



## **NNF ACCREDITATION PROGRAM**

Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-A**



# **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**



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- 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.
- These "**ESSENTIAL ELEMENTS**" offer us the way forward in delivering quality newborn care. These elements have been put in order to define the frontiers of new born care within the level II environment.
- **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 *(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:                 |



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|   |                        |
|---|------------------------|
| 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 II-A</b>      |
| 6. Available number of beds in the unit   |                        |
| 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)   |                        |
|   |                        |
|   |                        |
|   |                        |
|   |                        |
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|  |  |
|--|--|
|  |  |
|  |  |
| 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> ) |
| <b>If yes</b>  | a)   |
| a. Please mention - no. of beds  | b)   |
| b. Specialties offered by the hospital   | c)   |
| c. Special care areas in the hospital  | d)   |
| d. Other facilities in the hospital  |  |
| 17. Recognition for fellowship training for doctors/nurses has been requested? and its Fee submitted, if yes give details of payment made? |  |



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|   |  |
|---|--|
| 18. Any other teaching/training programs undertaken by the unit e.g. DCH, DNB, DM, etc. |  |
| 19. Teaching experience of consultant(s)  |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| 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                          |  |

| Unit Statistics | Year 1 | Year 2<br><i>(if applicable)</i> | Year 3<br><i>(if applicable)</i> |
|-----------------|--------|----------------------------------|----------------------------------|
|-----------------|--------|----------------------------------|----------------------------------|



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|  |      |      |      |
|--|------|------|------|
| • Total inborn babies admitted   |      |      |      |
| • Total out born babies admitted   |      |      |      |
| • Total number of babies admitted with LBW   |      |      |      |
| • Total number of babies referred-in   |      |      |      |
| • Mortality figures – in born babies   |      |      |      |
| • Mortality figures – out born babies  |      |      |      |
| • Mortality figures – LBW babies   |      |      |      |
| • Mortality figures – ELBW babies ( <i>if applicable</i> )   |      |      |      |
| • Bed occupancy rate (in %) of the unit  |      |      |      |
| • Average length of stay of the unit (in days or hours [ <i>if stay is &lt; 1 day</i> ])                         |      |      |      |
| • The five (5) commonest diagnoses ( <i>in last three years or since inception if unit is &lt; 3 years old</i> ) | i.   | i.   | i.   |
|  | ii.  | ii.  | ii.  |
|  | iii. | iii. | iii. |
|  | iv.  | iv.  | iv.  |
|  | v.   | v.   | v.   |



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| SECTIONS        | ELEMENTS IN SECTIONS  | SELF-ASSESSMENT<br>(To be completed by applicant at the time of application) | ASSESSOR'S ASSESSMENT<br>(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              | Resuscitation at birth to all babies by NRP trained doctor preferably paediatrician               |  |  |
| M2              | Care of sick neonate including babies $\geq$ 1000gms or $\geq$ 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 at least 200 patients deserving admission in a level II unit / year.            |  |  |
| <b>E</b>        | <b>ESSENTIAL</b>  |  |  |
| E1              | Attached to active obstetric unit with facility of perinatal care                                 |  |  |
| E2              | Facility for carrying out exchange transfusion  |  |  |
| E3              | Facility for BERA screening (in house/outsourced)   |  |  |



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| TOTAL SCORE...   |   |  |  |
|--|---|--|--|
| <b>Note :</b><br>The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor<br>Finally , the Assessor will <b>ADD</b> Scores in different <b>AREAS</b><br>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>03</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>INFRASTRUCTURE</b>  |   | <b>Mark - 1 for YES /<br/>0 for NO</b> | <b>Mark - 1 for YES /<br/>0 for NO</b> |
| <b>M</b>   | <b>MANDATORY</b>  |  |  |
| M1   | Should have minimum 12 beds. The 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 |  |  |





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|          |   |  |  |
|----------|---|--|--|
| 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/level beds of appropriate amperage   |  |  |
| M12      | Uninterrupted availability of power supply through a generator / UPS etc  |  |  |
| <b>E</b> | <b>ESSENTIAL</b>  |  |  |
| 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       | <i>Are the following areas designated within the unit?</i><br>Hand wash and gowning area  |  |  |



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|                        |  |  |  |
|------------------------|--|--|--|
| 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  |  |  |
| <b>TOTAL SCORES...</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**

|          | CRITERIA         | MAX. SCORE     | UNIT'S SCORE |
|----------|------------------|----------------|--------------|
| <b>X</b> | <b>MANDATORY</b> | <b>ALL YES</b> |              |
|          | <b>ESSENTIAL</b> | <b>17</b>      |              |



