

**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 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 newborn 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.**

APPLICATION FORM <i>(to be filled by applicant only)</i>	
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:
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	Level III-B
6) Available number of beds in the unit total and different level beds (level IIIB, 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)

	4)
	5)
	6)
	7)
	8)
	9)
9) No of Junior Doctors (Post MBBS)	
10) No of Nurses	
11) Total Deliveries/year	
12) Total Admissions in your newborn care unit/year	
13) No. of ventilated patient per year (if applicable)	
14) Patient ventilation days in a year (if applicable)	
15) Self-Assessment score (in numbers as scored by the summation of essential criteria only)	
16) Is the unit part of a hospital/institution?	YES / NO (<i>please encircle appropriate answer</i>)
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)
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)	
23) Signature of Unit In charge with their official seal/stamp	

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	
		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
<i>Facility should be aware of these requirements and should know where and with whom documents of 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. 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	Care at birth including resuscitation of asphyxiated newborn's		
M2	Managing sick neonate including babies below 1200 grams		
M3	Post-natal care under supervision of Paediatrician		
M4	Prolonged conventional & Advanced ventilation including Surfactant therapy		
M5	Neonatal surgical interventions		
M6	Stabilization of the surgical/Cardiac patients prior to referral		
M7	Transport facilities for higher level of care (e.g. Neonatal Cardiac Surgery)		
M8	Structured Follow-up of the High risk NICU graduates		
M9	Provision for immunization services		
E	ESSENTIAL		
E1	In house oto-acoustic emission (OAE)/ BERA screening		
E2	In house screening and laser therapy for ROP		
E3	Neonatal cardiothoracic/cardiology services		
E4	iNO Therapy		
D	DESIRABLE		

D1	ECMO facilities		
		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			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	04	
	DESIRABLE	NON SCORING	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSOR)		
Y			
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
INFRASTRUCTURE		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO

M	MANDATORY		
M1	Should have minimum 12 beds with additional 4 ventilated beds. The unit may be bigger in the same proportion. <i>(For every 1 ventilated bed, there should be 4 non ventilated beds)</i>		
M2	Every bed should have space of 150 sq.ft. (inclusive of ancillary areas and extra area required for each ventilated beds)		
M3	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 4 emergency power sockets for every 10 sockets (minimum of 8 sockets per bed)		
M9	Availability of continuous tap water supply 24x7		
M10	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.		
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 24x7 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 was calculated and accordingly electrical wiring and installations done)		
M17	Availability of the central compressed air line		

M18	A separate connection of water to the unit with adequate storage in case of emergency		
M19	MRI/CT facility that is present with in the hospital/outsourced (MOU for which should be present with the unit)		
M20	Provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit in times of need		
E	ESSENTIAL		
E1	Facility for dimming of general lighting in the NICU for developmental care		
E2	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.		
E3	System for the Air changing in the NICU		
TOTAL SCORE...			
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	03	
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 should have temperature sensing with Servo control		
M3	Phototherapy machine one for each bed		
M4	NIBP (None Invasive Multi-Para Monitor) - ONE 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 and at least 1 machine with 1-gram sensitivity.		
M9	Ultrasound Machine in NICU		
M10	Glucometer (minimum 2 in number)		
M11	Acid Blood Gas analysis machine within NICU		
M12	A portable X-ray machine in NICU		
M13	1 oxygen sensor (FiO ₂ monitor)		
M14	Separate Electronic Thermometer (Low reading) for Servo control		
M15	Cold light source for detection of pneumothorax		
M16	T-piece Resuscitators in NICU minimum 2 in number		

M17	Laminar Flow Station for sterile fluid preparation		
M18	Flux Meter		
M19	CT/MRI facility (either with in hospital premises or outsourced for which MOU should be present with NICU)		
M20	2D ECHO facility on call 24x7		
M21	High frequency ventilation		
M22	Invasive BP monitoring for ventilated babies		
E	ESSENTIAL		
E1	Cerebral Function Monitoring (aEEG)		
E2	In house 24/7 ECHO Machine		
E3	Incubators in NICU for care of ELBW babies		
TOTAL SCORE...			
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	03	
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)

