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COVID-19 Health Center Readiness Assessment Tool

Health Center Name:

Health Affairs Directorate:

Assessment Date:

ACKNOWLEDGEMENT

This assessment tool was developed by USAID Health Service Delivery in collaboration with the Jordanian Ministry of Health and made possible by the generous support of the American people through the United States Agency for International Development (USAID).

DISCLAIMER

The contents are the responsibility of the USAID Health Service Delivery and do not necessarily reflect the views of USAID or the United States Government.

INTRODUCTION

In Jordan, health centers play a key role in providing health services and essential medical care within health systems. This role is particularly prominent during crises. Many health centers normally operate at near-surge capacity, and so just a small rise in patient numbers during an emergency can pressure health centers to work beyond their functional capabilities. The progressive spread of disease during an outbreak can overwhelm health centers' ability to respond as there are simply too many patients needing medical care and/or assessment at the same time.

During the COVID-19 pandemic, health centers need to consider their readiness to cope with a possible influx of patients and an increased need for medical services, screening, and referrals to other points of care. They should prioritize and implement actions, specified within their emergency preparedness plans, to respond to any biological risks that might lead to increased patient numbers, especially those who suffer from respiratory diseases. In addition, health centers should take into consideration redesigning the client flow, implementing MOH protocols and procedures, following isolation instructions, ensuring commitment of service providers are using Personal Protective Equipment (PPE), following infection prevention and control (IPC) measures and handling hazardous biological wastes correctly.¹ During the COVID-19 pandemic, the continuity of essential primary health care services, availability of clear internal and external communication, effective use of resources, and a safe environment for service providers and clients is crucial.

This tool was developed by USAID Health Service Delivery in collaboration with the Ministry of Health (MOH) and relied on a group of technical resources including:

- European Centre for Disease Prevention and Control “checklist for hospitals preparing for the reception and care of coronavirus 2019 (COVID-19) patients”
- WHO “hospital preparedness and response for the management of COVID-19 patients”
- Geneva Centre of Humanitarian Studies. Assessment for Primary Health Care facilities tool

Although, the tool development was guided by the expected case management roles and responsibilities of health centers in order to prepare them to deal with suspected and mild confirmed COVID-19 cases properly.

The assessment consist of the following areas:

1. Management and Leadership;
2. Operation, logistics and supplies;
3. Channels of communication;
4. Human resources;
5. Surge capacity and continuity of essential services;

¹ Hospital readiness checklist for COVID-19. Washington (DC): Pan American Health Organization; February 2020.

COVID-19 Health Center Readiness Assessment Tool

6. Rapid identification;
7. Isolation and referral for suspected cases, and management for suspected and confirmed mild cases;
8. Infection prevention and control.

ASSESSMENT METHODOLOGY:

- **Assessment:** conducted by the Health Affairs Directorate COVID-19 multidisciplinary team.
- **Action Plan:** developed by the health center staff, in collaboration with multidisciplinary team, to address identified gaps in the assessment.
- **Quarterly Report:** developed by the health center staff and to be sent on regular basis to the Health Affairs Directorate.

ASSESSMENT PROCEDURES:

Assessing compliance to each response area requires:

- **Interviews** with health center staff.
- **Tour** in health center for observing practices, processes, and environment.
- **Reviewing** relevant health center documents.

ASSESSMENT RESULTS:

- **Met:** availability of all activity requirements.
- **Partially Met:** when some of the activity requirements are in place. However, not considered achieved until all needed requirements are in place.
- **Not Met:** none of the activity requirements is available.

Based on the assessment results of the activities related to each response area, each health center team will collaborate with the respective Health Affairs Directorate COVID-19 multidisciplinary team to address the identified gaps in the assessment.

ASSESSMENT TOOL:

COVID-19 Health Center Readiness Assessment Tool		
Health Center Profile		
Health Center Name:		
Health Affairs Directorate (HAD):		
Health Sector: <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Royal Medical Services <input type="checkbox"/> Others (Specify):		
Health Center Type: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Primary		
Health Center Working Hours:		
Type of Medical Record: <input type="checkbox"/> Paper <input type="checkbox"/> Electronic		
Catchment Area Served (number of white cards at health center):		
Annual Number of Health Center Clients (including emergency clients):		
Monthly Average Number of Health Center Clients:		
Health Center Capacity (Rooms)		
Clinics/Rooms	Number	Remarks ²
General Practitioner Clinics		
Emergency Department		
Specialty Clinics		
Maternal and Child Health Unit		
Areas/room that can be used as		

² Number of occupied/non-occupied rooms, for maximum utilization of the facility.

