National Neonatology Forum of India's Newborn Care Accreditation Program
with support of UNICEF India

APPLICATION FORM CUM SELF-ASSESSMENT TOOLKIT & ASSESSOR REPORTING FORMAT FOR NNF ACCREDITATION

NOTE FOR FILLING IN APPLICATION FORM &SELF ASSESSMENT TOOLKIT

- ❑ **APPLICATION FORM & SELF-ASSESSMENT SECTION is to be completed by applicant at the time of applying for NNF Accreditation.**

- ❑ **Please mention clearly all the required details at appropriate places.**

- ❑ **Self-Assessment Toolkit has been divided into certain section covering various aspects of Neonatal Care. Each section has certain "MANDATORY ELEMENTS" which have to be met COMPULSARILY by all newborn care units wanting to be accredited.**

- ❑ **In case a unit falls short of a Mandatory Criteria, it should try to rectify the shortcoming and then re-self-assess itself before applying for accreditation.**

- ❑ **Besides Mandatory elements, there are certain "ESSENTIAL ELEMENTS" in each section. These essential elements are to be marked with a "1" for YES or "0" for NOresponse to show that requirement for that element is MET or NOT-MET by the unit.**

- ❑ **Total marks thus accumulated for each section and for overall toolkit will be compiled and accordingly final score for the unit will be arrived at.**

- ❑ **These "ESSENTIALELEMENTS" offer us the way forward in delivering quality newborn care. These elements have been put in order to define the frontiers of newborn carewithin the level II environment.**

- ❑ **ONLY SCORES FROM THE ESSENTIAL ELEMENTSWOULD BE USED FOR SCORING A UNIT.**

- ❑ **This score will be used by assessors along with onsite assessment of unit to arrive at their recommendation for the unit. These scores and assessors recommendation will be sent to NNF's Accreditation Review Committee for final decision.**

- ❑ **SCORING - A UNIT SHOULD SCORE AT LEAST 75% TO BE CONSIDERED FOR NNF ACCREDITATION.**

APPLICATION FORM *(to be filled by applicant only)*

GENERAL INFORMATION ABOUT THE UNIT	
Particulars	**Details**
1) **Name of unit along with full address, phone numbers& email address of unit**	**Name:**
	Full Address:
	Phone (with STD code):
	Email:
5) **Date of starting operations of the unit (dd-mm-yyyy) and Functional Age of the unit (in years)**	
6) **Date of self-assessment (dd-mm-yyyy)**	
7) **Name of unit in charge with qualifications and other details**	**Name:**
	Full Address:
	Phone (with STD code):
	Email:
11) **Accreditation requested for**	
12) **Available number of beds in the unit total and different level beds (level IIA, IB)**	
13) **Surface area of unit(sq. feet), please attach floor diagram of unit with dimensions of various areas*(as Annexe to this format)***	
14) **Name of consultants with their qualification & experience (in no. of yearsafter PG)**	1)
	2)
	3)
	4)
	5)

	6)
	7)
	8)
	9)
23) No of Junior Doctors(Post MBBS)	
24) No of Nurses	
25) Total Deliveries/year	
26) Total Admissions in your newborn care unit/year	
27) No. of ventilated patient per year (if applicable)	
28) Patient ventilation days in a year (if applicable)	
29) Self-Assessment score (in numbers as scored by the summation of essential criteria only)	
30) Is the unit part of a hospital/institution?	
If yes 　**a)　Please mention - no. of beds**	**a)**
b)　Specialties offered by the hospital	**b)**
c)　Special care areas in the hospital	**c)**
d)　Other facilities in the hospital	**d)**
31) Recognition for fellowship training for	

doctors/nurses has been requested and its fee submitted, if yes give details of payment made?	
32) Any other teaching/training programs undertaken by the unit e.g. DCH, DNB, DM, etc.	
33) Teaching experience of consultant(s)	1)
	2)
	3)
	4)
	5)
	6)
	7)
	8)
	9)
42) Facilities for nurses training (if any, e.g. nursing college, etc.)	
43) Any additional information:	
44) Date of Application (dd-mm-yyyy)	
45) Signature of Unit In charge with their official seal/stamp	