HUMAN RESOURCES		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		
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) round the clock, i.e. 12 for Non-ventilated beds and 4 for ventilated beds		
M4	One trainee (Post MBBS) available 24/7 exclusively for NICU, i.e. 12 for non-ventilated beds and 4 for ventilated beds 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 <i>(e.g. for a unit with 12 non-ventilated beds and 4 additional ventilated beds, total number of nurse required would be 24)</i>		
M6	In Charge Nurse 1, who has work experience of at least one year of working in NICU of a tertiary level hospital		
M7	Lactation Consultant: at least 1 dedicated person for difficult cases		
M8	Ophthalmologist on panel/attached with NICU who does In-house ROP screening		

M9	Respiratory Therapist: 1 per shift with 20% reserve (Minimum 4)		
M10	At least one laboratory technician in the morning shift		
M11	ICU Technician for the unit 1 per shift with 20% reserve (minimum 4)		
M12	Attending Staff: one per shift with 20% Reserve (Minimum 5)		
M13	Class IV, attendant 1 per shift with 20% reserve (Minimum 5)		
M14	Security personnel 1 per shift with 20% reserve (minimum 5)		
M15	Hospital Infection Surveillance (HIS) staff who visits NICU monthly or as and when required		
E	ESSENTIAL		
E1	Outreach staff for home visit of the high risk babies discharged		
E2	Nursing staff trained in the developmental supportive care		
E3	Biomedical technician (full time)		
TOTAL SCORE...			
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
Y	ESSENTIAL	03	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

		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		
M2	Hospital must have a policy and space for providing separate in house facility for all mothers of <2000gms		
M3	Protocols for level III care (NNF CPG Guideline)/equivalent should be retained and follow		
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	Individual written instruction for trouble shooting of equipment		
M12	Protocol of orientation of new staff and refresher course (like CME) for existing staff		

M13	A separate follow-up clinic for the High Risk NICU gradates		
M14	Protocol for arranging the ROP screen of the high risk babies at bedside		
M15	Hearing screen for the High Risk babies at discharge		
M16	Protocol for organizing a bedside ECHO when indicated in sick babies		
M17	Protocol for the workup and management of IEM		
M18	The rounds in the PNC taken by the paediatrician		
M19	Protocol for conducting metabolic screen (e.g. TSH, PKU, Galactosemia etc.) on all babies		
	ESSENTIAL		
E1	Facilities for the extended metabolic screen and genetic screen for special situation		
E2	Protocol for the Laser therapy of the babies with ROP (at bedside)		
TOTAL SCORE...			
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
Y	ESSENTIAL	02	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

		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	Adequate number of functional room thermometers (at least one for each baby care room)		
M2	Working servo system of all the Warmers		
M3	Skin to skin contact immediately after birth practiced (routine care)		
M4	Adequate number of low reading clinical thermometers present/alternate device to monitor for severe hypothermia		
E	ESSENTIAL		
E1	Separate procedure cubicle with facilities to maintain temperature (26-28 degree Celsius)		
E2	In line warmers for the transfusions		
E3	Humidity monitoring system		
		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

X	CRITERIA	MAX. SCORE	UNIT'S SCORE	
		MANDATORY	ALL YES	
		ESSENTIAL	03	
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	Separate containers with lids for storage of the EBM being used			
M2	A separate emergency tray for every 4 babies			
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		
M7	Use of Micro filters for TPN infusions		
M8	Use of scientifically designed Breast Pumps (Electronic/Manual)		
E	ESSENTIAL		
E1	Individualized custom-made fluid for babies		
E2	Donor milk policy should be there for the unit		
E3	Policy for initiation of TPN 24x7 (aggressive approach)		
TOTAL SCORE...			
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	03	
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)		

