

Apollo Institute of Medical Sciences & Research, Chittoor

COVID-19 COMPREHENSIVE CHECKLIST/SOP FOR MEDICAL COLLEGES BASED ON GUIDELINES OF DR. NTR UHS & G.O .R.T.NO.153

No.	Assessment item	Yes/No	Status
1.	INFRASTRUCTURE, EQUIPMENT AND SUPPLIES		
1.1	Are there designated hand-washing areas for all students and staff at various points of the Medical colleges (one for every classroom with approximately 50 students)? In the absence of hand washing points, have hand sanitizers been provided at each point- of-use for every classroom (with approximately 50 students)/ staff especially near entrances/exits/lunchrooms and toilets?		
1.2	Are there adequate arrangements to dry hands after washing them using personal clean cloth towels carried by each student or disposable paper towels?		
1.3	Do the classrooms have exhaust/appropriate ventilation?		
1.4	Does the College infirmary have a separate area for students reporting with cough, cold and/or fever?		
1.5	Have you printed and kept a copy of all relevant COVID-19 government guidelines in the infirmary and administrator's office?		
1.6	Is running water available throughout the day at the College Infirmary? If not, is a contingency plan available?		
1.7	Are disinfectants, sanitizers and soap requirement for at least a month available in the College for cleaning as per guidelines?		
1.8	Have you identified PPE and disinfectant suppliers' phone numbers for emergency indents?		
1.9	Does your College Infirmary have adequate stock for essential medicines and supplies, required for at least a month based on your estimations?		

1.10	Do you have equipment for thermal screening at the main entrance for screening visitors (whose visit is unavoidable)?		
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No.	Assessment item	Yes/No	Status
2	TEACHING, NON-TEACHING & INFIRMARY STAFF SAFETY		
2.1	Have all the College staff undergone training on modes of transmission and common myths/misconceptions about COVID19?		
2.2	Is College ensuring that the teachers/staff are regularly updated with the latest accurate information regarding COVID 19 taken from reliable sources, particularly because information can change over a period of time and a lot of misinformation can circulate?		
2.3	Are teachers aware about the best way to communicate about COVID 19 to students in a way that is honest, accurate, and minimizes anxiety or fear?		
2.4	Have all the infirmary staff and their assistants undergone training on PPE handling and disposal (masks & N95 respirators mainly)?		
2.5	Have the sanitization and disinfection guidelines been printed and displayed in all relevant areas in the College?		
2.6	Have you held mock drills for College staff on handling a suspected COVID 19 case?		
2.7	Have PPE (masks and gloves mainly) been distributed to each staff in the Infirmary, as per guidelines based on the possible (high/moderate/low) risk involved?		
2.8	Are the staff of the College, conducting a self- assessment for symptoms daily?		
2.9	Does your preparedness plan, include any residential quarters of staff on College campus?		
2.10	Have you identified critical job functions and positions, and planned for alternative coverage by cross-training staff?		
2.11	Do you actively encourage sick teachers/staff (with symptoms suggestive of COVID-19) to stay home?		
2.12	Have you communicated to all employees not to return to work until the criteria to discontinue home isolation (at that point of time as per local health authorities) are met?		

2.13	Have you communicated to the employees that they need to inform if they are caring for someone at home with COVID-19?		
2.14	Do you have a flexible sick leave policy in place consistent with the public health guidelines?		
2.15	Do you discourage employees from using other workers' phones, desks, offices, or other work tools and equipment, when possible? If necessary, clean and disinfect them before and after use.		
2.16	Have you encouraged teachers not to move study materials from one classroom to other rooms, as much as possible?		
2.17	Do you advise employees to take precautions before travel as per the guidelines at that point of time?		
2.18	Do you have protocol for staff meetings with social distancing measures?		
2.19	Have staff been provided secure low risk rooms/lockers/designated safe locations to keep personal belongings during duty hours?		
2.20	Is the food being prepared and served safely in case you have a College canteen?		
2.21	Are you checking on the health and wellness of the infirmiry nurse and / or doctor on your campus periodically?		