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| | |

A. UNIT'S PERFORMANCE DATA (Three years or since when unit is functioning)

S.no.	Parameter	Value/Details Year 1	Value/Details Year 2 (if applicable)	Value/Details Year 3 (if applicable)
1	Total, inborn and outborn babies admitted (yearly)			
2	Total number of babies admitted with LBW (low birth weight), VLBW and ELBW & their respective percentages	LBW: VLBW: ELBW:	LBW: VLBW: ELBW:	LBW: VLBW: ELBW:
3	Total number of babies referred-out for surgical & nonsurgical reasons (yearly)			
4	Total number of babies referred-in (yearly)			
5	Mortality figures – total, inborn and out born (yearly)and their group mortality %			
6	Mortality in total, LBW, VLBW, ELBW babies (yearly) and their group mortality %			
7	LAMA (Left Against Medical Advice)/ DOR (Discharge On Request) rate in total, LBW, VLBW, ELBW babies (yearly) and their group %			
8	Hospital acquired infection (HAI) rates, VAP rates (ventilator associated pneumonia), and BSI rates (blood stream infections)	HAI: VAP: BSI:	HAI: VAP: BSI:	HAI: VAP: BSI:

9	Five (5) commonest major diagnoses			
10	Five commonest major mortality causes			
11	Any other important data			
12	Sign and seal of unit in-charge			

B. CLINICAL SUPPORT SERVICES

S.no.	Services	Response Mention whether service is available (YES) or not (NO) [in Col. 1]. If YES, then by which mode – In house/Parent Hospital/Outsourced[mention in Col. 2].	
		Col.1	Col. 2
1	Housekeeping services		
2	Ambulance services		
3	Autoclaving / CSSD (of parent hospital)		
4	Laundry		
5	Kitchen services (for mothers)		
6	Information Technology (facilities in the unit but managed by parent hospital or by an outsourced agency)		
7	Maintenance of facility		
8	Management of Bio-Medical Waste (BMW)		
9	Pharmacy		
10	Security		
11	Supply Chain Management (drugs, consumables and other materials)		
12	Referral services (if yes, mention the name of the most commonly, referred to centre)		

* For all "outsourced" services, the unit should have at least a copy of MOU for the same.

C. STATUTORY/ REGULATORY REQUIREMENTS

Requirements	Availability - Please mention YES / NO

Facility should be aware of these requirements and should know where and with whom documents for same are available, these could be In house (for stand-alone units) or with the parent hospital	
1. Registration Under Clinical Establishment Act (or similar such act)	
2. Registration With Local Authorities	
3. Building Occupancy / Completion Certificate	
4. Fire Department's (No Objection Certificate)	
5. License for Diesel Storage (if using a generator)	
6. License for Electrical Installations	
7. License to Store Compressed Gas	
8. AERB approval for X-ray (including portable)	
9. PNDT Act Registration	
10. Pharmacy (if over multiple locations license for each of them separately)	
11. Drugs license	
12. License for Possession and Use of Methylated Spirit, Denatured spirit and Methyl alcohol	
13. License for Possession of Rectified Spirit	

SECTIONS	ELEMENTS IN SECTIONS	SELF-ASSESSMENT (To be completed by applicant at the time of application)	ASSESSOR'S ASSESSMENT (To be verified and completed by the Assessors on inspection of the unit)
SERVICES		**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**

M	MANDATORY:		
M1	Resuscitation at birth to all babies by NRP trained doctor preferably paediatrician		
M2	Care of sick neonate including babies >= 1000gms or >= 30 weeks		
M3	Stabilization of patients prior to referral		
M4	Transport facilities for Higher level of care		
M5	Follow-up of the High risk SNCU graduates		
M6	The Unit should be working/ operational for at least 12 months before applying for accreditation.		
M7	Patient care load of at least 200 patients deserving admission in a level II unit / year.		
E	ESSENTIAL		
E1	Attached to active obstetric unit with facility of perinatal care		
E2	Facility for carrying out exchange transfusion		
E3	Facility for oto-acoustic emission (OAE)/ BERA screening (in house/outsourced)		
	TOTAL SCORE…		

Note :
 The rows "X" and "Y" should be filled ONLY by the Assessor
 Finally , the Assessor will ADD Scores in different AREAS
 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	MANDATORY	ALL YES	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y			

