



NATIONAL NEONATOLOGY FORUM

# Accreditation Guidelines

## 2016

### III- Level



**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 get accredited.**
- In case a unit falls short of a Mandatory Criteria, it should try and 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 **NO** response 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.
- Besides Mandatory and Essential elements there are also some "**DESIRABLE ELEMENTS**", which show us the way forward in delivering quality newborn care. These elements have been put in order to define the frontiers of new born care. However, unit should realise that these are **non-scoring elements** and are there to serve as guides for improvement.
- ONLY SCORES FROM THE ESSENTIAL ELEMENTS WOULD 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.**

(After fulfilling Level I & II parameters)

<b>APPLICATION FORM</b> <i>(to be filled by applicant only)</i>	
<b>GENERAL INFORMATION ABOUT THE UNIT</b>	
<b>Particulars</b>	<b>Details</b>
	Name:
1) Name of unit along with full address, phone numbers & email address of unit & Website	Full Address:
	Phone (with STD code):
	Email: Website:
2) Date of starting operations of the unit (dd-mm-yyyy) and Functional Age of the unit (in years)	
3) Date of self-assessment (dd-mm-yyyy)	
4) Name of unit in charge with qualifications and other details	Name:
	Full Address:
	Phone (with STD code):
	Email:
5) Accreditation requested for	<b>Level III-A</b>
6) Available number of beds in the unit total and different level beds (level IIIA, IIB, IIA, IB)	
7) Surface area of unit (sq feet), please attach floor diagram of unit with dimensions of various areas <i>(as Annexe to this format)</i>	
8) Name of consultants with their qualification & experience (in no. of years after PG)	1)
	2)
	3)





d) Other facilities in the hospital	d)
17) Recognition for fellowship training for doctors/nurses has been requested and its fee submitted, if yes give details of payment made	
18) Any other teaching/training programs undertaken by the unit e.g. DCH, DNB, DM, etc.	
19) Teaching experience of consultant(s)	1)
	2)
	3)
	4)
	5)
	6)
	7)
	8)
	9)
20) Facilities for nurses training (if any, e.g. nursing college, etc.)	
21) Any additional information:	
22) Date of Application (dd-mm-yyyy)	

**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 In house/Parent Hospital/Outsourced[mention in Col. 2].	Response Mention whether service is available (YES) or not (NO)[in Col. 1]. If YES, then by which mode –	
		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**

<b>Requirements</b>	<b>Availability - Please mention YES / NO</b>
<i>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</i>	
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. Drugs license	
6. License for Electrical Installations	
7. Pharmacy (if over multiple locations license for each of them separately)	
8. AERB approval for X-ray (including portable)	
9. PNDDT Act Registration	
<b>DESIRED REGULATORY REQUIREMENTS:</b>	
D1. License for Possession and Use of Methylated Spirit, Denatured spirit and Methyl alcohol	
D2. License for Possession of Rectified Spirit	
D3. License for Diesel Storage (if using a generator)	
D4. License to Store Compressed Gas	

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)
<b>SERVICES</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>		
M1	Care at birth including resuscitation of asphyxiated newborns		
M2	Managing sick neonate including babies below 1200 grams		
M3	Provision for post-natal care services under supervision of a paediatrician		
M4	Prolonged conventional ventilation. Define the time		
M5	Stabilization of the surgical/Cardiac patients prior to referral		
M6	Transport facilities for higher level of care (e.g. IIIB or e.g. Neonatal Cardiac Surgery)		
M7	Follow-up of high risk NICU graduates		
M8	Provision for immunization services		
M9	Screening for ROP		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Advanced ventilation (High frequency and others)		
E2	Neonatal surgical interventions		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	In house oto-acoustic emission (OAE)/ BERA screening		
D2	Laser Therapy for ROP		
D3	ECMO facilities		

D4	Neonatal cardiothoracic/cardiology services		
D5	iNO Therapy		
<b>TOTAL SCORE...</b>			
<b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores in different AREAS</b> The Gaps and Suggestions should be written in concerned area only			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	ALL YES	
	<b>ESSENTIAL</b>		
	<b>DESIRABLE</b>	NON SCORING	
	<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>LABOR ROOM/OT &amp; RESUCITATION</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>		
M1	Should have minimum 12 beds with additional 4 ventilated beds. The unit may be bigger in the same proportion. i.e. for every 1 ventilated bed, there should be 4 non ventilated beds		
M2	Every bed should have space of 150 sq ft (inclusive of 50 sq ft for ancillary areas)		



