Infection Prevention & Control Checklist

Facility name			
Physical Location			
Infection Prevention & Control hours			
License No.			
Date & Time			
Audit Type: Renewal ☐ Concise/Follow up ☐ Adhoc ☐			
Name	Title/License no.	Name	Title/License no.

HAAD Auditor	HAAD Auditor
Name:	Name:
Division:	Division:
Auditor No.:	Auditor No.:

International Patient Safety Goals

1. Improve the accuracy of patient identification
2. Improve the effectiveness of communication among care givers and care recipients
3. Improve the safety of using medications and medical devices
4. Reducing the risk of healthcare associated infections
5. Ensuring correct site, correct procedure, correct patient for all procedures
6. Accurately and completely reconcile medications across the continuum of care
7. Encourage patients active involvement in their own care as a patient safety strategy
8. Improve recognition and response to changes in a patient's condition
9. Reducing risk of patient harm resulting from falls
10. Reduce the risk of hospital fires

P = PRIORITY PSG = PATIENT SAFETY GOALS

No.	Ref	Auditor Tasks	Yes	Partial	No	PSG	Comments
A.		Administrative Requirements					
A.1 P	APIC, JCIA HRC.51 HAAD policy	Hospital has an infection control program based on applicable Law, regulations and standards including: a. Authority statement b. Plan c. Vision/mission statement d. Program Goals & objectives				4	

		e. Risk Assessment of potential hazards. f. Arrangements for visitors, information, instruction, training.					
A.2 P	HRC.51 CDC APIC guideline HAAD policy	Infection control committee (ICC) available a. Minutes of meeting. b. Responsibilities identified. If Yes:				4	
		1. Do ICC staff have and identify clear job description?				4	
		2. Does ICC have policy and procedures that regulate their meeting, roles, authorities etc.?				4	
		3. Does the ICC include assistance of a multidisciplinary team from the hospital department?				4	
		4. Does ICC keep minutes, surveillance data and reports?				4	
A.3	WHO CDC HRC.51	Infection control practitioner /Nurse /Dr/ available?					
B.		Infection Control & Clinical Practice					
B.1 P	APIC guideline CDC	a. Facility has customized policies, standards and procedures that are compatible with the facility scope of practice. b. An audit program to ensure that policies have been implemented c. All policies should be clearly marked with a review date. d. Working practices are monitored for risks, quality and safety.				4	
B.2 P	HRC.64	The Hospital provides Infection Control training & education (orientation, continuous education completed and documented for staff), including visitors, patient & his family, auxiliary staff. - Record of training and updates for all staff is available.				4	
B.3 P	HRC.55, 57, 63 WHO guideline 2002.	a. Surveillance and data collection b. Is there an effective hospital-wide program for the surveillance, prevention and control of infection?				4	

	CDC, APIC	c. Evidence of local surveillance and use of comparative data where available in order to monitor infection rates and to assess the risks of infections. d. This evidence includes data on alert organisms, alert conditions, and wound infection by clinical unit or specialty. e. Post discharge surveillance of wound infection considered and, where practical implemented.					
		f. Is it integrated into the hospital performance improvement process?				4	
		g. Does the hospital design and implement a coordinated program to reduce the risk of nosocomial incidence rate for RTI, UTI, BSI and SSI?				4	
		h. Are the results of NCI rates regularly communicated to staff, doctors, and management and to the public health?				4	
B.4 P B.5 P	HRC.51 WHO guideline 2002, CDC APIC guide	Laboratory surveillance of multi drug resistant organisms e.g. MRSA in place. Packaging, handling and delivery of laboratory specimens a. Biological samples, cultures and other materials transported in a manner that ensures they do not leak. b. A microbiology laboratory policy for investigation of HCAI and surveillance in place.				4	
B.6 P	HRC.61 WHO,CDC APIC guide.	Infection Control program in place for TB patients &VRE, MDR- TB, ESBL				4	
B.7 P	HRC.51,61 WHO,CDC APIC	Infection Control program in place for MRSA patients and other MDRO infections.				4	