COVID-19 Health Center Readiness Assessment Tool

Respiratory Area/Room		
Availability of room that can be used as Isolation Room for COVID-19 Suspected Case		

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Health Care Staff		
Specialty	Current Staff Number	Number of Additional Staff Required to Respond "Maximum Surge Capacity"
General Practitioner		
Family Medicine Specialist		
Internal Medicine Specialist		
Pediatrician		
Other Specialties		
Registered Nurse		
Midwife		
Practical/Associated/Aid Nurses		
Lab Technician		
Radiology Technician		
Registry/Client Service Station staff		
Social Worker/Psychosocial Counselor		

Health Center Readiness Checklist for COVID-19			
Trained Health Care Staff on COVID-19 Case Management			
Topic	Specialty	Number of Trained Staff	Remarks
Screening of Suspected COVID-19 Cases for PHC Service Providers	Physician		
	Nurse		
	Midwife		
	Others		
Antenatal Care and Breastfeeding during COVID-19 Pandemic for PHC Service Providers	Physician		
	Nurse		
	Midwife		
	Others		
Home Care Guidance for Suspected And Confirmed COVID-19 Cases	Physician		
	Nurse		
	Midwife		
	Others		
Infection Prevention and Control Measures	Physician		
	Nurse		
	Midwife		
	Others		
Other Training Related to COVID-19 (Specify): _____	Physician		
	Nurse		

_____	Midwife		
	Others		

Health Center Readiness Checklist for COVID-19		
Health Center Operational Capacity		
Operational Support Requirements	Current Number	Remarks³
Ambulance		
Oxygen Cylinder		
Oxygen Regulator		
Pulse Oximeter		
Remote Thermometer		
Cardiac Monitor		
Disposable Oxygen Masks		
Intravenous Cannulas		
Emergency Trolley		

³ Functioning or not functioning.

Health Center Readiness Checklist for COVID-19					
No.	Readiness Areas	Verification			
	Readiness Area	Met	Partially Met	Not Met	Remarks
1) Management and Leadership					
1.	Availability of a trained ⁴ “Crisis Management Team”, representing all related departments and units, with a Clear Term of Reference (TOR).				
2.	Availability of a contingency plan to respond to COVID-19 pandemic.				
3.	Availability of a clear mechanism for official communication with the HAD regarding the health care staff needs according to COVID-19 spread scenarios (knowing that the internal and external communication liaison officer is the health center manager or his representative).				
4.	Availability of Compiled daily list of on-duty health center staff, with their telephone numbers.				
2) Operations, Logistics and Supplies					
5.	Availability of a clear mechanism to ensure the continuous provision of: <ul style="list-style-type: none"> ● Medications: such as Antipyretic, Painkillers, Antibiotics, Antihistamines, and Intravenous fluids. ● Essential Elements (Oxygen cylinder, consumables, medical equipment, PPE). 				

⁴ Trained on COVID-19 protocols and procedures.

6.	Availability of a plan to estimate essential supplies and pharmaceutical consumption, according to COVID-19 spread scenarios.				
7.	Availability of a store for additional stock, that complies with storage requirements.				
8.	Availability of clear procedures related to transportation including ambulances.				
9.	Availability of a back-up plan for essential supplies (e.g. water, electric power and oxygen).				
10.	Clear role for a health center security team in identifying potential constraints of facility access, patient flow, traffic and parking; and how to ask for support from local security forces to augment health center security, if needed.				
3) Channels of Communication					
11.	Availability of a unified communication mechanism to ensure that all staff regularly have access to any updated policies, regulations and protocols (use of various means of communication).				
12.	Availability of sustainable back-up communication methods (e.g. landlines, the internet, mobile devices).				