M3	Designated Mother's area for expression of milk and breastfeeding		
M4	An area for keeping growing babies with mothers under good nursing cover and monitoring where mothers should be admitted in order to increase KMC <i>(beds for mothers should be 25% of beds in NICU).</i>		
M5	Designated area for clean utility and dirty utility?		
M6	Unit should provide an air temperature of 26-28°C		
M7	Availability of central oxygen supply and the central suction facility		
M8	There should be 2 emergency power sockets for every 10 sockets (minimum of 6 power sockets per bed)		
M9	Availability of continuous water supply 24x7		
M10	Well illuminated but adjustable day and night lighting.Cool white		
M11	Reinforced light of 1000-1500 lux shadow free illumination for examination.		
M12	Both natural and electric light sources shall have controls that allow immediate darkening of any bed position sufficient for transillumination when necessary.		
M13	Uninterrupted availability of power supply through a generator/UPS etc.		
M14	Blood Bank with component therapy 24/7 services in the hospital		
M15	Supply and logistics for the portable X-ray facility (in house) available round the clock.		
M16	Has there been a power audit of the unit? (in which electrical load of the unit/Hosp. was calculated and accordingly electrical wiring and installations done)		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Availability of the central compressed air line		
E2	A separate connection of water to the unit with adequate storage in case of emergency		
E3	MRI/CT facility that is present with in the hospital/outsourced		
E4	Provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit in times of need		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>

D1	Facility for dimming of general lighting in the NICU for developmental care		
D2	Sound absorbent walls and ceiling of the NICU. Background noise should not be more than 45db and peak intensity should not be more than 80 db.		
D3	System for the Air changing in the NICU		
<b>TOTAL SCORE...</b>			
<p><b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores in different AREAS</b> The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>04</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>			
	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>LABOR ROOM/OT &amp; RESUCITATION</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>

<b>M</b>	<b>MANDATORY</b>		
M1	One stethoscope with each Neonatal bed		
M2	All warmers should have temperature sensing with Servo control		
M3	Phototherapy machine one for every 2 beds		
M4	NIBP (None Invasive Multi-Para Monitor) for every ventilated bed and 1 for every 6 Non-Ventilated bed		
M5	One Pulse-oximeter (with SET) for every bed		
M6	4 infusion pumps for each ventilated beds and 1 for every non ventilated beds		
M7	Resuscitation equipment with all sizes of blades and mask ( 1 for each ventilated bed and one for each 4 non ventilated bed)		
M8	Portable electronic weighing machine with minimum 5g sensitivity for each area with 1 machine at least with 1 gram sensitivity.		
M9	Ultrasound Machine in NICU		
M10	Glucometer (minimum 2 in number)		
M11	Acid Blood Gas analysis machine within hospital premises		
M12	A portable X-ray machine in NICU		
M13	One oxygen sensor (FiO <sub>2</sub> monitor)		
M14	Separate Electronic Thermometer (Low reading) for Servo control		
<b>E</b>	<b>ESSENTIAL</b>		
E1	In-unit ABG machine for acid blood gas analysis		
E2	Cold light source for detection of pneumothorax		
E3	T-piece Resuscitators in NICU minimum 2 in number		
E4	Laminar Flow Station for sterile fluid preparation		
E5	Flux Meter		

E6	CT/MRI facility (either with in hospital premises or outsourced for which MOU should be present with NICU)		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	2D ECHO facility on call 24/7		
D2	High frequency ventilation		
D3	iNO therapy		
D4	Invasive blood pressure monitoring for ventilated babies		
D5	Cerebral Function Monitoring (aEEG)		
<b>TOTAL SCORE...</b>			

**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**

	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
<b>X</b>	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>06</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
	<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>Y</b>			
	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		