	WHO,CDC APIC guide	Water quality is assessed by microbiological testing (Legionella, Pseudomonas).					
C		Occupational health services for blood-borne viruses available					
C.1 P	WHO 2002 CDC APIC guide HRC.57	a. Is there a vaccination record for each member of staff? b. Arrangements for identifying and managing hepatitis B, HIV and hepatitis C infected health care workers.				4	
C.2 P	HRC.64,59 WHO 2002, CDC APIC guide.	a. Needle stick management Policy & procedure is available with evidence to support implementation and reporting. b. Employee knows the proper protocol for an injury or event that causes a possible exposure to blood borne pathogen. c. Audits of needle stick incidents and actions taken.				3,4	
C.3 P	CDC APIC guideline HAAD policy HRC.60	Measures to avoid exposure to blood-borne viruses in place: a. immunization against hepatitis B b. The wearing of gloves and other protective clothing c. the safe handling and disposal of sharps, including the provision of medical devices incorporating sharps protection d. measures to reduce risks during surgical procedures					
C.4 P	HRC.60 WHO2002, CDC rec. APIC guide	Management of occupational exposure to BBVs and post exposure prophylaxis Management include: a. designation of one or more doctors to whom health care staff and others may be referred immediately for advice following occupational blood exposure provision of clear information to health care staff about reporting potential occupational exposure					

		b. In particular the need for prompt action following a known or potential exposure to human immunodeficiency virus (HIV) c. Arrangements for post exposure prophylaxis for hepatitis B and HIV, and follow-up of hepatitis C exposures					
D		Hand Hygiene					
D.1 P	HRC.62 PCQ.5,CDC	Proper hand washing techniques used by the employee a. Mounted Liquid soap dispenser in use b. Mounted Paper towel in use c. Hand washing sinks used only for this purpose d. Staff demonstration of hand washing technique e. Audit of infection control practices				4	
E		Isolation procedures					
E.1 P	HRC.61 CDC APIC guideline HAAD policy	Isolation procedures & requirement for infected patients available & followed properly include: a. potential sources of infection b. the use of protective measures and equipment c. the management of outbreaks d. indications for isolation should be included in policy as should procedures for the infection control management of patients in isolation e. information on isolation easily accessible to all groups of staff, patients and the public f. policies for major outbreaks of communicable infection include initial assessment, communication, management and organization, investigation and control g. major outbreaks reported as Serious Incidents				4	

F		Antiseptic & Disinfectants					
F.1	CDC WHO 2002	Approved list of antiseptic & disinfectants to be used in the facility available.					
F.2	HRC.62	a. Use & storage for antiseptics & disinfectants solution is according to manufactures instructions, Policy and procedure available b. Equipment storage, cleaning, disinfection and sterilization methods are appropriate for the type of equipment used in the facility					
F.3	CDC APIC guideline HAAD policy	Disinfection policy there are local policies on disinfectant use focused on specific infection risks					
F.4	CDC APIC guideline HAAD policy	Aseptic technique a. Clinical procedures are carried out in a manner that maintains and promotes the principles of asepsis. b. education, training and assessment in the aseptic provided to all persons undertaking such procedures c. the technique is standardized across the organization d. audit is undertaken to monitor compliance with aseptic technique					
F.5	CDC WHO APIC	Staff have received chemical Hazard information and safety data sheets (SDS) concerning cleaning agents & chemical disinfectants & uses them according to manufactures recommendations.					
F.6	CDC WHO APIC	Hazardous materials program in place/MSDS sheets available (Material Safety Data Sheets) for all chemical agents & disinfectants solutions are available.					

G		Dental Care Practices					
G.1 P	CDC 2003 APIC guideline HAAD policy	Written health program for DHCP that includes: a. policies, procedures, and guidelines for education and training; b. immunizations; c. exposure prevention and post exposure management; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity d. Devices that are connected to the dental water system & enter the patient's mouth are water & air discharged for at least 20-30 seconds after use on each patient.					
G.2 P	CDC APIC guideline HAAD policy	Handling of Biopsy Specimens 1. During transport, place biopsy specimens in a sturdy, leak proof container labeled with the biohazard symbol. 2. If a biopsy specimen container is visibly contaminated, clean and disinfect the outside of a container or place it in an impervious bag labeled with the biohazard symbol policy is available.					
G.3 P	CDC APIC guideline HAAD policy	Handling of Extracted Teeth 1. Dispose of extracted teeth as regulated medical waste unless returned to the patient. 2. Extracted teeth containing amalgam not dispose in regulated medical waste intended for incineration. 3. Clean and place extracted teeth in a leak proof container, labeled with a biohazard symbol, and maintain hydration for transport to educational institutions or a dental laboratory. 4. Heat-sterilize teeth that do not contain amalgam before they are used for educational purposes.					