INFRASTRUCTURE		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
M	**MANDATORY**		
M1	Unit should have minimum 12 bThe unit may be bigger in the same proportion if there are > 12 beds		
M2	Every bed should have the space of 100 sq.ft. (this is inclusive of the 50 sq.ft. of ancillary areas)		
M3	A separate marked area/room for expression of milk and breastfeeding		
M4	Hospital must have a room for providing separate stay facility for all mothers of <2000gms babies within unit's/hospital's premises		
M5	Are there designated areas for clean utility and dirty utility?		
M6	Adequate measures for maintaining the ambient temperature of the baby care area, like use of air conditioning (hot climate) and of room warmers (cold climate) to maintain the temperature between the 26-28 degree Celsius range		
M7	Well illuminated but adjustable day and night lighting.Cool white fluorescent tubes or CFL unit with reflection grid providing 10-20 foot candles or 100-200 lux.		
M8	Reinforced light of 1000-1500 lux shadow free illumination for examination.		
M9	Blood Bank/Storage unit services available 24x7 in the hospital/conveniently outsourced		
M10	Availability of continuous water supply round the clock		
M11	There should be at least 4 - 6 sockets/bed of appropriate amperage		
M12	Uninterrupted availability of power supply through a generator / UPS etc.		
E	**ESSENTIAL**		
E1	Availability of suction facility		

E2	**Facility for dimming of general lighting in the SNCU for developmental care**		
E3	**Sound absorbent walls and ceiling of the SNCU. Background noise should not be more than 45db and peak intensity should not be more than 80 db.**		
E4	**Has there been a power audit of the unit (to ascertain if electrical load of the unit was calculated and accordingly electrical wiring and installations done)**		
E5	**Provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit in times of need**		
E6	*Are the following areas designated within the unit?* **Hand wash and gowning area**		
E7	**Receiving room with examination area**		
E8	**Charting/staff work area, e.g. nursing station, cupboard/almirah for records, books, manuals, etc.**		
E9	**Breast feeding, expression of breast milk area**		
E10	**Duty room for doctors**		
E11	**Nurses changing room**		
E12	**Clean utility/holding area**		
E13	**Soiled utility/holding area**		
E14	**Stores**		
E15	**Side lab**		
E16	**Autoclaving room/area**		
E17	**Counselling room/area**		
	TOTAL SCORES…		

Note :
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	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

EQUIPMENTS		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**		
M1	One Stethoscope with each Neonatal Bed		
M2	All warmers (equivalent to the neonatal bed) should have temperature sensing with Servo control		
M3	At least two Electronic weighing machine with minimum 5g sensitivity		
M4	One pulse-oximeter for every two level II beds		
M5	At least two Glucometer in unit		
M6	At least 1 CPAP per 6 beds		
M7	There should be 1 Oxygen delivery point for every 2 beds in the unit. Oxygen delivery could be from cylinder/concentrators/central supply		
M8	2 sets of sterile resuscitation equipment with all sizes of blades and mask in unit at all times		
M9	Phototherapy machine one for each 2 beds		

M10	At least one infusion pumps for each bed		
M11	Resuscitation equipment with all sizes of blades and mask, at least 4 such sets for each 12 level II beds		
M12	*Following equipment are present with the unit:* Open care system: radiant warmer, fixed height, with trolley, drawers, oxygen bottles		
M13	Phototherapy unit, single head, high intensity		
M14	Resuscitator, hand-operated, neonate, 250 ml		
M15	Resuscitator, hand-operated, neonate, 500ml		
M16	Laryngoscope set, neonate		
M17	Pump, suction, portable, 220V and/or Pump, suction, foot-operated		
M18	Surgical instruments (suture/SET)		
M19	Syringe pump, 10, 20, 50 ml, single phase		
M20	Oxygen hood, S and M, set of 3 each, including connecting tubes		
M21	Thermometer, clinical, digital, 32-43ºC		
M22	Scale, baby, electronic, 10 kg <5g>		
M23	Pulse oximeter, bedside, neonatal		
M24	Sphygmomanometer, neonate, electronic		
M25	Light, examination, mobile, 220-12V		
M26	Hub cutter, syringe		
M27	Tape, measure, vinyl-coated, 1.5m in length		
M28	Basin, kidney, stainless steel, 825ml		
M29	Tray, dressings, 300x200x30mm		
M30	Stand, infusion, double hook, on castors		