<b>HUMAN RESOURCES</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>		
M1	One full time Senior consultant with 8 years experience in Neonatology after post graduation (on call)		
M2	Two Senior Residents/Junior consultant with 3 years experience in Neonatology after post graduation (on floor)		
M3	One Resident doctor (Post MD/DNB/DCH in Paediatrics): For 12 non-ventilated beds and 4 ventilated beds available round the clock with 20% reserve.		
M4	One trainee (Post MBBS): For 12 non-ventilated beds and 4 ventilated beds available round the clock and exclusively for NICU with 20% reserve.		
M5	Nursing Staff should have GNM with 3 months training in NICU OR B.Sc. Nursing – one for 4 non-ventilated beds/shift and one for 2 ventilated beds/shift with a 20% Reserve (e.g. a unit with 12 non-ventilated beds and 4 additional ventilated beds. Number of nurses required would be 24)		
M6	In Charge Nurse 1, who has work experience of at least one year of working in NICU of a tertiary level hospital		
M7	An attached ophthalmologist for ROP screening (where the babies may be sent)		
M8	Cleaner/Attending Staff – at least 1 per shift with 20% Reserve (Minimum 5)		
M9	Class IV attendant – at least 1 per shift with 20% reserve (Minimum 5)		
M10	Security personnel – at least 1 per shift with 20% reserve (minimum 5)		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Lactation Consultant: at least 1 dedicated person for difficult cases		

E2	Ophthalmologist on panel/attached to hospital or unit, who does in-house ROP screen		
E3	One laboratory technician at least in the morning shift		
E4	Occupational therapist		
E5	Physiotherapist		
E6	Clinical Psychologist		
E7	Audio metrist		
E8	Speech Therapist		
E9	Pediatric Neurologist		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	Outreach staff for home visit of the high risk babies discharged		
D2	Nursing staff trained in the developmental supportive care		
D3	Biomedical technician (full time)		
D4	Hospital Infection Surveillance (HIS) staff who visits NICU monthly or as and who Required		
D5	Occupational therapist		
D6	Physiotherapist		
<b>TOTAL SCORE...</b>			

**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**

	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
<b>X</b>	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>09</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
	<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		

PROTOCOLS & PROCESSES		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>		
M1	Committed breastfeeding policy being followed		
M2	Dedicated KMC protocol in LBW babies (In NICU & step-down area)		
M3	Protocols for level III care (NNF CPG Guideline)/equivalent should be retained and followed		
M4	A defined process for communication of newborn's condition regularly to the parents/relatives, at least once a day		
M5	A defined protocol/process for conducting grievance counselling of the parents and family by the doctor in case of newborn death		
M6	Protocol(s) for adequate and effective warming for high risk babies during special care/procedures displayed in the unit and followed		
M7	Structured process to educate the mother of a normal as well as a LBW baby in the skills of home care with special reference to warmth feeding, growth, immunization and identification of early signs of illness in the baby		
M8	Admission and discharged policy defined and displayed		
M9	Is there a protocol for identifying babies (along with details of their mother) admitted in the unit?		
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	A separate follow-up clinic for the High Risk NICU gradates		
M13	Protocol to screen all high risk babies for ROP		
M14	Protocol for universal hearing screen of all babies prior to discharge		
M15	The rounds in the PNC taken by a paediatrician		
<b>E</b>	<b>ESSENTIAL</b>		

E1	Protocol for arranging the ROP screen of the High risk babies bedside		
E2	Protocol for organizing a bedside ECHO when indicated in sick babies		
E3	Protocol for the workup and management of IEM		
E4	Protocol for conducting metabolic screen (e.g. TSH, PKU, Galactosemia etc.) on all babies		
E5	Individual written instruction for trouble shooting of equipments		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	Protocol for the Laser therapy of the babies with ROP (bedside)		
<b>TOTAL SCORE...</b>			
<p><b>Note :</b>            The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor            Finally , the Assessor will <b>ADD Scores</b> in different <b>AREAS</b>            The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>05</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		