G.4	CDC APIC guideline HAAD policy	Dental Laboratory practices: 1. Use PPE when handling items received in the laboratory until they have been decontaminated 2. Before they are handled in the laboratory, clean, disinfect, and rinse all dental prostheses and prosthodontic materials (e.g., impressions, bite registrations, occlusal rims, and extracted teeth) by using registered disinfectant having at least an intermediate-level (i.e., tuberculocidal claim) activity. 3. Consult with manufacturers regarding the stability of specific materials (e.g., impression materials) relative to disinfection procedures. 4. Include specific information regarding disinfection techniques used (e.g., solution used and duration), when laboratory cases are sent offsite and on their return. 5. Clean and heat-sterilize heat-tolerant items used in the mouth (e.g., metal impression trays and face-bow forks) 6. Follow manufacturers' instructions for cleaning and sterilizing or disinfecting items that become contaminated but do not normally contact the patient (e.g., burs, polishing points, rag wheels, articulators, case pans, and lathes). -Evidence that manufacturers' instructions followed.					
G.5	CDC APIC guideline HAAD policy	Dental Radiology 1. Wear gloves when exposing radiographs and handling contaminated film packets. Use other PPE (e.g., protective eyewear, mask, and gown) as appropriate if spattering of blood or other body fluids is likely. 2. Use heat-tolerant or disposable intraoral devices whenever possible (e.g., film-holding and positioning devices). Clean and heat-sterilize heat tolerant devices between patients. At a minimum, high-level disinfect semi critical heat sensitive devices, according to manufacturer's instructions.					

		3. Transport and handle exposed radiographs in an aseptic manner to prevent contamination of developing equipment. 4. The following apply for digital radiography sensors: a. Clean and heat-sterilize, or high-level disinfect, between patients, barrier-protected semi critical items. If the item cannot tolerate these procedures then, at a minimum, clean and disinfect with an EPA-registered hospital disinfectant with intermediate-level (i.e., tuberculocidal claim) activity, between patients. b. Show evidence of consultation with the manufacturer for methods of disinfection and sterilization of digital radiology sensors and for protection of associated computer hardware,					
G.6 P	CDC APIC guideline HAAD policy	Instrument Processing Area (If no CSSD). 1. Designate a central processing area. 2.Divide the instrument processing area, physically or, at a minimum, spatially, into distinct areas for a. receiving, cleaning, and decontamination; b. preparation and packaging; c. sterilization; d. Storage instruments are not store in an area where contaminated instruments are held or cleaned. 3. Train DHCP to employ work practices that prevent contamination of clean areas.					
G.7 P	CDC APIC guideline HAAD policy	Receiving, Cleaning, and Decontamination Work Area a. Minimize handling of loose contaminated instruments during transport to the instrument processing area. Use work-practice controls (e.g., carry					

		instruments in a covered container) to minimize exposure potential; b. Clean all visible blood and other contamination from dental instruments and devices before sterilization or disinfection procedures. c. Use automated cleaning equipment (e.g., ultrasonic cleaner or washer-disinfector) to remove debris to improve cleaning effectiveness and decrease worker exposure to blood. d. Use work-practice controls that minimize contact with sharp instruments if manual cleaning is necessary (e.g., long-handled brush). e. Wear puncture and chemical-resistant/heavy duty utility gloves for instrument cleaning and decontamination procedures. f. Wear appropriate PPE (e.g., mask, protective eyewear, and gown) when splashing or spraying is likely when cleaning.					
G.8	CDC APIC guideline HAAD policy	Preparation and Packaging Use an internal chemical indicator in each package. If the internal indicator cannot be seen from outside the package, also use an external indicator					
G.9	CDC APIC guideline HAAD policy	Sterilization Monitoring a. Use mechanical, chemical, and biological monitors according to the manufacturer's instructions to ensure the effectiveness of the sterilization process. b. Monitor each load with mechanical (e.g., time, temperature, and pressure) and chemical indicators c. Place a chemical indicator on the inside of each package. If the					

