> Hospital Lab <input type="checkbox"/> Side Lab <input type="checkbox"/>											
56. Laboratory investigations (<i>Specify tests</i>) <table border="0"> <tr> <td><i>i.</i></td> <td><i>ii.</i></td> </tr> <tr> <td><i>iii.</i></td> <td><i>iv.</i></td> </tr> <tr> <td><i>v.</i></td> <td><i>vi.</i></td> </tr> <tr> <td><i>vii.</i></td> <td><i>viii.</i></td> </tr> <tr> <td><i>ix.</i></td> <td><i>x.</i></td> </tr> </table>	<i>i.</i>	<i>ii.</i>	<i>iii.</i>	<i>iv.</i>	<i>v.</i>	<i>vi.</i>	<i>vii.</i>	<i>viii.</i>	<i>ix.</i>	<i>x.</i>	
<i>i.</i>	<i>ii.</i>										
<i>iii.</i>	<i>iv.</i>										
<i>v.</i>	<i>vi.</i>										
<i>vii.</i>	<i>viii.</i>										
<i>ix.</i>	<i>x.</i>										
57. Personnel in Charge: Pathologist <input type="checkbox"/> Med Lab Scientist <input type="checkbox"/> Med Lab Tech <input type="checkbox"/> Others-please specify: _____	Personnel in Charge has a current certificate and license to practice										
58. Lab Equipment (<i>adequacy based on scope of services</i>) Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> List lab equipment sighted and functionality (<i>Good or Bad</i>) <table border="0"> <tr> <td><i>i.</i></td> <td><i>ii.</i></td> </tr> <tr> <td><i>iii.</i></td> <td><i>iv.</i></td> </tr> <tr> <td><i>v.</i></td> <td><i>vi.</i></td> </tr> <tr> <td><i>vii.</i></td> <td><i>viii.</i></td> </tr> <tr> <td><i>ix.</i></td> <td><i>x.</i></td> </tr> </table>	<i>i.</i>	<i>ii.</i>	<i>iii.</i>	<i>iv.</i>	<i>v.</i>	<i>vi.</i>	<i>vii.</i>	<i>viii.</i>	<i>ix.</i>	<i>x.</i>	Laboratory equipment are sufficient for the scope of services provided. Equipment are functional and well maintained. SOP on maintenance is present.
<i>i.</i>	<i>ii.</i>										
<i>iii.</i>	<i>iv.</i>										
<i>v.</i>	<i>vi.</i>										
<i>vii.</i>	<i>viii.</i>										
<i>ix.</i>	<i>x.</i>										
59. Power Supply Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	Power supply is guaranteed by an alternate source of power. (Generating set/inverter etc.) Alternate										

		source is sufficient for the size of the facility.
60. Waste Management Inadequate <input type="checkbox"/> Adequate <input type="checkbox"/>		Waste management is properly done. From collection to final disposal. An SOP guiding the process is available. No breach of the process is noticed. This includes <ul style="list-style-type: none"> • Use of appropriate colour coded bins or bags at generation point • Appropriate collection techniques Appropriate and timely disposal.
61. Illumination Inadequate <input type="checkbox"/> Adequate <input type="checkbox"/>		Facility is well illuminated. No dark areas observed.
62. Water Supply Inadequate <input type="checkbox"/> Adequate <input type="checkbox"/>		Water supply is adequate. Water runs through every tap in the laboratory/ or is available at every point of need. Alternate source of water supply is available in the advent of emergencies or water pollution. This is clearly spelled out in a document.
63. PPE Inadequate <input type="checkbox"/> Adequate <input type="checkbox"/>		PPE's are available and properly used. SOP on proper use exists. Staff are aware of proper use.
Comment:		

Ultrasound Services

64. Does the facility provide ultrasound services Yes <input type="checkbox"/> No <input type="checkbox"/>	
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65. Who provides ultrasound services: Sonologist <input type="checkbox"/> Radiologist <input type="checkbox"/> Sonographer <input type="checkbox"/> Others, please specify _____	Personnel in Charge has a current certificate and license to practice.
Comment	

