Date of assessment: 09/07/2020
Location: Area de Proteção e Cuidados (APC), Boa Vista, Brasil
Type of facility: Primary health care facility
Assessment conducted by: Delmo Vilela and Daiana Albino Pena in collaboration with APC management

General comments and implementation advice:
The APC is starting-up operations and has few people in attendance (25 beds). The site is large and widely set-up. In the near future, a capacity expansion from the current 1000 beds to up to 1500 beds is expected, but the actual usage is unsure. After the COVID-19 pandemic, the site is planned to be transformed into one or two shelters for migrants.

It is advised to monitor the number of patients closely. Once patient numbers increase significantly, the fecal sludge management has to be improved and on-site water storage capacity has to be increased. For now, from the awareness raising perspective, it is advised to install additional hand washing facilities (with soap and water available) to reduce distance to handwashing stations and to ensure drinking water availability by donating filters.

The APC management has joined the assessment exercise and has thus been made aware of existing standards and guidelines.

General information
Beds: 1000 beds (1500 planned)
Screening area: yes
Presence of isolation: yes
On-site treatment of COVID-19 patients: yes

Data on water services
Water availability: Water services available every day and of sufficient quantity
Water storage: Water storage to meet less than 75% of the needs of the facility for 2 days. Currently there is an on-site water storage of 15000 liter. Following the standard of 60 l per day per patient and an on-site storage capacity of 2 days, a minimum storage capacity of 18.000 liter is required but preferably more.
Water quality: Yes, drinking water has appropriate chlorine residual
Drinking water fountains: Present, but are out of order due to lack of cleaning filters
Data on sanitation

Showers: Yes, at least one shower or bathing area is available per 40 patients in inpatient settings and is functioning and accessible

Toilets: Yes, toilets or improved latrines are clearly separated for staff and patients and visitors

Toilets for people with special needs: No toilets for disabled users (but ramps will be installed)

Hand washing facilities: Yes, functioning hand hygiene stations within 5 m of latrines

Toilet cleaning management: Toilets cleaned but not recorded

Fecal sludge management: On-site waste water treatment is present in the shape of a concrete box with a very small volume compared to the need once the site is as full capacity. The box receives both black and grey water and was not designed to receive large volumes. An adequately designed treatment installation is required if the envisioned number of patients will arrive and when the site will be transferred to a shelter to prevent leaking of untreated waste water into the environment.

Staff trained in medical waste: Yes, a trained person responsible for health care waste is present and adequately trained

Medical waste management system: Yes, functional collection containers for each type of health care waste is in close proximity to all waste generation points

Medical waste management implemented: Some sorting of waste but not all correctly or not practiced throughout the facility

Safe disposal of infectious and sharps waste: Yes, there is a functional and of a sufficient capacity incinerator or alternative treatment technology for the treatment of safe disposal of infectious and sharps waste

Infectious waste stored in protected area and treated within safe time period: Yes, all infectious waste is stored in a protected area before treatment

Protocol or Standard Operating Procedure in place for health care waste: Protocol or SOP (Standard Operating Procedure) for safe management of health care waste is written but not visible or implemented

Appropriate protective equipment for waste treatment and disposal: Yes, all staff in charge of waste treatment and disposal have appropriate protective equipment

(Hand) Hygiene

Functioning hand hygiene stations are available at all points of care: Yes. Functioning hand hygiene stations are available at points of care. However, distances between handwashing stations are sometimes far.

Hand hygiene promotion materials are available: Yes

Functioning hand hygiene stations available in service areas: Hand hygiene stations (combined with drinking water fountains) are present, but there is not always available water or soap available.

Hand hygiene compliance activities undertaken regularly: Yes, hand hygiene compliance activities are undertaken regularly

Floors and horizontal work surfaces appear clean: Yes

Appropriate and well-maintained materials for cleaning available: Yes

Personal protective equipment available to all cleaning and waste disposal staff: Yes

Staff can demonstrate correct procedures for cleaning and disinfection: Yes, at least one member of staff can demonstrate correct procedures for cleaning and disinfection

Mechanism exists to track supply of IPC-related materials: Yes

Record of cleaning visible and signed by the cleaners each day: No record of floors and surfaces being cleaned exists

Facility has sufficient natural ventilation: Yes

Beds adequately separated from each other (1m at least): Yes

WASH FIT or other quality improvement/management plan: WASH FIT or other quality improvement/management plan for the facility is complete but has not been implemented and/or monitored or is incomplete

Adequate cleaners and WASH maintenance staff: Yes

Regular audits of hand hygiene supplies: Yes, regular ward-based audits are undertaken to assess the availability of handrub, soap, single use towels and other hand hygiene resources

New personnel receive IPC training: Yes

Immediate training on IPC and WASH / recent refresher: Yes, health care staff are trained on WASH/ IPC each year

Dedicated WASH or IPC focal person: No, the facility does not have a dedicated WASH or IPC focal person