M31	**Infantometer, plexi, 3½ft/105cm**		
M32	**Washing machine with dryer**		
M33	**Gowns for staff and mothers**		
M34	**Washable slippers**		
M35	**Centrifuge, hematocrit, bench-top, up to 12000 rpm, including rotor**		
M36	**Glucometer with Dextrostix**		
M37	**Generator of appropriate load bearing capacity**		
M38	**Refrigerator**		
M39	**Voltage Servo-Stabiliser (three phase): 25-50 KVA**		
M41	**Spot Lamps**		
M42	**Wall Clock with second hand**		
E	**ESSENTIAL**		
E1	**One Multi-Para Monitor for every two beds**		
E2	**A portable X-ray machine (in unit/in house) available round the clock**		
E3	**Acid Blood Gas analysis Machine within unit or hospital premises**		
E4	**USG/CT/MRI facility that is present either with in the Hospital/conveniently Outsourced**		
E5	**Sterile fluid preparation area with laminar flow station**		
E6	**T-piece Resuscitators in unit**		
E7	**Cold light source for detection of pneumothorax**		
E8	**2D ECHO facility on call**		
E9	**Invasive BP monitoring for ventilated babies**		
E10	**Flux Meter**		

		TOTAL SCORE…		

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	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL	**10**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	**ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)**		

HUMAN RESOURCES		**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**		
M1	**One full time In charge of Unit, who should be an MD/DNB/DCH with 3/3/5 years' experience in Neonatology after post-graduation (on call)**		
M2	**Total four medical officers with experience in neonatology** *(6 months in neonatal unit OR FBNC trained with 14-day NNF observership training undertaken)*		
M3	**One Nursing In charge, who should have at least 1 year experience of working in a neonatal unit (non-rotational)**		
M4	**Unit maintains ratio of one nurse per bed, and one-third of the staff is trained in FBNC**		

	and has undertaken 14-day NNF observership training OR has work experience of at least 1 month in an NICU		
M5	At least 1 cleaner/helper per shift		
D	**ESSENTIAL**		
E1	An identified ophthalmologist for ROP screening (where the babies may be sent)		
E2	Identified ICU technician /bio medical technician or engineer who is committed to provide support to unit for its equipment		
E3	Lactation counsellor (in 9am-4pm shift) for difficult cases (who can be shared with maternal unit, if present within the hospital)		
E4	Nursing staff trained in the developmental supportive care (certification & demonstration for same can be asked by Assessor during assessment)		
E5	Security personnel 1 per shift		
	TOTAL SCORE…		

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 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y			
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

PROTOCOLS & PROCESSES		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**		
M1	Committed breastfeeding policy being followed & displayed 10 steps of Baby Friendly Hospital Initiative (BFHI)		
M2	Hospital must have a policy and space for providing separate in house facility for all mothers of <2000gms		
M3	Hospital should have policy for promoting KMC		
M4	Structured process to educate the mothers about basic newborn care		
M5	A defined process for communication of newborn's condition regularly to the parents/relatives, at least once a day		
M6	A defined protocol/process for conducting grievance counselling of the parents and family by the doctor in case of newborn death		
M7	Protocol(s) for adequate and effective warming for high risk babies during special care/ procedures displayed in the unit and followed		
M8	Admission and discharge policy defined and displayed		
M9	Protocols for Level II Care (NNF CPG Guideline) / FBNC or Equivalent should be retained and followed		
M10	A defined policy on equipment maintenance (including the AMC / CMC) where ever indicated		
M11	Protocol of orientation of new staff and refresher course (like CME) for existing staff		
M12	Sepsis screen & Blood culture done on babies prior to starting antibiotics		
M13	A Separate follow-up clinic for the High Risk SNCU graduates (at least 1/wk.)		
M14	Hearing Screen for the High Risk Babies at discharge		

M15	**Protocol to screen all high risk babies for ROP**		
M16	**Individual written instruction for trouble shooting of equipment**		
M17	**Documented Communication, counselling, consent forms, vital signs monitoring, procedures, medications, notes, nursing sheet formats**		
M18	**Transport protocols, both to and from higher and lower level**		
E	**ESSENTIAL**		
E1	**Incident reporting and closure of loop – properly documented**		
E2	**Facility for metabolic Screen (e.g. TSH, PKU, Galactosemia etc.) on all babies**		
	TOTAL SCORE…		

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 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	**ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)**		