K. Medication Management

66. Is there a functional pharmacy or dispensary Yes <input type="checkbox"/> No <input type="checkbox"/>	
67. Specify if it is a pharmacy or dispensary _____	
68. Indicate Personnel in Charge: Pharmacist <input type="checkbox"/> Pharm. Technician <input type="checkbox"/>	Personnel in charge is qualified. Qualification and current practicing license sighted.
69. Is there a Counselling Area Yes <input type="checkbox"/> No <input type="checkbox"/>	Counselling area is present, and is close by the pharmacy. Privacy and comfort of the patient are guaranteed.
70. Is there a Compounding Area Yes <input type="checkbox"/> No <input type="checkbox"/>	A compounding area exists. Area is clean and tidy.
71. Is the size of the dispensing room adequate Yes <input type="checkbox"/> No <input type="checkbox"/> (Minimum of 30m ²)	The size of the dispensing room is adequate. i.e. $\geq 30\text{m}^2$
72. Well arranged with adequate ventilation Yes <input type="checkbox"/> No <input type="checkbox"/> (Adequate shelves and pallets)	Pharmacy is well arranged. Windows are sufficient for the size of the pharmacy. Shelves and Pallets are sufficient for pharmacy size.
73. Illumination Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	The pharmacy is well lit with adequate functional bulbs and/or natural lighting.
74. Is there a Drug Formulary (EMDEX, BNF etc) Yes <input type="checkbox"/> No <input type="checkbox"/>	A drug formulary was sighted. Complete, and not outdated.
75. Room temperature charts are available Yes <input type="checkbox"/> No <input type="checkbox"/>	Room temperature charts are recorded and up to date. Includes remedial actions taken.
76. Is there a functional fridge Yes <input type="checkbox"/> No <input type="checkbox"/>	Functional fridge is present. Well arranged, not overloaded, and not used for personal consumables.
77. Are Fridge temperature charts available Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature charts are available for the fridge. Charted regularly.

(Including for Vaccines)	
78. Is there a lockable DDA cupboard and register Yes <input type="checkbox"/> No <input type="checkbox"/>	There is a lockable DDA cupboard and a register. Access to the keys are restricted.
79. Disposal of expired drugs and consumables Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	There is a guideline on the proper disposal of expired drugs and consumables. Evidence of implementation is seen.
80. Appropriate use of PPEs Yes <input type="checkbox"/> No <input type="checkbox"/>	PPE's are available and are appropriately used. Guidelines guiding the use are available.
81. Availability of Fire Fighting equipment Yes <input type="checkbox"/> No <input type="checkbox"/>	Firefighting equipment are available, sufficient, serviced, and staff are trained in appropriate use.
Comment:	

L. Catering Services

82. Are catering services provided Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, In-house <input type="checkbox"/> Outsourced <input type="checkbox"/>	Diet plays a vital role in the wellbeing of patients, food service provision is not compulsory but where it is provided, it can either be in-house or outsourced, whatever the case it should meet basic food service hygiene measures are in place.
83. Is the kitchen clean Yes <input type="checkbox"/> No <input type="checkbox"/> (Walls, floor, utensils, extractor, door with net, pest control)	Walls and floors should be made of materials that can easily be cleaned, smooth and non-slip.
84. Is the kitchen well-ventilated Yes <input type="checkbox"/> No <input type="checkbox"/>	A minimum of one window and door is needed for cross ventilation, where this is not possible an extractor can be used to take out the heat. All windows and doors should have fly and other pest screens.
85. Is the kitchen well equipped Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(check cooking equipment, utensils, storage of perishable and non-perishable food, refrigeration)</i>	Kitchen should have adequate supply of: 1) Utensils (spoons, pots, plates, pans etc.) 2) Storage drums/shelves for the different classes of food 3) Separate cutting boards for different items (meat, vegetables, other raw food items and cooked food) 4) Refrigerator/freezer. PPEs (Aprons, boots, hair cover etc.)
86. Fire blanket and fire extinguisher sighted Yes <input type="checkbox"/> No <input type="checkbox"/>	A fire can occur at any time and kitchen staff should be ready at all times to combat a fire. Safety features like presence of fire blankets and extinguishers and fire alarms should be put in place. All kitchen staff
87. Fire Alarm is available and functional Yes <input type="checkbox"/> No <input type="checkbox"/>	

	should be knowledgeable about what can cause a fire and how to use extinguisher.
88. Evidence of food handlers test Yes <input type="checkbox"/> No <input type="checkbox"/> (Salmonella, Staph Aureus, TB, HBsAg, Stool Test)	Spread of infection can easily happen through food, especially foods that do not require cooking for this reason, food handlers must be tested periodically for Salmonella, Staph Aureus, TB, HepA etc., results of which should be kept onsite.
Comment:	