		internal indicator is not visible from the outside, also place an exterior chemical indicator on the package d. Place items/packages correctly and loosely into the sterilizer so as not to impede penetration of the sterilant e. Monitor sterilizers at least weekly by using a biological indicator with a matching control. f. Show all records.					
G.10	CDC APIC guideline HAAD policy	Proper Storage Area for Sterilized Items and Clean Dental Supplies a. Implement practices on the basis of date- or event-related shelf-life for storage of wrapped, sterilized instruments and devices. b. According to date of sterilization. c. Examine wrapped packages of sterilized instruments before opening them to ensure the barrier wrap has not been compromised during storage. d. Store sterile items and dental supplies in covered or closed cabinets.					
G.11 P	CDC APIC guideline HAAD policy	Dental Hand pieces and Other Devices Attached to Air and Waterlines policy in place a. Clean and heat-sterilize hand pieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients. b. Follow the manufacturer's instructions for cleaning, lubrication, and sterilization of hand pieces and other intraoral instruments that can be removed from the air and waterlines of dental units.					

		c. Do not surface-disinfect, use liquid chemical sterilants or ethylene oxide on hand pieces and other intraoral instruments that can be removed from the air and waterlines of dental units. d. 4. Policy and procedure available according to the manufacturer's instructions.					
G.12 P	CDC APIC guideline HAAD policy	Dental Unit Waterlines, Biofilm, and Water Quality a. Show evidence of Consultation with dental unit manufacturer for appropriate methods and equipment to maintain and operate b. Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product. c. 3. Discharge water and air for a minimum of 20–30 seconds after each patient, from any device connected to the dental water system that enters the patient's mouth (e.g., hand pieces, ultrasonic scalers, and air/water syringes).					
H		Infectious Disease					
H.1 P	HRC.61 CDC,WHO	Where infectious tuberculosis is of concern, has an infection control plan been developed, written, and implemented with reporting? Show evidence.				4	
H.2 P	HRC.61 CDC,WHO	Does the TB plan provide for early identification and negative pressure isolation of patients with TB disease; use of personal protective equipment, approved respirators, medical evaluation of workers with positive test results; and information and training for employees?				4	
H.3 P	HRC.61 CDC,WHO	Has an exposure control plan for blood borne pathogens (BBP) been developed, written, and implemented?				4	

H.4 P	HRC.61 CDC,WHO	Warning labels affixed to any containers, including refrigerators and freezers, used to store, transport, or ship blood or other potentially infectious material?				4	
I.		Processing Instrument (CSSD).					
I.1 P	HRC.58 CDC,WHO	Properly designed & equipped central sterile supply department (CSSD).				3, 4	
I.2	CDC,WHO APIC	(CSSD) Policies & procedures manual are available.					
I.3 P	HRC.58	(CSSD) assembly & sterilizer areas have positive pressure.				3, 4	
I.4 P	CDC APIC	(CSSD) decontamination area has negative pressure.				3, 4	
I.5 P	HRC.58	Staff uses proper barrier protection for splash & spray surfaces.				3, 4	
I.6 P	CDC APIC	Proper storage area for sterile items properly used.				3, 4	
I.7	CDC APIC	Shelf lives & expiration dates checked regularly.					
I.8 P	CDC WHO APIC	Quality assurances for sterilization process (Chemical, mechanical & biological) are followed.				3, 4	
i.9	CDC APIC	Orientation & continuous training for CSSD staff is in place & documented.					
I.10 P	CDC APIC	CSSD staff are vaccinated against hepatitis B and is documented.				4	
J		Waste management & Sanitation					
J.1 P	HRC.59 WHO200 2	The Hospital has a waste management program, policy and procedures.				4	
J.2 P	HRC.60	The Hospital has policy and procedure on the disposal of sharps and needles, supportive evidence it is implemented.				3, 4	
J.3	CDC APIC WHO	Evidence that employees are instructed not to bend, recap, or remove contaminated needle or sharps unless it is absolutely necessary, then only if it is accomplished through the use of a mechanical device or a one-handed technique?					