FACILITIES FOR THERMOREGULATION		**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**		
M1	Unit's temperature should be maintained between 26-28 degree Celsius, at all times		
M2	Adequate number of functional room thermometers (at least one for each baby care room)		
M3	Servo systems of all warmers is working *(Assessor can ask one of staff to demonstrate it)*		
M4	Adequate number of digital thermometers/alternate device to monitor for severe hypothermia		
M5	A log book for KMC to be maintained in unit (with documentation of mother's & baby's details)		
M6	A log book with daily shift-wise recording of temperature of SNCU is maintained		
D	**ESSENTIAL**		
E1	Skin to skin contact immediately after birth practiced (routine care)		
	TOTAL SCORE…		

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The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y			

	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

DRUGS, FLUIDS AND NUTRITION		**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**		
M1	**Growth chart used for day to day monitoring**		
M2	**Separate containers with lids for storage of the EBM being used**		
M3	**At least 2 separate emergency tray for unit**		
M4	**Each of the patient care rooms/area in the unit should have an emergency tray/crash cart with all necessary medicines and resuscitation equipment in adequate numbers**		
M5	**All fluid administration by Infusion Pumps**		
M6	**Availability of refrigerator exclusively for storing feeds and drugs in baby care area**		
E	**ESSENTIAL**		
E1	**Use of scientifically designed breast pumps (Electronic/Manual)**		
	TOTAL SCORE…		

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	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL	**01**	

Y	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

LABOR ROOM/OT & RESUCITATION		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**		
M1	Availability of a wall clock (seconds) in at all Birthing Areas		
M2	Availability of functional radiant warmer (Newborn care corner) at all Birthing areas		
M3	Availability of a functioning pressure controlled suction machine/mucus extractor		
M4	Availability of separate self-inflating resuscitation bag (<750ml) and well-fitting neonatal face masks (all sizes)		
M5	Prominent display of the NRP Algorithm at all the birthing areas		
M6	Availability of oxygen (central or from cylinder) with a flow meter		
M7	Staff aware of and helps mother initiate successful breastfeeding within the first hour		
M8	Availability of "essential and emergency resuscitation drugs" (e.g. adrenaline, RL, normal saline, etc.) that is replenished on daily basis.		
M9	The record sheets of resuscitation as per the NRP guidelines/CPG Guidelines		
E	**ESSENTIAL**		
E1	Availability of facility for blending for graded oxygen delivery (at least differential flow blending)/blender		

E2	**Availability of the Pulse Oximeter for monitoring of the baby (preferably SET technology)**		
E3	**Availability of the T-Piece resuscitator for the Preterm babies**		
E4	**Availability of the Heater Pads / Re-sealable plastic (Zip pouch) to be used for preterm deliveries**		
E5	**Two sets of working infant laryngoscopes with all blade sizes (0 & 1) with ETT in various sizes (2.5, 3, 3.5, 4)**		
E6	**Availability of umbilical vein cannulation set(s) to be used during resuscitation**		
	TOTAL SCORE…		

Note :
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  Finally , the Assessor will ADD Scores in different AREAS
  The Gaps and Suggestions should be written in concerned area only

	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
INFECTION CONTROL PRACTICES		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**		

M1	**Availability of a dedicated Wash area with Gown changing area, prior to entry into the SNCU**		
M2	**Presence of at least one wash basin for every 5 beds in baby care area (room) with shower tap (elbow or foot operated)**		
M3	**Provisions for hand washing instructions displayed in the wash area**		
M4	**Staff aware of technique of hand washing**		
M5	**Is there availability of alcohol-based hand rub – one between 2-3 beds?**		
M6	**Is there a written down unit antibiotic policy?**		
M7	**Availability of adequate quantity of disinfectants e.g.** • **Floor (e.g. Lysol, Phenol)** • **Surface (Bacillocid etc.)** • **Tubes/ Circuits (e.g. Glutaraldehyde)** • **Hands / Baby (e.g., Hand rubs, Betadine, Chlorhexidine)** • **Autoclave/EtO (in unit's/hospital's premises)**		
M8	**Are there written instructions/guidelines for method of equipment cleaning and disinfection?**		
M9	**Are there written instructions/guidelines for unit's cleaning, disinfection routines?**		
M10	**Disinfection & Cleaning practices being followed and documented properly**		
M11	**Does the unit follow the bio-medical waste management norms as prescribed by Government of India?**		
E	**ESSENTIAL**		
E1	**Infection Surveillance and Audit of the unit is done on regular basis**		
E2	**Periodic bacteriological surveillance done of the unit by infection control committee**		
	TOTAL SCORE…		