M. Environment and Amenities

<p>89. General Ventilation Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p>	<p>Ventilation is important for the prevention and control of infection. Building clusters around the facility as well as high walls that prevent circulation of air need to be considered when assessing for adequacy of ventilation. Doors and windows should be available for ventilation.</p>
<p>90. Illumination Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p>	<p>Good lighting is required within the facility for staff to perform their daily functions Good lighting is also required outside of the facility for security purposes All light bulbs should be functional.</p>
<p>91. Main source of electricity PHCN <input type="checkbox"/> Others <input type="checkbox"/> <i>Other, please specify</i> _____</p>	<p>A power source is essential for running a facility especially with regard to certain processes and procedures. In cases where power supply from the national grid is not constant, an alternative source of power should be made available.</p>
<p>92. Is there alternate power supply Yes <input type="checkbox"/> No <input type="checkbox"/> 93. If yes, tick applicable option(s) Generator <input type="checkbox"/> Inverter <input type="checkbox"/> Solar <input type="checkbox"/> <i>Others sources, please specify</i> _____</p>	
<p>94. Is there potable water supply Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>A power source is essential for running a facility especially with regard to certain processes and procedures. In cases where power supply from the national grid is not constant, an alternative source of power should be made available.</p>
<p>95. Source(s) of water Pipe borne <input type="checkbox"/> Borehole <input type="checkbox"/> Well <input type="checkbox"/> Vendor <input type="checkbox"/> Others _____</p>	
<p>96. No of Toilets Available: _____ Functional: _____ <i>Cistern that flushes</i> 97. Number of toilets available for staff Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> 98. Number of toilets for OPD Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> 99. Number of toilets for Inpatients Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/></p>	<p>Adequate numbers of toilets should be available for the level of service provision. All toilets must be clean, functional and equipped with necessary materials. All Toilets need wash hand basins with running water.</p>

100. Wash hand basin with running water Yes <input type="checkbox"/> No <input type="checkbox"/>	
101. Cleaning agents and disinfectant sighted Yes <input type="checkbox"/> No <input type="checkbox"/>	
102. Anti-bacterial hand wash Yes <input type="checkbox"/> No <input type="checkbox"/>	
103. Toilet roll Yes <input type="checkbox"/> No <input type="checkbox"/>	
104. Pedal bin lined with nylon Yes <input type="checkbox"/> No <input type="checkbox"/>	
105. Serviette/Single-use hand towel Yes <input type="checkbox"/> No <input type="checkbox"/>	
106. Shower with running water Yes <input type="checkbox"/> No <input type="checkbox"/>	Showers should be functional and ready for use whenever the need arises.
107. Is there external drainage (gutter) Yes <input type="checkbox"/> No <input type="checkbox"/>	A gutter helps to collect and channel surface water away from the structure into a drain. This reduces damage that may occur to the building or its grounds and also prevents falls due to slippery surfaces.
108. Is the drainage covered Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:	

Waste Management

Registered with: 109. LAWMA PSP Yes <input type="checkbox"/> No <input type="checkbox"/> 110. LAWMA Medical Yes <input type="checkbox"/> No <input type="checkbox"/>	Appropriate waste management practices are essential for infection control within and outside the facility. In Lagos state, registration with LAWMA PSP and LAWMA Medical is compulsory. Check for registration documents and payment receipts.
111. Correct bin and sharps container used Yes <input type="checkbox"/> No <input type="checkbox"/>	Waste is generated at the facility all the time. All waste generated at the facility must be properly segregated and collected with appropriate containers. Covered pedal dustbins should be used for waste collection within and outside the facility. Best practice colour segregation is as follows: Red – Highly infectious waste e.g. tissue parts, placenta, e.g.
112. Proper waste segregation observed Yes <input type="checkbox"/> No <input type="checkbox"/>	
113. Use of appropriate coloured bags Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Tick those available)</i> Black <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Brown <input type="checkbox"/> Safety sharp box <input type="checkbox"/>	
114. Final collection point Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	

115. Domestic Waste management Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	Yellow – infectious / hazardous waste e.g. loose tooth, used gloves, used cotton wool, e.t.c. Brown – chemical/pharmaceutical waste e.g. expired drugs, e.t.c. Black – domestic waste e.g. paper, biscuit wraps, e.t.c. Silver – radioactive waste Yellow box – sharps e.g. needles, broken vials, etc. Also waste segregation at the final collection point is vital and should be done using appropriately coloured large covered dustbins. This point needs to be kept clean at all times.
116. Medical Waste management Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	
Comment:	