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| 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 /<br>0 for NO | Mark - 1 for YES /<br>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 and One pulse-oximeter for every level IIB bed   |                                |                                |
| 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   | Two infusion pumps for each level IIB beds and one for every level II beds  |                                |                                |



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|     |  |  |  |
|-----|--|--|--|
| M11 | Resuscitation equipment with all sizes of blades and mask, at least 4 such sets for each 12 level II beds  |  |  |
| M12 | <b><i>Following equipments are present with the unit:</i></b><br>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, 32-43°C  |  |  |
| 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  |  |  |



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|          |   |  |  |
|----------|---|--|--|
| M27      | Tape, measure, vinyl-coated, 1.5m.                                  |  |  |
| 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   |  |  |
| <b>E</b> | <b>ESSENTIAL</b>  |  |  |
| E1       | One Multi-Para Monitor for every two beds                           |  |  |



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|                       |   |  |  |
|-----------------------|---|--|--|
| 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  |  |  |
| <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**

|  | CRITERIA         | MAX. SCORE     | UNIT'S SCORE |
|--|------------------|----------------|--------------|
| <b>X</b>   | <b>MANDATORY</b> | <b>ALL YES</b> |              |
|  | <b>ESSENTIAL</b> | <b>10</b>      |              |
| <b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b> |                  |                |              |
| <b>Y</b>   |                  |                |              |



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| ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS) |  |                                |                                |
|---|--|--------------------------------|--------------------------------|
| HUMAN RESOURCES   |  | Mark - 1 for YES /<br>0 for NO | Mark - 1 for YES /<br>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<br><i>(6 months in neonatal unit OR FBNC trained with 14-day NNF observership training undertaken)</i>                                  |                                |                                |
| 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 equipments   |                                |                                |
| 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)   |                                |                                |



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|   |  |  |  |
|---|--|--|--|
| E5  | Security personnel 1 per shift   |  |  |
| <b>TOTAL SCORE...</b>   |  |  |  |
| <b>Note :</b><br>The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor<br>Finally , the Assessor will <b>ADD Scores in different AREAS</b><br>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>05</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>PROTOCOLS &amp; PROCESSES</b>  |  | <b>Mark - 1 for YES /<br/>0 for NO</b> | <b>Mark - 1 for YES /<br/>0 for NO</b> |
| <b>M</b>  | <b>MANDATORY</b>   |  |  |
| 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  |  |  |





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|          |  |  |  |
|----------|--|--|--|
| 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 equipments  |  |  |
| 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   |  |  |
| <b>E</b> | <b>ESSENTIAL</b>   |  |  |



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|                       |   |  |  |
|-----------------------|---|--|--|
| E1                    | Incident reporting and closure of loop – properly documented                  |  |  |
| E2                    | Facility for metabolic Screen (e.g. TSH, PKU, Galactosemia etc) on all babies |  |  |
| <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

|          | CRITERIA  | MAX. SCORE | UNIT'S SCORE |
|----------|---|------------|--------------|
| <b>X</b> | <b>MANDATORY</b>  | ALL YES    |              |
|          | <b>ESSENTIAL</b>  | 02         |              |
|          | ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)                 |            |              |
| <b>Y</b> | 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 |
|---------------------------------|--|-----------------------------|-----------------------------|
| <b>M</b>                        | <b>MANDATORY</b>   |                             |                             |
| M1                              | Unit’s temperature should be maintained between 26-28 degree Celsius, at all times |                             |                             |



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|                       |  |  |  |
|-----------------------|--|--|--|
| M2                    | Adequate number of functional room thermometers (at least one for each baby care room)             |  |  |
| M3                    | Servo systems of all warmers is working ( <i>Assessor can ask one of staff to demonstrate it</i> ) |  |  |
| 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                    |  |  |
| <b>D</b>              | <b>ESSENTIAL</b>   |  |  |
| E1                    | Skin to skin contact immediately after birth practiced (routine care)                              |  |  |
| <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

|          | CRITERIA   | MAX. SCORE     | UNIT'S SCORE |
|----------|--|----------------|--------------|
| <b>X</b> | <b>MANDATORY</b>   | <b>ALL YES</b> |              |
|          | <b>ESSENTIAL</b>   | <b>01</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> |                |              |
|          |  |                |              |
|          |  |                |              |