FACILITIES FOR THERMOREGULATION		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>		
M1	Adequate number of functional room thermometers (at least one for each baby care room)		
M2	Working servo system of all the Warmers		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Skin to skin contact (routine care) immediately after birth practiced		
E2	Adequate number of low reading clinical thermometers present/alternate device to monitor for severe hypothermia		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	Separate procedure cubicle with facilities to maintain temperature (26-28 degree Celsius)		
D2	In line warmers for the transfusions		
D3	Humidity monitoring system		
<b>TOTAL SCORE...</b>			
<p><b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores in different AREAS</b> The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
<b>Y</b>	<b>ESSENTIAL</b>	<b>02</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			

	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>DRUGS, FLUIDS AND NUTRITION</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>		
M1	Separate containers with lids for storage of the EBM being used		
M2	A separate emergency trolley for every 6 level III beds		
M3	All fluid administration by Infusion Pumps with pressure lines		
M4	Growth chart used for day to day monitoring		
M5	Availability of a refrigerator exclusively for storing feeds/vaccines and drugs in baby care Area		
M6	Protocol for TPN defined and followed		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Use of Micro filters for TPN infusions		
E2	Use of scientifically designed Breast Pumps (Electronic/Manual)		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	Individualized custom-made fluid for babies		
D2	Donor milk policy should be there for the unit		
D3	Policy for initiation of TPN 24X7 (aggressive approach)		

		TOTAL SCORE...			
<b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD</b> Scores in different <b>AREAS</b> The Gaps and Suggestions should be written in concerned area only					
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>		
	<b>MANDATORY</b>	<b>ALL YES</b>			
	<b>ESSENTIAL</b>	<b>02</b>			
	<b>DESIRABLE</b>	<b>NON SCORING</b>			
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>					
<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>					
<b>Y</b>					
<b>LABOR ROOM/OT &amp; RESUCITATION</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>		
<b>M</b>	<b>MANDATORY</b>				
M1	Availability of functional radiant warmer (Newborn care corner) at all birthing areas				
M2	Availability of a functioning pressure controlled suction machine/centralized suction				
M3	Availability of separate self inflating resuscitation bag and well fitting neonatal face masks (all sizes)				
M4	A separate set of working infant laryngoscopes with all blade sizes (00, 0 & 1) with all sizes ETT (2.5, 3, 3.5)				

M5	Display of the NRP Algorithm at all the birthing places		
M6	Availability of "essential and emergency resuscitation drugs" (e.g. adrenaline, RL, normal saline, etc.) that is replenished on daily basis.		
M7	Availability of Blending for graded oxygen delivery (at least differential flow blending)		
M8	Availability of the Pulse Oximeter for monitoring of the baby		
M9	Availability of the T-Piece resuscitator for the Preterm babies		
M10	Availability of oxygen (central or from cylinder) with a flow meter		
M11	Availability of umbilical vein cannulation set(s) to be used during resuscitation		
M12	Availability of a wall clock (with seconds hand) at all birthing areas		
M13	The record sheets of resuscitation as per the NRP guidelines/NNF CPG Guidelines		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Availability of the Heater Pads / Re-sealable plastic (Zip-pouch) to be used for preterm Deliveries		
E2	The facility for administration of surfactant (drug and logistics) in birthing place		
E3	Availability of a Blender for graded oxygen delivery		
E4	A SET technology pulse oximeter for optimal early acquisition of signal		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	A standby CPAP machine for initiating DR-CPAP when indicated		
D2	A ICD drainage set , and the Exchange transfusion sets for hydropic / anaemic babies		
D3	Facility for the Fetal/ Neonatal Autopsy		
D4	ET CO <sub>2</sub> detectors (Calorimetric)		
<b>TOTAL SCORE...</b>			
<b>Note :</b>			

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

X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	<b>MANDATORY</b>	ALL YES	
	<b>ESSENTIAL</b>	04	
	<b>DESIRABLE</b>	NON SCORING	
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 NICU		
M2	Presence of one wash basin for every room with shower tap (elbow or foot operated)		
M3	Provisions for hand washing instructions displayed in the wash area/ staff aware of technique of hand washing		
M4	Is there availability of alcohol-based hand rub – one between two beds?		
M5	Does the unit have written down antibiotic policy? (Assessor can ask doctors/nurses about the same during onsite assessment)		
M6	Bundles for VAP prevention		