N. Fire Safety

117. Fire Service Certification Available <input type="checkbox"/> Not Available <input type="checkbox"/>	A fire can occur at any time and facilities must be prepared to combat a fire whenever the need arises. Facility inspections are conducted by the fire safety agency of the state after which suggestions are made a certificate issued. Training on fire prevention, use of extinguishers and fire drills are conducted. All fire-fighting equipment need to be regularly serviced with servicing history label for each extinguisher stuck on it. Multiple exit points (at least 2) should be available and appropriately labelled in case of evacuation during a fire as well as a muster point.
118. Fire-fighting equipment Yes <input type="checkbox"/> No <input type="checkbox"/>	
119. Service History Yes <input type="checkbox"/> No <input type="checkbox"/>	
120. Two readily accessible and labelled exits seen Yes <input type="checkbox"/> No <input type="checkbox"/>	
121. Muster/Assembly Point Available <input type="checkbox"/> Not Available <input type="checkbox"/>	
Comment:	

O. Staffing

122. Facility has a Quality Improvement Program Yes <input type="checkbox"/> No <input type="checkbox"/>	At the very minimum, align the staffing of the facility with that recommended by LSMoH/HEFAMAA. For
123. Regular update training for health personnel Yes <input type="checkbox"/> No <input type="checkbox"/>	

124. Duty Roster for health personnel available Yes <input type="checkbox"/> No <input type="checkbox"/>	improved service delivery, investments in the knowledge and capacity of personnel is important. A duty roster for staff should be available as well as a Quality Improvement Program.
125. Adequate number of qualified health personnel Yes <input type="checkbox"/> No <input type="checkbox"/> If No, state the personnel type _____ _____	

Health Centre (Indicate number of personnel)

Staff:			
Full Time:		Part Time:	
Doctors		Doctors	
Nurses		Nurses	
Others		Others	

Maternity Centre

1. No. of visits by the Doctors per week.....
2. No. of first stage/Labour room beds.....
3. No of beds in lying in ward.....
4. No of cots.....

Nursing/Convalescent Home

5. No. of visit by Doctor per week.....
6. Hours of consultation.....

STAFF COMPLEMENT FORM

S/N	Name	MDCN Reg. No & Date	Designation (Consultant, MO	Specialty (If any)
Medical Doctor				
Nurse				
S/N	Name	NMCN Reg. No & date	Staff Nurse/Midwife	Specialty (If any)

Pharmacist				
S/N	Name	Reg. No. & Date		
Laboratory personnel				
Others				

Annex 1: Standard Emergency Tray List

Resuscitation Equipment

1. Pocket mask with 1-way valve (1)
2. Disposable airways
 - Adult Size (2)
 - Child Size (2)
 - Infant Size (2)
3. Adult and Paediatric Ambu bag

Evaluation Equipment

1. Blood pressure cuff – Adult (1)
2. Blood pressure cuff – Paediatric (1)
3. Manometer appropriate for both cuffs (1)
4. Stethoscope (1)

Treatment Equipment

1. Tourniquet (2)
2. Alcohol wipes (15)
3. Syringes – disposable
4. 3 cc with 20 g 1 ½ inch needle (5)
5. 1 cc TB with 25 g 5/8 inch needle (5)
6. 4x4s (one box)
7. Band-Aids (one box)
8. Adhesive tape (one roll)
9. IV solutions (LR, NS)
10. IV tubing (2)
11. Angiocaths (assorted)

Drugs

1. Epinephrine – 1:1000 1cc ampoule (5)
2. Benadryl – 50 mg/cc 10 ml multi-dose vial (1)
3. Atropine – 1 mg ampoule (1)
4. Oxygen tank, wrench and tubing (1)
5. Hydrocortisone 100mg ampoule (2)

Annex 2: Sterile Delivery Pack

1. Mayo scissors
2. 1L & 700ml Kidney dish
3. Spencer Wells forceps x2
4. Sterile Syringe 25ml
5. Cord clamp
6. Combines 10x20cm x2
7. Baby Wrap
8. Baby name tag
9. Needle - 18g x2, Needle - 23g x2
10. Gauze swabs x2
11. Abdominal sponges x5
12. Galley pot graduated 10-150ml x 2
13. Trolley cover/outer wrap x 1
14. Catheter pack: Foley's 12FG catheter, 20ml syringe, urine bag, water for injection, tape
15. Protective glasses
16. Gloves - Sterile (size: 6, 7, 8) x2
17. Gown/Apron - disposable, non-sterile