## NNF ACCREDITATION PROGRAM

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| <b>DRUGS, FLUIDS AND NUTRITION</b> |  | <b>Mark - 1 for YES /<br/>0 for NO</b> | <b>Mark - 1 for YES /<br/>0 for NO</b> |
|------------------------------------|--|--|--|
| <b>M</b>                           | <b>MANDATORY</b>   |  |  |
| 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 equipments in adequate numbers |  |  |
| M5                                 | All fluid administration by Infusion Pumps   |  |  |
| M6                                 | Availability of refrigerator exclusively for storing feeds and drugs in baby care area   |  |  |
| <b>E</b>                           | <b>ESSENTIAL</b>   |  |  |
| E1                                 | Use of scientifically designed breast pumps (Electronic/Manual)  |  |  |
| <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>01</b>         |                     |



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**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)**

| <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 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 (staff can be asked to demonstrate it during assessment) |                                    |                                    |
| 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  |                                    |                                    |
| <b>E</b>                                | <b>ESSENTIAL</b>   |                                    |                                    |



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|                       |  |  |  |
|-----------------------|--|--|--|
| 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                                |  |  |
| <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

|          | CRITERIA   | MAX. SCORE     | UNIT'S SCORE |
|----------|--|----------------|--------------|
| <b>X</b> | <b>MANDATORY</b>   | <b>ALL YES</b> |              |
|          | <b>ESSENTIAL</b>   | <b>06</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> |                |              |
|          |  |                |              |



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| <b>INFECTION CONTROL PRACTICES</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 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 (Assessor can ask for demonstration during onsite assessment)   |                                    |                                    |
| 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. <ul style="list-style-type: none"> <li>• Floor (e.g. Lysol, Phenol)</li> <li>• Surface (Bacillocid etc.)</li> <li>• Tubes/ Circuits (e.g. Glutaraldehyde)</li> <li>• Hands / Baby (e.g., Hand rubs, Betadine, Chlorhexidine)</li> <li>• Autoclave/EtO (in unit's/hospital's premises)</li> </ul> |                                    |                                    |
| 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 Govt. of India  |                                    |                                    |
| <b>E</b>                           | <b>ESSENTIAL</b>   |                                    |                                    |



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|                       |   |  |  |
|-----------------------|---|--|--|
| 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 |  |  |
| <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**

|          | CRITERIA   | MAX. SCORE     | UNIT'S SCORE |
|----------|--|----------------|--------------|
| <b>X</b> | <b>MANDATORY</b>   | <b>ALL YES</b> |              |
|          | <b>ESSENTIAL</b>   | <b>02</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>LABORATORY FACILITIES</b><br><i>(within unit/hospital/outsourced [MOU for the same should be present with the unit])</i> |  | Mark - 1 for YES /<br>0 for NO | Mark - 1 for YES /<br>0 for NO |
|---|--|--------------------------------|--------------------------------|
| <b>M</b>  | <b>MANDATORY :</b>                         |                                |                                |
| M1  | CBC  |                                |                                |
| M2  | Serum Bilirubin (Both Direct and Indirect) |                                |                                |
| M3  | Plasma Glucose                             |                                |                                |





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|                       |   |  |  |
|-----------------------|---|--|--|
| M4                    | Serum Urea and Creatinine   |  |  |
| M5                    | Serum Electrolytes and Calcium  |  |  |
| M6                    | CRP   |  |  |
| M7                    | TORCHES Screen  |  |  |
| <b>E</b>              | <b>ESSENTIAL</b>  |  |  |
| E1                    | Microbiological lab facilities (inclusive of Blood Culture, fungal culture, etc.) |  |  |
| E2                    | ABG Analysis  |  |  |
| E3                    | Facility for IEM Screen including thyroid profile                                 |  |  |
| <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

|          | CRITERIA   | MAX. SCORE     | UNIT'S SCORE |
|----------|--|----------------|--------------|
| <b>X</b> | <b>MANDATORY</b>   | <b>ALL YES</b> |              |
|          | <b>ESSENTIAL</b>   | <b>03</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> |                |              |



## NNF ACCREDITATION PROGRAM

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| <b>NEONATAL TRANSPORT</b>   |   | <b>Mark - 1 for YES /<br/>0 for NO</b> | <b>Mark - 1 for YES /<br/>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  | 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   |  |  |
| <b>E</b>  | <b>ESSENTIAL</b>  |  |  |
| E1  | Neonatal Transport incubator in the Ambulance   |  |  |
| E2  | Doctors accompanying during transport (documentary proof)   |  |  |
| <b>TOTAL SCORE...</b>   |   |  |  |
| <b>Note :</b><br>The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor<br>Finally , the Assessor will <b>ADD Scores in different AREAS</b><br>The Gaps and Suggestions should be written in concerned area only |   |  |  |
|   | <b>CRITERIA</b>   | <b>MAX. SCORE</b>                      | <b>UNIT'S SCORE</b>                    |