M7	Protocol for the maintenance and insertion of PICC lines		
M8	Is there availability of colour coded BMW bins in each of the different areas of the unit?		
M9	Availability of adequate quantity of disinfectants, e.g. <i>Floor (e.g. Lysol, Phenol OR equivalent)</i> <i>Surface (Bacillocid, etc.)</i> <i>Tubes/ Circuits (e.g. Glutaraldehyde)</i> <i>Hands / Baby (e.g., Hand rubs, Betadine, Chlorhexidine)</i> <i>Autoclave/EtO (in hospital)</i>		
M10	Written instructions/guidelines for method of equipment cleaning and disinfection?		
M11	Written instructions/guidelines for unit's cleaning, disinfection routines		
M12	Units follow up the bio-medical waste management norms as prescribed by Govt. of India?		
M13	Defined protocol for handling and disposal of soiled diapers and soiled linen		
M14	Periodic bacteriological surveillance done of the unit by infection control committee		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	Infection Surveillance and Audit of the unit is done on regular basis		
		<b>TOTAL SCORE...</b>	
<p><b>Note :</b>          The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor          Finally , the Assessor will <b>ADD Scores in different AREAS</b>          The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>		
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
<b>Y</b>	<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		

	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>LABORATORY FACILITIES</b> <i>(within unit/hospital/outsourced [MOU for the same should be present with the unit])</i>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>		
M1	CBC with Band Counts and calculation of IT ratio		
M2	Serum Bilirubin (Both Direct and Indirect)		
M3	Plasma Glucose		
M4	Serum Urea and Creatinine		
M5	Serum Electrolytes and Calcium		
M6	Blood Culture		
M7	ABG Analysis		
M8	Coagulogram		
M9	TORCHES Screen		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Facility for IEM Screen including thyroid profile		
E2	BACTEC System of Blood Culture		
E3	Fungal Culture		
E4	17-OH, DHEA, Cortisol, Insulin and other hormonal levels		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>

D1	DEXA Scan		
D2	Karyotyping/ RFLP Studies		
<b>TOTAL SCORE...</b>			
<b>Note :</b> <b>The rows “X” and “Y” should be filled ONLY by the Assessor</b> <b>Finally , the Assessor will ADD Scores in different AREAS</b> <b>The Gaps and Suggestions should be written in concerned area only</b>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>04</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>			
	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>LABOR ROOM/OT &amp; RESUCITATION</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>		
M1	Facility for Provision of Warmth, oxygenation, Suction and Resuscitation kit in the ambulance		
M2	Ambulance drivers and/or paramedics (in-house/outsourced) 24X7		



M3	Transport incubator(s) available with the unit for use during transport of babies		
M4	Availability of the Neonatal nursing staff OR trained doctor in all transports		
<b>E</b>	<b>ESSENTIAL</b>		
E1	24x7 Centralized call centre based transport facility with a central number		
E2	Points for Pulse Oximeter and the Infusion pumps in the Ambulance		
E3	Transport Ventilator in the Ambulance		
<b>D</b>	<b>DESIRABLE</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
D1	A Neonatal Transport Ambulance (Minimum of the Size of “Tempo Traveller”) , with a Intensive Bed akin to one in the NICU manned with trained Neonatal doctor and experienced nursing sister for every pick / drop of the baby		
D2	Outsourced/in house Air-ambulance for transport of sick babies		
<b>TOTAL SCORE...</b>			
<p><b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD</b> Scores in different <b>AREAS</b> The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>03</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>			

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
<b>M</b>	<b>MANDATORY</b>		
M1	Case sheets have daily record of examination and daily orders with 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	Verbal orders by doctors verified by them within 24 hours of giving orders		
M4	Documentation of all procedures done in the NICU in appropriate method		
M5	Use of growth charts regularly in the unit for the small babies		
M6	Use of the special charts for TPN/ Exchange transfusion / Partial Exchange transfusion / ABG-Ventilation etc		
M7	Monthly and Annual Sepsis data maintained		
M8	Monthly and Annual morbidity data maintained		
M9	Monthly and Annual mortality data maintained		
M10	Monthly and Annual Equipment status report		
M11	Unit generate monthly structured short information report (based on data from M7-M10) including dash board indicators regarding status of the unit		
<b>E</b>	<b>ESSENTIAL</b>		
E1	Monthly Perinatal-Neonatal meetings with documented record of such discussions		
E2	Structured sequential developmental follow-up of discharged babies till 2-years with all records		