J.4 P	CDC APIC WHO200 2	Evidence that contaminated disposable sharps discarded immediately into containers that are closable, puncture resistant, leak proof, and labeled or color-coded?				3, 4	
		Safe handling and disposal of sharps a. Risk Management and training in management of needle stick injuries b. provision of medical devices incorporating sharps protection mechanisms c. Policy that is easily accessible to all groups of staff. d. auditing of policy compliance					
J.6	CDC APIC	Liquid Waste is discharged into: a. Multi-chamber septic tank. b. Municipal/city sewers. c. Treated in an onsite wastewater treatment plant.					
J.7 P	CDC APIC WHO	Solid waste: is collected, treated, segregated, colored bags/labeled & disposed according to the standard.				4	
J.8 P	CDC APIC	The hospital uses at least one of the following for the treatment of sharps, infectious & pathological wastes: a. Autoclave b. chemical disinfection c. Microwave d. Ionizing radiation e. Others (please specify).					
J.9	CDC APIC	The hospital uses at least one of the following for the treatment of hazardous chemical & pharmaceutical wastes: a. Chemical decomposition b. Delay to decay c. Others (please specify).					
J.10	CDC APIC	Staff demonstrates correct procedures for clean-up & set-up of patient care area					
J.11 P	HRC.62	PPE appropriate to the risks associated with handling, storage & disposal of wastes are provided to & used properly.				4	

J.12 P	CDC,APIC	Pest Control program in place. (Show contract).					
J.13 P	CDC APIC	Housekeeping policies & procedures manual in place/signed off by staff and monitored					
J.14	HRC.64	Orientation & training program for housekeeping staff is in place.					
J.15	CDC APIC	Staff signs for housekeeping duties completed.					
K		Linen & Laundry					
K.1	HRC.58	Laundry practices are appropriate and are monitored (Check if Outsourced)					
K.2	CDC APIC	The ventilation in Laundry department includes adequate intake, filtration, air exchange rate (5-10 per hour) and exhaust.					
K.3	CDC APIC	Laundry & linen practices policy & procedure manuals are available (Handling, bagging & transportation of linen).					
K.4	CDC APIC	Orientation & training program laundry staff is in place.					
K.5 P	CDC APIC	Laundry staff are vaccinated against hepatitis B vaccines & documented.				4	
K.6 P	CDC,APIC	Proper use for PPE by Laundry staff.				4	
K.7	CDC APIC	Linen storage areas is properly arranged & well ventilated. Rooms that are used to store clean linen must: a. Have temperatures ranging from 68o to 78o F b. Be properly ventilated to prevent the accumulation of dust and lint c. Be free from drains or hot water pipes d. Have shelves used for storing linen that are approximately 1-2 inches from the wall for accessible cleaning; bottom shelf must be 6-8 inches from the floor and the top shelf must be 12-18 inches below the ceiling e. Store only clean linen f. Have a door that remains closed at all times g. Have positive pressure					

K.8	CDC	Is contaminated laundry placed in labeled or color-coded leak proof bags or containers?								
K.9 P	APIC	The soiled linen and clean linen area are separate.								
L		Kitchen and Catering								
L.1 P	HAAD Policy, CDC	Kitchen/dietary practices monitored (Check if Outsourced)								
L2 P	HACCP	HACCP (Hazard analysis and critical control points) Food safety program in place.								
L.3	WHO APIC	Food handlers are educated and trained in Food safety and good food handling procedures-annually, documentary proof should be available.								
L.4 P	WHO FDA	Temperatures of refrigerators and cooling rooms are checked and documented regularly (salad bars etc.).								
L.5	HAAD policy	Environmental and engineering controls are in place as per HAAD policy								
Total		Met	Partially Met	Not Met	NA					
Priority										
Non Priority										

Infection Prevention & Control	HAAD Auditor
Name:	Name:
Signature:	Signature:
Date:	Date:

Section Head Comments: .....

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Name: ..... Signature: ..... Date .....