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 Finally , the Assessor will ADD Scores in different AREAS
 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
LABORATORY FACILITIES *(within unit/hospital/outsourced [MOU for the same should be present with the unit])*		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY:**		
M1	CBC		
M2	Serum Bilirubin (Both Direct and Indirect)		
M3	Plasma Glucose		
M4	Serum Urea and Creatinine		
M5	Serum Electrolytes and Calcium		
M6	CRP		
M7	TORCHES Screen		
E	**ESSENTIAL**		
E1	Microbiological lab facilities (inclusive of Blood Culture, fungal culture, etc.)		

E2	**ABG Analysis**		
E3	**Facility for IEM Screen including thyroid profile**		
	TOTAL SCORE…		

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		MAX. SCORE	**UNIT'S SCORE**
	CRITERIA		
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	**ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)**		

NEONATAL TRANSPORT		**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**		
M1	**Facility for Provision of Warmth, oxygenation, Suction and Resuscitation kit in the ambulance**		
M2	**Availability of the Neonatal nursing staff or trained doctor in all transports**		
M3	**Adequate number of ambulance drivers and/or paramedics (in-house/outsourced) – who should be training equivalent to ER-technician/EMT**		

M4	**Points for Pulse Oximeter and the Infusion pumps in the Ambulance**		
M5	**Display of contact details of higher and lower referral linkages of the unit**		
M6	**Outcome records of these referred patients/follow-up of such patients**		
E	**ESSENTIAL**		
E1	**Neonatal Transport incubator in the Ambulance**		
E2	**Doctors accompanying during transport (documentary proof)**		
E3	**A Neonatal Transport Ambulance (either in-house or outsourced, in which case MOU for same should be present with SNCU/NICU unit in-charge)**		
	TOTAL SCORE…		

Note :
The rows "X" and "Y" should be filled ONLY by the Assessor
Finally , the Assessor will ADD Scores in different AREAS
The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	**ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)**		

CASE RECORD MAINTAINENCE		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**		
M1	**Case sheets should have daily record of examination and daily orders with name & signature of the treating doctor**		
M2	**Record of daily charting of temperature, pulse and fluid input/output in case sheets with signature (Identity) of on duty nurse**		
M3	**Are the verbal orders by doctors verified by them within 24 hours of giving such orders?**		
M4	**Documentation of all procedures done in the unit in appropriate format**		
M5	**Use of growth charts regularly in the unit especially for small babies**		
M6	**Use of the special charts for Exchange transfusion / Partial Exchange transfusion / ABG-Ventilation etc.**		
M7	**Electronic/Manual medical record keeping(inclusive of M8-M11 mentioned below)**		
M8	**Monthly and Annual Sepsis data maintained**		
M9	**Monthly and Annual Morbidity data maintained**		
M10	**Monthly and Annual Mortality data maintained**		
M11	**Monthly and Annual Equipment status report**		
E	**ESSENTIAL**		
E1	**Monthly Perinatal-Neonatal meetings with documented record of such discussions**		
E2	**Medical record data sharing with NNF (these should be inclusive of M8-M11 elements of this section)**		
E3	**Structured sequential developmental follow-up of discharged babies till 2-years with all records**		
	TOTAL SCORE…		

Note :
 The rows "X" and "Y" should be filled ONLY by the Assessor
 Finally , the Assessor will ADD Scores in different AREAS

	The Gaps and Suggestions should be written in concerned area only		
	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y	**ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)**		
MISCELLANEOUS		**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**		
M1	At least one computer with printer and internet access in unit		
E	**ESSENTIAL**		
E1	The unit should be undertaking short research in community-based neonatology/ neonatology		
E2	Unit should have a community outreach programme		
	TOTAL SCORE…		

Note :
The rows "X" and "Y" should be filled ONLY by the Assessor
Finally , the Assessor will ADD Scores in different AREAS
The Gaps and Suggestions should be written in concerned area only

	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	**MANDATORY**	**ALL YES**	
	ESSENTIAL	**02**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y			
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