E3	Enrolment into a Data network (multi-centric)		
<b>TOTAL SCORE...</b>			
<b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores in different AREAS</b> The Gaps and Suggestions should be written in concerned area only			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	ALL YES	
	<b>ESSENTIAL</b>		
	<b>DESIRABLE</b>	NON SCORING	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>LABOR ROOM/OT &amp; RESUCITATION</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>		
M1	Unit has been offering newborn care services with adequate facilities for a period of a least 12 months as level IIB		
<b>E</b>	<b>ESSENTIAL</b>		
E1	The Unit should be running the Broad Specialty courses in Paediatrics OR Short fellowship programmes in Neonatology		
E2	The unit should be undertaking short research in community-based neonatology / clinical neonatology		

E3	Unit should have an adequately stocked library with audio-visual aids at par with DNB/MD entries		
<b>D</b>	<b>DESIRABLE</b>	<b>NON SCORING</b>	<b>NON SCORING</b>
D1	The unit should be running the Super-specialty training courses (DNB/DM) in Neonatology		
D2	The unit should be actively involved in research projects, with a track record of at least ONE publication annually		
D3	Unit should have a community outreach programme		
D4	The unit should have a fetal medicine department attached		
<b>TOTAL SCORE...</b>			
<p><b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores in different AREAS</b> The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>03</b>	
	<b>DESIRABLE</b>	<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		

**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
CPAP	Continuous Positive Airway Pressure	MBBS	Bachelor of Medicine and Bachelor of Surgery
CPG	Clinical Practice Guidelines (issued by NNF)	MD	Doctor of Medicine
CRP	C-Reactive Protein	MRI	Magnetic Resonance Imaging
CT	Computed Tomography (imaging)	NIBP	Non-Invasive Blood Pressure (Monitoring)
DCH	Diploma in Child Health	NICU	Neonatal Intensive Care Unit
DEXA	Dual-Energy X-Ray Absorptiometry	NNF	National Neonatology Forum
DHEA	Dehydroepiandrosterone	NRP	Neonatal Resuscitation Protocol
DM	Doctorate in Medicine	PICC	Peripherally Inserted Central Catheter
DNB	Diplomate of National Board	PKU	Phenylketonuria
DR-CPAP	Delivery Room Continuous Positive Airway Pressure	RFLP	Restriction Fragment Length Polymorphism
EBM	Expressed Breast Milk	ROP	Retinopathy of Prematurity
ECHO	Echocardiography	SET	Signal Extraction Technology
ECMO	Extracorporeal membrane oxygenation	SCNU/ SNCU	Special Care Newborn Unit / Special Newborn Care Unit
ELBW	Extremely Low Birth Weight	TORCHES	Acronym for Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Syphilis
EMT	Emergency Medical Technician	TPN	Total Parenteral Nutrition
ER	Emergency Room also known as Casualty or Emergency	TSH	Thyroid Stimulating Hormone
ET CO <sub>2</sub>	End Tidal CO <sub>2</sub>	VAP	Ventilator-Associated Pneumonia
EtO	Ethylene Oxide	VLBW	Very Low Birth Weight
ETT	Endotracheal Tube		
FBNC	Facility Based Newborn Care		

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**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 III-A UNIT.

Signature of Assessor 1 (Team Leader) Signature of Assessor 2 Dated:

*\* **Conditional Accreditation** is 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.*

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**FOR USE OF NNF OFFICE ONLY**

TOTAL SCORE	MAX. SCORE	UNIT'S SCORE	PERCENT SCORE
<b>MANDATORY (ALL DOMAINS)</b>	ALL YES		ALL HAVE TO BE YES
<b>ESSENTIAL (ALL DOMAINS)</b>	42		____%
<b>DESIRABLE (ALL DOMAINS)</b>	NON-SCORING	NA	NA

*\* 75% score required for accreditation for Level III-A unit is 32 out of 42*

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