13.	Availability of a standard form and special logbook to document suspected COVID-19 cases, reported to the HAD on daily basis according to the specified procedures related to external reports in terms of, details of sent data, to whom it is sent, and the periodicity of sending these reports.				
4) Human Resources					
14.	Availability of a human resource management back-up plan that includes procedures to ensure adequate staff capacity and continuity of care, to maintain essential services, while there is an increased demand for human resources.				
15.	Availability of a staff list, with those who are designated to handle COVID-19 cases.				
16.	Availability of MOH policies/ procedures so that health centers can use them to regularly assess for health care staff, who are exposed or sick.				
17.	Availability of continuous training programs, to train relevant service providers.				
5) Surge Capacity and Continuity of Essential Services					
18.	Availability of a plan to expand the health center's capacity in terms of: staff, supplies, processes, and physical space (e.g. use of health center corridors, parking and other non-essential spaces).				
19.	Availability of a mechanism for calculating the maximum patients' capacity and estimating the				

	increased demand for health center services, during a COVID-19 outbreak, based on the surge capacity of the staff and facility.				
20.	Availability of a mechanism to estimate the maximum capacity for isolation room(s) ⁵ .				
21.	Availability of a list of service delivery points (such as radiology or laboratory) for referring patients to in case of unavailability, breakdown, or increased demand related to COVID-19 cases.				
22.	Availability of an essential health services list, ranked according to priority, to prioritize services that can be suspended if necessary, according COVID-19 spread scenarios.				
23.	Availability of alternative ways of delivering essential services such as virtual counselling and medication delivery, Vaccination.				
6) Rapid Identification					
24.	Availability of a unified entry for the respiratory area/room that allows for the entry of one person at a time and maintains social distancing of at least 1.5 meter between cases.				
25.	Availability of a remote thermometer.				
26.	Assign a trained staff member at the health center's entrance to direct patients with respiratory symptoms to the respiratory area/room.				

⁵ Number of rooms that can be converted into isolation rooms and maximum number of patients that can be cohort in isolation rooms, taking into consideration isolation standards.

27.	Availability of a hotline to enable clients with respiratory symptoms to call, before coming to health center in order to guide them to appropriate designated points of care.				
7) Isolation and Referral for Suspected Cases, and Management for Suspected and Confirmed Mild Cases					
28.	Availability and clear placement of a clinical referral pathway for suspected COVID-19 cases, according to the MOH standards and protocols.				
29.	Availability and clear placement of MOH protocols to manage mild suspected or confirmed cases.				
30.	Availability of specific and equipped isolation rooms for suspected and confirmed COVID-19 cases, taking into consideration MOH standards.				
31.	Availability of a specific laboratory or station for PCR sampling, within the governorate, for referring suspected COVID-19 cases for PCR testing or coordination procedures and referral for cases that require PCR testing.				
32.	Availability of a well-trained team of providers to care exclusively for suspected or confirmed cases.				
8) Infection Prevention and Control					
33.	Availability of information, education and communication materials clearly placement in the health center.				
34.	Availability and proper use of PPE supplies according to level of risk: <ul style="list-style-type: none"> ● N95 facial mask. 				

	<ul style="list-style-type: none"> ● Disposable surgical mask. ● Safety goggles or face shield. ● Surgical or latex gloves. ● Cleaning gloves. ● Gown with long sleeves. ● Waterproof gown. ● Surgical suit for health providers dealing with COVID-19 suspected and confirmed cases. 				
35.	<p>Availability of equipment needed for medical waste management:</p> <ul style="list-style-type: none"> ● Colored bags according to medical waste types. ● Trash bin with lid open by foot. ● Specific bags to collect laundry from places identified for COVID-19 patients. 				
36.	<p>Ensure the facility provides:</p> <ul style="list-style-type: none"> ● Water for handwashing. ● Liquid soap. ● Alcohol for sanitizations. ● Specific toilets for suspected and confirmed COVID-19 cases. 				
37.	<p>Availability of a schedule for routine cleaning and hygiene according to protocols for places identified for COVID-19 patients.</p>				
38.	<p>Training program to build the cleaners' capacity on routine cleaning and hygiene protocols, for health facility places identified for COVID-19 patients.</p>				
39.	<p>Availability of dedicated area(s) for the disinfection and sterilization of biomedical equipment and devices.</p>				
40.	<p>Availability of protocols and policies on the management and final</p>				

	disposal of infectious biological wastes, including sharps.				
41.	Availability of a checklist to ensure the implementation of infection prevention and control measures.				

Health Center Readiness Checklist for COVID-19		
Assessment Details		
Date of Assessment:		
Assessment Team	Titles and Work Location	Remarks
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

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