LIST OF ABBREVIATIONS USED IN NNF's ACCREDITATION STANDARDS (2013 Version)

17-OH	17 Hydroxy (OH) Progesterone		GNM	General Nursing & Midwifery
ABG	Acid Blood Gas Analysis		HIS	Hospital Infection Surveillance
aEEG	Amplitude-Integrated Electroencephalography		ICD	Inter Costal Drainage
AMC	Annual Maintenance Contract		ICU	Intensive Care Unit
BERA	Brainstem Evoked Response Audiometry		IEM	Inborn Errors of Metabolism
BMW	Bio-Medical Waste		iNO	Inhaled Nitric Oxide
BSc	Bachelor of Science		IT-ratio	Immature-to-Total Neutrophil Ratio
CBC	Complete Blood Count		IV	Intra Venous
CMC	Comprehensive Maintenance Contract		KMC	Kangaroo Mother Care
CME	Continued Medical Education		LBW	Low Birth Weight
CO_2	Carbon Dioxide		MBBS	Bachelor of Medicine and Bachelor of Surgery
CPAP	Continuous Positive Airway Pressure		MD	Doctor of Medicine
CPG	Clinical Practice Guidelines (issued by NNF)		MRI	Magnetic Resonance Imaging
CRP	C-Reactive Protein		NIBP	Non-Invasive Blood Pressure (Monitoring)
CT	Computed Tomography (imaging)		NICU	Neonatal Intensive Care Unit
DCH	Diploma in Child Health		NNF	National Neonatology Forum
DEXA	Dual-Energy X-Ray Absorptiometry		NRP	Neonatal Resuscitation Protocol
DHEA	Dehydroepiandrosterone		PICC	Peripherally Inserted Central Catheter
DM	Doctorate in Medicine		PKU	Phenylketonuria
DNB	Diplomate of National Board		RFLP	Restriction Fragment Length Polymorphism
DR-CPAP	Delivery Room Continuous Positive Airway Pressure		ROP	Retinopathy of Prematurity
EBM	Expressed Breast Milk		SET	Signal Extraction Technology
ECHO	Echocardiography		SCNU/ SNCU	Special Care Newborn Unit / Special Newborn Care Unit
ELBW	Extremely Low Birth Weight			
EMT	Emergency Medical Technician		TORCHES	Acronym for Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Syphilis
ER	Emergency Room also known as Casualty or Emergency			
ET CO_2	End Tidal CO_2		TPN	Total Parenteral Nutrition
EtO	Ethylene Oxide		TSH	Thyroid Stimulating Hormone
ETT	Endotracheal Tube		VAP	Ventilator-Associated Pneumonia
FBNC	Facility Based Newborn Care		VLBW	Very Low Birth Weight

FOR ASSESSORS USE ONLY, NOT TO BE FILLED BY CENTRE

NOTE FOR ASSESSORS	
1) ASSESSOR'S ASSESSMENT is to be completed by the Assessors only upon inspection of the unit 2) Any other/ information that Assessor want to share should be mentioned in "Remarks" column	
Date of Assessor's Assessment (dd-mm-yyyy)	
Name & Organization of Assessor 1 (Team Leader)	
Name & Organization of Assessor 2	
Remarks/Final Comments by the Assessor/s:	

LETTER OF RECOMMENDATION

To,

Chairperson - NNF Accreditation Review Committee,

I/We, have conducted onsite assessment of the applicant unit as per NNF's Accreditation Standards (2013 version) and recommend that this unit be given –full accreditation/conditional accreditation* / no accreditation *(please tick the appropriate level)* **as a LEVEL II-A UNIT.**

Signature of Assessor 1 (Team Leader)   **Signature of Assessor 2**

Dated:

* Conditional Accreditationis given when Assessor(s) wants to ensure that the unit is continually following adherence to the protocols and processes at least for a period of six months. This will be re-verified on a surprise inspection after the said period to convert conditional accreditation to full accreditation.

FOR USE OF NNF OFFICE ONLY

TOTAL SCORE	MAX. SCORE	UNIT'S SCORE	PERCENT SCORE
MANDATORY (ALL DOMAINS)	**ALL YES**		**ALL HAVE TO BE YES**
ESSENTIAL (ALL DOMAINS)			**_____%**

* 75% score required for accreditation for Level II-A unit is 44 out of 58