

Supplementary Materials

Table S1. Rapid IPC Assessment Tool for Hospitals

A. Facility Information

Q1	Name of Hospital		Code	
	Address			
	Name of Respondent	[Optional]	Designation/ Job Title	

		Response	Means of Verification
Q2	Is the facility DOH certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q3	Is the facility PhilHealth accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. IPC Checklist

No	Indicators	Response	Means of Verification
Engineering Controls			
Q4	Does the triage area have a hand hygiene area: a handwashing area with soap and water and/or 70% rubbing alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q5	Does the triage area have directional signages showing the way to emergency room isolation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q6	Do HCWs in triage conducting physical examination of patients with respiratory symptoms wear gowns, gloves, medical masks, and eye protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7	Do cleaners in triage area wear gowns gloves, medical masks, eye protection and boots or closed work shoes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8	Does the emergency room isolation have a contaminated zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9	Does the emergency room isolation have a buffer zone (potentially contaminated area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10	Emergency room isolation have a sterile zone (clean area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11	Does the COVID-19 isolation ward have a contaminated zone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q12	Does the COVID-19 isolation ward have a buffer zone (potentially contaminated area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q13	Does the COVID-19 isolation ward have a sterile zone (clean area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Environmental Controls			
Q14	Cleans and disinfects surface and areas once a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q15	Cleans and disinfects surfaces and areas used by the patient upon discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q16	Uses 70% ethyl alcohol or 0.1% sodium hypochlorite to disinfect frequently touched surfaces and reusable dedicated equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q17	Uses 0.5% sodium hypochlorite to disinfect surfaces/walls with blood or bodily fluids spills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q18	Follows ≥30 minutes standard waiting time for the disinfection to settle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Management (Segregation, Collection and Storage)			
Q19	Has appropriate labelling of waste bins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q20	Uses color-coded bags for the waste bins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q21	Has posters/printed instructions showing what type of waste should be disposed of in each waste bin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q22	Has a designated temporary collection point for infectious wastes prior to transporting to a central storage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q23	Is the temporary collection point for infectious wastes properly covered/sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q24	Is the temporary collection point far from patients and other public access areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Q25	Has a central storage for infectious waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q26	Is the central storage area is near the exit gate/garbage pick-up/hauling point?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administrative Controls			
Q27	Has a written policy on IPC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q28	Has a dedicated IPC Officer to monitor compliance to protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q29	Has trained HCWs on IPC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q30	HCWs are familiar with the steps to proper handwashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q31	HCWs are familiar with the steps to proper donning of PPEs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q32	HCWs are familiar with the steps to proper doffing of PPEs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q33	Has promotional materials on proper handwashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q34	Has promotional materials on respiratory etiquette and physical distancing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q35	Has promotional materials on use of PPEs per zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Table S2. Rapid IPC Assessment Tool for Temporary Treatment and Monitoring Facilities

A. Facility Information

Q1	Name of Facility		Code	
	Description of TTMF	[Please describe the facility with respect to its current structure, example gym, school dormitory, sports stadium, hotel, open space with tents etc.]		
	Address			
	Name of Respondent	[Optional]	Designation/ Job Title	

		Response	Means of Verification
Q2	Is the facility DOH certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q3	Is the facility PhilHealth accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. IPC Checklist

No	Indicators	Response	Means of Verification
Engineering Controls			
Q4	Is the entrance and exit of HCWs connected to a clean/sterile area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q5	Does the entrance and exit of HCWs have directional signages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q6	Is the entrance and exit of patients connected to a contaminated area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7	Does the entrance and exit of patients have directional signages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do HCWs use of the following PPEs:		
Q8	Face mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9	Eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11	Gown	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q12	Has a designated contaminated zone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q13	Has a designated buffer zone		
Q14	Has a designated sterile zone		
Environmental Controls			
Q15	Cleans and disinfects surface and areas once a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q15	Cleans and disinfects surfaces and areas used by the patient upon discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q16	Uses 70% ethyl alcohol or 0.1% sodium hypochlorite to disinfect frequently touched surfaces and reusable dedicated equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q17	Uses 0.5% sodium hypochlorite to disinfect surfaces/walls with blood or bodily fluids spills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q18	Follows ≥30 minutes standard waiting time for the disinfection to settle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Management (Segregation, Collection and Storage)			
Q19	Has appropriate labelling of waste bins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q20	Uses color-coded bags for the waste bins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q21	Has posters/printed instructions showing what type of waste should be disposed of in each waste bin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q22	Has a designated temporary collection point for infectious wastes prior to transporting to a central storage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q23	Is the temporary collection point for infectious wastes properly covered/sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q24	Is the temporary collection point far from patients and other public access areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q25	Has a central storage for infectious waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q26	Is the central storage area is near the exit gate/garbage pick-up/hauling point?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administrative Controls			

Q27	Has a written policy on IPC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q28	Has a dedicated IPC Officer to monitor compliance to protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q29	Has trained HCWs on IPC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q30	HCWs are familiar with the steps to proper handwashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q31	HCWs are familiar with the steps to proper donning of PPEs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q32	HCWs are familiar with the steps to proper doffing of PPEs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q33	Has promotional materials on proper handwashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q34	Has promotional materials on respiratory etiquette and physical distancing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q35	Has promotional materials on use of PPEs per zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	