No.	Assessment item	Yes/No	Status
3	CARE FOR STUDENTS AT COLLEGE		
3.1	Do you have a protocol in place in case a confirmed case of COVID 19 enters the College?		
3.2	Do you have a procedure for a staff/student who becomes sick at College or arrives at College sick (with symptoms of Influenza like illness (ILI))?		
3.3	Have you displayed the latest COVID-19 symptoms list along with red-flags, high travel and high contact risk conditions in the College infirmary?		
3.4	Are physical distancing norms implemented in the College, College bus/vans including spacing desks/running buses at half the capacity and restricting group activities in the College?		
3.5	Do you have phone numbers of all parents/ guardians?		
3.6	Do you have a strategy in place to minimise routine infirmary visits, including students with chronic illnesses, who need medications?		
3.7	Have you planned emergency care provision in a way that it runs uninterrupted despite the changes brought in for COVID-19 precautions?		
3.8	Do you have a plan to ensure continuity of critical services that may take place in Colleges such as College health screenings or care for students with special needs, as per the government regulations at that point of time?		
3.9	Do you actively encourage students not to share pens/pencils etc to prevent spread of infection through fomites?		
3.10	Do you have a doctor on campus to attend to any student who needs to be seen by a doctor, after triaging by College infirmary nurse?		
3.11	For Colleges with residential hostels only: Do you follow all social distancing, hygiene measures and disinfection protocols prescribed for public places, in the hostel strictly ⁷ ?		

A symptom checklist for COVID-19 (for illustration purposes only; check updated list from your district/state government)

S No.	Symptoms	Yes	No	Remarks with duration
1	Fever			
2	Cough			
3	Runny Nose			
4	Sore throat			
5	Body pain			
6	Loss of appetite			
7	Diarrhoea			
8	Lost sense of smell (anosmia) and taste (ageusia)			
RED FLAGS				
8	Difficulty breathing or shortness of breath after symptoms set in			IMMEDIATE ACTION For any one of these symptoms, refer for testing and management to centres.
9	Persistent pain or pressure in the chest			
10	Bluish lips or face			

High Contact Risk Check

S. No.	High Contact Risk Criteria	Yes	No	Within 14 days of contact?
1	Contact with someone in the last 14 days having symptoms of severe respiratory illness/admitted for the same			
2	Patient in close proximity (within 3ft) of a conveyance with a symptomatic person who later tested positive for COVID-19			
3	Contact with someone in the last 14 days having tested positive for COVID-19			

4	Direct physical contact with the person being suspected to have COVID-19 including examining a person without PPE (personal protective equipment)			
5	Touched or cleaned the linen/clothes/dishes of a person suspected to have COVID-19			
6	Touched the body fluids (respiratory secretions, vomit, saliva, urine, feces) of a person with suspected COVID-19			

No.	Assessment item	Yes/No	Status
4	BIOMEDICAL WASTE MANAGEMENT AND DISINFECTION		
4.1	Is there a plan for disposal of infected or other biomedical waste by your College?		
4.2	Are staff aware that PPE removal should be at/near the bin?		
4.3	Have you implemented a common area disinfection routine at your facility?		
4.4	Is the disinfection solution being prepared daily, as per set protocols?		
4.5	Are the College transport vehicles being disinfected, at least on a daily basis?		

No.	Assessment item	Yes/No	Status
5	HEALTH INFORMATION, OUTREACH AND COMMUNICATION		
5.1	Have you identified a single platform on which all of your facility and field staff are available for communication and coordination? (E.g. Whatsapp/any other platform on which all staff are available for remote access)		
5.2	Have you procured/printed and displayed key posters on COVID-19 in common areas?		
5.3	Are students/teachers/staff instructed to wash their hands or use hand sanitizer if the hands are not visibly dirty throughout the day,including ¹⁴ : <ul style="list-style-type: none"> • After arriving at College • Before eating. • After eating. • After they use the toilet • After they cough/sneeze • After they have touched an item or surface that may be frequently touched by other people, such as door handles, stair railings, tables, keyboards, etc. • Before touching their eyes, nose, or mouth 		
5.4	Does the awareness material include a focus on countering possible stigma and discrimination due to quarantine status, contact exposure or test positivity of any student or College staff?		
5.5	Is the state/district COVID-19 helpline number(s) prominently displayed at your College infirmary entrance and in all posters?		
5.6	Is information on COVID-19 being circulated through the College communication portal to all parents?		
5.7	Have you implemented targeted health education which integrates disease prevention and control in your College?		
5.8	Have you compiled authentic videos/resources from the MoHFW/ state health department /WHO/CDC etc to share with staff and parents?		

