



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Module D: Additional Water, Sanitation, Hygiene and Infection Prevention Criteria for use in Special Newborn Care Units in Nigeria (Kangaroo Mother Care, Out-born Care, Sick Newborn, or Neonatal Intensive Care Units)

Purpose of these criteria: Maintaining advanced levels of cleanliness and infection prevention readiness is a pre-requisite to providing quality health care services for at risk newborns. This scorecard is meant to serve as a quality improvement tool. The scorecard consolidates lengthy guidelines and condense them into one useful monitoring and evaluation tool for use among various stakeholders within the health system.

While this observational scorecard includes assessment information on the presence of critical WASH and infection prevention infrastructure and supplies within a postnatal care space, it does not evaluate the proper management and use (behavior) of the infrastructure and supplies assessed. Therefore, it is recommended that this tool be used in conjunction with other interventions to ensure consistent compliance with proper WASH and infection prevention behaviors among health care facility staff (clinical and non-clinical), patients and visitors. Other interventions may include (but are not limited to):

- Making improvements to infrastructure access and placement
- Training health care facility staff (health workers and non-healthcare staff) on standards, roles and responsibilities
- Implementing systems of personal and collective responsibility and motivation
- Ensuring the presence of conveniently placed reminders to comply with proper hygiene and infection prevention procedures

Instructions: This document includes advanced WASH and infection prevention criteria. It is intended to be used in conjunction with the WASH and infection prevention criteria outlined in the corresponding scorecard for Routine Postnatal Care. All of the criteria for Routine Postnatal Care spaces still apply. This list of criteria for sick newborn care lists various WASH and infection prevention criteria needed to achieve and maintain an advanced level of cleanliness and infection prevention for sick newborns. This list of criteria is meant to apply to any facility (primary, secondary or tertiary) that is providing special newborn care. Within each section is a list of additional WASH and infection prevention criteria. Some criteria may apply to one, some or all of the listed specialty newborn care spaces.



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Recommended Scorecard Use for Various Health System Stakeholders:

- **Healthcare and non-healthcare facility staff:** This scorecard can be used by individual staff members within a health facility to understand the expectations of maintaining a basic level of infection prevention readiness within their ward. Staff members can use the scorecard to maintain awareness of their ward's current infection prevention readiness status, identify needed improvements and prioritize improvements based on the weight of each criteria. Staff members can also use their familiarization with scorecard criteria to ensure compliance with basic WASH and infection prevention practices among themselves and their colleagues, as well as patients and visitors.
- **Ward supervisors, infection prevention and control committees, and Health Care Facility Administrators:** This scorecard can be used by health care facility leaders to continually monitor ward readiness status, identify gaps, prioritize improvements and shift or mobilize resources to improve and maintain a basic level of infection prevention readiness. The scorecards can also serve as a supporting tool in monitoring staff, patient and visitor compliance with basic hygiene and infection prevention practices.
- **Local, State and Federal governments:** This scorecard can be used by health system leaders to systematically collect consistent, useful data for decision-making. Using the scorecard on a routine (annual or semi-annual basis) allows health system leadership to assess facility readiness, reward high performing facilities and staff members, allocate resources to facilities in need and collect consistent and assess risk in the event of a disease outbreak or natural disaster.

Checklist Overview: This checklist consists of nine sections:

1. Descriptive Questions
2. Personal Protective Equipment and Linens
3. Hand Hygiene and Infection Prevention
4. Water Supply Use
5. Management of bassinets, cribs, warmers, and incubators
6. Management of Expression and Storage of Breastmilk



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

A Checklist of Advanced Water, Sanitation, Hygiene and Infection Prevention Criteria for use in Special Newborn Care Units in Nigeria

Checklist Instructions: Read each criteria and mark the appropriate yes/no column. If notes are provided for specific criteria, review the notes before marking the yes/no box. If criteria does not apply to the space being assessed, leave the yes/no column blank

Section 1: Descriptive Questions:

Question #	Question:	Response:
1.1	Date of Assessment:	
1.2	Enumerator Name:	
1.3	Facility Name:	
1.4	Facility Level (primary, secondary or tertiary):	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary
1.5	Facility type (public, mission, private):	<input type="checkbox"/> Public <input type="checkbox"/> Mission <input type="checkbox"/> Private
1.6	State in which the health facility is located:	<input type="checkbox"/> Ebonyi State <input type="checkbox"/> Kogi State
1.7	Type of Postnatal Care Space being Assessed	<input type="checkbox"/> Routine Postnatal Care <input type="checkbox"/> Outborn Unit <input type="checkbox"/> Kangaroo Mother Care Unit <input type="checkbox"/> Sick Newborn Care Unit <input type="checkbox"/> Neonatal Intensive Care Unit



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Sections 2 – 9: WASH and Infection Prevention Criteria