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|  |   |  |  |
|--|---|--|--|
| <b>X</b>   | <b>MANDATORY</b>  | <b>ALL YES</b>                         |  |
|  | <b>ESSENTIAL</b>  | <b>02</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>CASE RECORD MAINTAINENCE</b>  |   | <b>Mark - 1 for YES /<br/>0 for NO</b> | <b>Mark - 1 for YES /<br/>0 for NO</b> |
| <b>M</b>   | <b>MANDATORY</b>  |  |  |
| 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  |  |  |
| M8   | Monthly and Annual Sepsis data maintained   |  |  |



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|                       |   |  |  |
|-----------------------|---|--|--|
| M9                    | Monthly and Annual Morbidity data maintained  |  |  |
| M10                   | Monthly and Annual Mortality data maintained  |  |  |
| M11                   | Monthly and Annual Equipment status report  |  |  |
| <b>E</b>              | <b>ESSENTIAL</b>  |  |  |
| 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    |  |  |
| <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

|          | CRITERIA   | MAX. SCORE     | UNIT'S SCORE |
|----------|--|----------------|--------------|
| <b>X</b> | <b>MANDATORY</b>   | <b>ALL YES</b> |              |
|          | <b>ESSENTIAL</b>   | <b>03</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>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b> |                |              |



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| MISCELLANEOUS   |   | Mark - 1 for YES /<br>0 for NO | Mark - 1 for YES /<br>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 an community outreach programme  |                                |                                |
| <b>TOTAL SCORE...</b>   |   |                                |                                |
| <b>Note :</b><br>The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor<br>Finally , the Assessor will <b>ADD Scores in different AREAS</b><br>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)     |                                |                                |



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|  |  |
|--|--|
|  |  |
|--|--|



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



## NNF ACCREDITATION PROGRAM

### Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-A**



17-OH 17 Hydroxy (OH) Progesterone

ABG Acid Blood Gas Analysis

aEEG Amplitude-Integrated Electroencephalography

AMC Annual Maintenance Contract

BERA Brainstem Evoked Response Audiometry

BMW Bio-Medical Waste

BSc Bachelor of Science

CBC Complete Blood Count

CMC Comprehensive Maintenance Contract

CME Continued Medical Education

CO<sub>2</sub> Carbon Dioxide

CPAP Continuous Positive Airway Pressure

CPG Clinical Practice Guidelines (issued by NNF)

CRP C-Reactive Protein

CT Computed Tomography (imaging)

DCH Diploma in Child Health

DEXA Dual-Energy X-Ray Absorptiometry

DHEA Dehydroepiandrosterone

DM Doctorate in Medicine

DNB Diplomate of National Board

DR-CPAP Delivery Room Continuous Positive Airway Pressure

EBM Expressed Breast Milk

ECHO Echocardiography

ELBW Extremely Low Birth Weight

EMT Emergency Medical Technician

ER Emergency Room also known as Casualty or Emergency

ET CO<sub>2</sub> End Tidal CO<sub>2</sub>

EtO Ethylene Oxide

ETT Endotracheal Tube

FBNC Facility Based Newborn Care

GNM General Nursing & Midwifery

HIS Hospital Infection Surveillance

ICD Inter Costal Drainage

ICU Intensive Care Unit





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IEM Inborn Errors of Metabolism

iNO Inhaled Nitric Oxide

IT-ratio Immature-to-Total Neutrophil Ratio

IV Intra Venous

KMC Kangaroo Mother Care

LBW Low Birth Weight

MBBS Bachelor of Medicine and Bachelor of Surgery

MD Doctor of Medicine

MRI Magnetic Resonance Imaging

NIBP Non-Invasive Blood Pressure (Monitoring)

NICU Neonatal Intensive Care Unit

NNF National Neonatology Forum

NRP Neonatal Resuscitation Protocol

PICC Peripherally Inserted Central Catheter

PKU Phenylketonuria

RFLP Restriction Fragment Length Polymorphism

ROP Retinopathy of Prematurity

SET Signal Extraction Technology

TORCHES Acronym for Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Syphilis

TPN Total Parenteral Nutrition

TSH Thyroid Stimulating Hormone

VAP Ventilator-Associated Pneumonia

VLBW Very Low Birth Weight



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### FOR ASSESSORS USE ONLY

#### 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 ( <b>Team Leader</b> ) |  |
| 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 Accreditation** is given when Assessor(s) wants to see adherence to the protocols and processes is being continually followed by the unit at least for a period of six months. This will be re-verified on a surprise inspection after this period to convert conditional accreditation to full accreditation.



# NNF ACCREDITATION PROGRAM

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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> | 57         |              | ____%              |

*\* 75% score required for accreditation for Level II-A unit is 43 out of 57*

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