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COVID-19 Assessment Centers Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.4.	The HF shall maintain documented evidence of the following:				
5.4.1.	Transfer of critical/complicated cases when required.				
5.4.2.	Patient discharge.				
5.4.3.	Clinical laboratory services.				
5.4.4.	Equipment maintenance services.				
5.4.5.	Laundry services.				
5.4.6.	Medical waste management as per Dubai Municipality (DM) requirements.				
5.4.7.	Surveillance of all protected exposed and non-protected exposed staff.				
5.5.	The HF should maintain a charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.4.	The HF should have an accessible website that offers instructions to patients prior to and post visiting the facility.				
6.5.	The HF should have a hotline line number that offers 24/7 support services to suspected patients.				
6.7.	The HF should install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				
6.9.	The HF design shall provide assurance of patients and staff safety.				

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6.11.	The HF shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
6.13.	HF should maintain availability of Person In-charge for each working shift in the clinic.				
7	STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS				
7.1.	Only DHA licensed HCP are permitted to provide services at the facility.				
7.2.	HF should ensure that all HCP and personnel completed their COVID-19 Vaccination.				
7.3.	The Privileging Committee and/or Medical Director of the health facility shall privilege the physician aligned with his/her education, training, experience and competencies. The privilege shall be reviewed and revised on regular intervals. The privileged physician shall comply with the following:				
7.3.3.	HCP should be well trained and/or experienced with the management of suspected COVID-19 cases.				
7.3.4.	HCP should be trained on safe donning and doffing of PPEs.				
7.3.5.	Healthcare workers should be dedicated to COVID-19 assessment centres to minimise risk of transmission and exposure to other patients and healthcare workers.				
7.3.5.1.	Staff should not alternate between COVID-19 Assessment Centres and other clinical areas where vulnerable patients are managed.				
8	STANDARD FOUR: PATIENT ACCEPTANCE AND ASSESSMENT				
8.5.	The COVID-19 Assessment Centre should have a set of minimum required baseline lab work up for the presenting patients as follows:				
8.5.1.	Complete blood count				
8.5.2.	Renal function and Electrolytes				

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8.5.3.	Random Glucose				
8.5.4.	Liver function test including ALT/AST				
8.5.5.	ECG				
8.5.6.	CRP				
8.5.7.	Chest X ray				
10	STANDARD SIX: INFECTION CONTROL MEASURES				
10.2	Standard precautions, particularly good hand hygiene practice, attention to appropriate environmental cleaning, and disinfection, should be strictly implemented by all staff.				
10.3	HF should implement cleaning and disinfection of environmental services in the context of COVID-19.				
10.4	All staff must have completed training on safe fitting and removal of PPE.				
10.5	The facility should ensure appropriate donning and doffing areas for the staff as deemed necessary to ensure staff and patient safety.				
10.6	Adequate infection control supplies are provided, including biohazard containers and supplies for hand hygiene.				
10.7.2	Activate daily monitoring for all facility staff before starting their work and it should be documented, including but limited to:				
a	Measuring temperature				
b	Reporting symptoms				
c	History of contact with COVID-19 patient.				
10.7.4	Maintain physical distance between patients at the waiting area.				
11	STANDARD SEVEN: HASANA REPORTING				
11.2	The HF should assign dedicated staff for data entry on HASANA.				
13	STANDARD NINE: WASTE MANAGEMENT AND DISPOSAL				
13.4	Facilities should dispose of the biohazard containers according to facility and regulatory requirements.				

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13.5	Needles must be discarded in biohazard containers that are closable, puncture-resistant, leak-proof on sides and bottom, labelled, and color-coded (e.g., sharps container). Then dispose of the biohazard containers according to facility and regulatory requirements.				
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