Criteria #	Criteria	Criteria applies to:			
		Kangaroo Mother Care Units	Out-born Units	Sick Newborn Units	Neonatal Intensive Care Units
2.1	Long-sleeved gowns are available for staff in case of handling of infants outside of the cot/warmer/incubator, or when entering the infant's area (even when not handling the infant) in the following situations: <ul style="list-style-type: none"> - Soiling with blood or body fluid is expected (Standard Precautions apply) - The infant is on Contact or Droplet Precautions 	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	Long-sleeved gowns are available for caregivers and staff in case of handling the infant outside of the cot/warmer/incubator or when entering the infant's area (even when not handling the infant) in the following situations: <ul style="list-style-type: none"> - Soiling with blood or body fluid is expected (Standard Precautions apply) - The infant is on Contact or Droplet Precautions - The parents are concerned about their own soiled clothing 	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	Gown disposal bins are available within, or directly outside, of the ward	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	Recommended detergents are available to launder linens used in the newborn space or within the health care facility's laundry unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Criteria #	Criteria	Criteria applies to:			
		Kangaroo Mother Care Units	Out-born Units	Sick Newborn Units	Neonatal Intensive Care Units
2.5	A standard exists that masks are worn within the wards by all staff when attending to newborn patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	Alcohol-based hand rub or a handwashing station with soap/water is located at the entrance to the sick newborn space, or at the bedside of each patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Health workers working in the ward have pocket-sized alcohol-based hand containers on their person at the time of observation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	High level disinfectant is available at the time of survey for disinfecting medical equipment	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Healthcare workers report that mothers and caregivers are screened upon entrance to the ward and excluded for signs of infection (fever, respiratory infection, diarrhea, and draining skin infection)	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	If present in the ward, HCF report disinfecting bubble CPAP, ventilator and oxygen cylinder tubing is disinfected between each use	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	Staff report disinfecting oxygen tubing and nasal prongs between each use	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	Protocols ensuring staff and caregiver adherence to hand hygiene before and after contact are present in the ward	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Criteria #	Criteria	Criteria applies to:			
		Kangaroo Mother Care Units	Out-born Units	Sick Newborn Units	Neonatal Intensive Care Units
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3.8	Protocols that deter unnecessary use of invasive medical devices are present in the ward	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3.9	Protocols ensuring strict staff adherence to aseptic techniques are present in the ward	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3.1	Protocols for disinfecting medical devices (such as ventilators, oxygen cylinders, etc.) are present in the ward	Does not apply	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.11	Protocols for disinfecting cots and incubators between patients are present in the ward.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3.12	Healthcare workers report having been trained in hygiene, IPC and aseptic procedures in the past 24 months	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No s	<input type="checkbox"/> No
3.13	Cleaning staff report having been trained in hygiene, IPC and aseptic procedures in the past 24 months	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
4.1	Staff report that water reservoirs of evaporative humidifiers in incubators are drained, cleaned, and refilled with sterile water every 24 hours	Does not apply	Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Criteria #	Criteria	Criteria applies to:			
		Kangaroo Mother Care Units	Out-born Units	Sick Newborn Units	Neonatal Intensive Care Units
5.1	A protocol exists to ensure cots and incubators are cleaned frequently to remove visible soil (blood, milk, body fluids) and reduce microbial burden	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	A protocol exists for changing linens on cots and incubators between patients, and daily or when soiled during patient use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Disinfectants such as and/or chlorine compounds (or quaternary ammonium) are used to conduct cleaning of surfaces - are present in the ward	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	There are standards to ensure hand hygiene and expression of milk into disinfected containers among mothers who are expressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	Staff report that breastmilk containers are cleaned with hot, soapy water after each use, before they are disinfected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	For mothers using a breast pump dedicated to one mother, there is a standard to sterilize (or high-level disinfect) pump components daily.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	For breastpumps shared between mothers, there is a standard to sterilize or high-level disinfect pump components between each user	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5	Breast milk is stored in sterile, labelled containers covered securely	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Criteria #	Criteria	Criteria applies to:			
		Kangaroo Mother Care Units	Out-born Units	Sick Newborn Units	Neonatal Intensive Care Units
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
6.6	Breast milk is stored in containers with infant's name, medical record number, date of birth and date of pumping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7	All infant feeds are placed into a larger, labelled, cleanable bin or zip-lock bag, one for each infant when stored in a refrigerator or freezer with milk for other infants,	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8	Staff report that breastmilk containers are cleaned and disinfected between each patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.9	A standard exists that the oldest milk is used first	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	Staff report confirming the right milk for the right infant with two separate patient identifiers (e.g., name and medical record number or name and date of birth) prior to feeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.11	There are written policies for action in the event If breast milk is given to the wrong infant, treat as a blood/body fluid exposure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.12	Staff report following manufacturer's instructions for formula preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Criteria #	Criteria	Criteria applies to:			
		Kangaroo Mother Care Units	Out-born Units	Sick Newborn Units	Neonatal Intensive Care Units
6.13	A standard practice is in place to make only the amount of formula needed just before for each feed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.14	Staff do not prepare feeds in areas where patient care is taking place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No