LABOR ROOM/OT & RESUCITATION		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		
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 areas		
M6	Availability of "essential and emergency resuscitation drugs" (e.g. adrenaline, RL, normal saline, etc.) that is replenished on daily basis.		
M7	Availability of a Blender for graded oxygen delivery		
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 umbilical vein cannulation set(s) to be used during resuscitation		
M11	Availability of a wall clock (seconds) in at all Birthing Areas		
M12	The record sheets of resuscitation as per the NRP guidelines/NNF CPG Guidelines		
M13	Availability of the Heater Pads / Re-sealable plastic (Zip pouch) to be used for preterm deliveries		
M14	The facility for administration of surfactant (drug and logistics) in birthing place		
M15	A SET technology pulse oximeter for optimal early acquisition of signal		

E	ESSENTIAL		
E1	A standby CPAP machine for initiating DR-CPAP when indicated		
E2	A ICD drainage set , and the Exchange transfusion sets for hydropic / anaemic babies		
E3	ET CO ₂ detectors (Calorimetric)		
E4	Facility for the Fetal/ Neonatal Autopsy		
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	04	
	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 at least one wash basin for every 5 beds 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 san during onsite assessment)		
M6	Availability of 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 unit/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 the bio-medical waste management norms as prescribed by Government 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		
M15	Infection Surveillance and Audit of the unit is done on regular basis		
TOTAL SCORE...			
<p>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</p>			
	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
LABORATORY FACILITIES <i>(within unit/hospital/outsourced [MOU for the same should be present with the unit])</i>		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		

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	Facility for IEM Screen including thyroid profile		
M10	BACTEC System of Blood Culture		
M11	Fungal Culture		
M12	17-OH, DHEA, Cortisol , Insulin Levels and other hormonal tests		
M13	TORCHES Screen		
E	ESSENTIAL		
E1	DEXA Scan		
E2	Karyotyping/ RFLP Studies		
TOTAL SCORE...			
<p>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</p>			
X	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 ASSESSOR)		
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	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		
M5	Points for Pulse Oximeter and the Infusion pumps in the Ambulance		
M6	Transport Ventilator in the Ambulance		
M7	24x7 Centralized call centre based transport facility with a central number		
E	ESSENTIAL		

E1	A Neonatal Transport Ambulance (Minimum of the Size of “Tempo Traveller”) , with an Intensive Bed akin to one in the NICU manned with trained Neonatal doctor and experienced nursing sister for every pick / drop of the baby		
E2	Outsourced/in house Air-ambulance for transport of sick babies		
TOTAL SCORE..			
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	02	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSOR!)		
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 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	Unit generate monthly detailed structured short information report including dash board indicators regarding status of the unit		
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	Enrolment into a Data network (multi-centric)		
E3	Structured sequential developmental follow-up of discharged babies till 2-years with all records		
TOTAL SCORE...			
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	

Y	ESSENTIAL	03	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSOR)		
MISCELLANEOUS		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		
M1	Unit has been offering newborn care services with adequate facilities for a period of at least 24 months		
M2	A Hospital policy to admit the mothers of the LBW babies for rooming in care, KMC and Breastfeed/ expression		
M3	The Unit should be running the Broad Specialty courses in Paediatrics OR Short fellowship programmes in Neonatology		
M4	Regular structured Neonatology teaching programme with Journal Clubs, Seminars, Mortality meets, research presentations separately from Paediatrics		
M5	The unit should be undertaking research in Neonatology		
M6	The unit should be running the Super-specialty training courses (DNB/DM) in Neonatology		
M7	The unit should be actively involved in research projects, with at least ONE publication annually in an indexed journal		
M8	Unit should have a community outreach programme		
M9	Unit should have an adequately stocked library with audio-visual aids		

E	ESSENTIAL		
E1	The unit should have a fetal medicine department attached		
		TOTAL SCORE...	
<p>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</p>			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	01	
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
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 ₂	End Tidal CO ₂	VAP	Ventilator-Associated Pneumonia
EtO	Ethylene Oxide	VLBW	Very Low Birth Weight
ETT	Endotracheal Tube		
FBNC	Facility Based Newborn Care		

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)	
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Name & Organization of Assessor 1 (Team Leader)	
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Name & Organization of Assessor 2	
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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-B 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.*

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)			____%
DESIRABLE (ALL DOMAINS)			NA

** 75% score required for accreditation for Level III*

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