No.	Assessment item	Yes/No	Status
6	MONITORING AND REPORTING		
6.1	Have you notified a face-to-face (virtual if possible) meeting schedule for your College infirmary staff and administrator at least on a weekly basis?		
6.2	Have you made contingency plans for absence of College infirmary nurse?		

Sections B: Checklist for preparedness for parents and families

No	Assessment item	Yes/No	Status
7	HEALTH INFORMATION, OUTREACH AND COMMUNICATION		
7.1	<p>Is information on COVID-19 being circulated through the College communication portal to all parents? This must include</p> <ul style="list-style-type: none"> a) modes of transmission, b) common myths/misconceptions, c) use of masks by public d) social distancing measures e) other measures being promoted by government authorities 		
7.2	Is the state/district COVID-19 helpline number(s) prominently displayed at your College infirmary entrance and in all posters?		
7.3	Does the awareness material include a focus on countering possible stigma and discrimination due to quarantine status, contact exposure or test positivity of any student or College staff?		
7.4	Does the College send information to parents about COVID-19 and similar illnesses, including hand and respiratory hygiene, pandemics, vaccines, physical(social) distancing etc		
7.5	Is the information regarding usefulness about Arogya Setu App being disseminated among the parents and College staff?		

No	Assessment Item	Yes/No	Status
8	INFORMATION TO COLLEGES ABOUT COVID-19 POSITIVE CASES OR QUARANTINE CASES, IN CLOSE CONTACT WITH FAMILY		
8.1	Are parents being encouraged to share information about COVID-19 positive cases or quarantine cases with Influenza-like-illness (ILI) symptoms, in close contact with family? Are parents encouraged to inform College, if their residence has been declared a containment zone?		
8.2	Have they been reassured that no possible stigma and discrimination of students will be done, based on such information?		
8.3	What channel is being used for such communication? Who is the nodal point person for such information?		
8.4	Is the hostel care taker being informed of communication from parents?		

No	Assessment Item	Yes/No	Status
9	PROVIDING CONSENT FOR COLLEGE ACTIONS FOR HEALTH AND SAFETY		
9.1	Are parents providing consent for consultations with a doctor for any health issue, which requires a referral by the College, including but not limited to Suspected COVID-19 symptoms?		
9.2	Are parents being informed of disinfection procedures carried out by College? Are parents encouraged to share allergy information of students to chemicals used for disinfection (Chlorine/ Bleaching Powder/ Sodium Hypochlorite)		
9.3	Are parents providing consent for isolation of students with respiratory symptoms?		
9.4	Is there a plan for parents to immediately take students identified with respiratory symptoms and / or fever, home?		

No	Assessment	Yes/No	Status
10	COLLEGE ABSENCE – INFORMATION AND IMPORTANCE OF WHEN NOT TO SEND STUDENT TO COLLEGE		
10.1	Are parents encouraged to keep students with respiratory symptoms and / or fever at home? Are they assured that College absence will be considered very sympathetically?		
10.2	Has College publicly announced to do away with any attendance linked rewards or marking in the progress report of student for the academic year?		
10.3	Do you share information with parents (not specific to COVID -19) about when not to send your student to College?		

Annexure 1:

COVID-19 Screening Checklist for Colleges – for Visitors

Date & Time	___/___/____@___:___am/pm
Name	
Mobile Number	
Category of Visitor	Parent/Guardian/ Vendor/ Public Servant/Staff Relative/Others_____
Purpose of Visit	
Fever (> 38.4°C / 100.4F)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Restrict Entry

Self Declaration Form related to COVID-19

Have you had this symptom in last month?	Response	If Yes, what's the current status? ¹⁷
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since_____days
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since_____days
Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since_____days
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since_____days
Lost sense of smell and / or taste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since_____days
Breathing Difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Still having <input type="checkbox"/> Not there since_____days
Have you been in contact with someone who has tested positive for COVID-19 in the last 30 days/ one month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details ¹⁸
Have you been in close contact with someone or taken care of someone, who has had any of the above listed symptoms, in the last one month/ 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details
Have you tested positive for COVID-19 at any time in the last one month/ 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details

Signature of Visitor