

Infection Control Checklist (2002)

	YES	NO
Administration -Regulations		
1. Are the following guidelines pertaining to infection control implemented and followed?		
a. JCAHO guidelines	<input type="checkbox"/>	<input type="checkbox"/>
b. OSHA regulations	<input type="checkbox"/>	<input type="checkbox"/>
c. Pertinent federal, state, and local regulations	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the Infection Control Program, Plan, and Guidelines reviewed and/or revised every two years to include:		
a. Airborne/Bloodborne Exposure Control Plans	<input type="checkbox"/>	<input type="checkbox"/>
b. Regulated medical and infectious waste disposal	<input type="checkbox"/>	<input type="checkbox"/>
c. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
d. Linen supply	<input type="checkbox"/>	<input type="checkbox"/>
e. Sterilization procedures	<input type="checkbox"/>	<input type="checkbox"/>
f. Radiology services	<input type="checkbox"/>	<input type="checkbox"/>
g. Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>
3. Are copies of the following documents available to staff?		
a. OSHA standards - 29 CFR 1910.1020 Access to Employee Exposure and Medical Records	<input type="checkbox"/>	<input type="checkbox"/>
b. OSHA standards - 29 CFR 1910.1030 Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>
c. OSHA standards - 29 CFR 1910.139 Respiratory Protection for M. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization have:		
a. An Infection Control Officer (ICO) that oversees the program?	<input type="checkbox"/>	<input type="checkbox"/>
b. An Infection Control Committee (ICC)?	<input type="checkbox"/>	<input type="checkbox"/>
c. An Infection Control binder for keeping minutes, surveillance data, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the ICO and/or ICC empowered to initiate any preventative or control measure felt to be appropriate if an infection control matter is reasonably believed to represent imminent danger to patients or personnel?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are responsibilities delineated in job descriptions and evaluations of those coordinating processes for surveillance, prevention, and control of infection?	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance, Prevention, and Control of Infection		
1. Is there an effective organization-wide program for the surveillance, prevention, and control of infection, and is it integrated into your organization's performance improvement process?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are facility inspections done at least annually to ensure compliance with infection control standards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there an approved list of antiseptics and disinfectants to be used in the health facility?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO

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| 4. Does your organization have an infection control process addressing: | | |
| a. Isolation procedures when there is a potential risk to patients or healthcare personnel exposed to a communicable disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Post-procedure and/or clinic-acquired infections in patients treated by your organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appropriate actions for problems and perform documented follow-up to ensure effectiveness of the corrective action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your organization: | | |
| a. Have facilities readily available for hand washing before and after contact with each patient? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use antimicrobial liquid soap prior to invasive or sterile procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have appropriate disposable gloves available for staff use? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have appropriate disposable gloves available for staff or patients with latex allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have appropriate Personal Protective Equipment (PPE) available to staff such as impervious gowns? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are thermometers stored in disinfectant or are disposable plastic sleeves available for use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. After each patient leaves an exam/treatment room, are all: | | |
| a. Soiled table covers removed and surface areas cleaned? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Used instruments removed and replaced? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Equipment cleaned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your organization use reusable instruments or other medical items? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, are appropriate cleaning and sterilization methods being used? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are decontamination and sterilization techniques monitored? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are refrigerator and/or freezer: | | |
| a. Temperatures checked daily and recorded? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temperature logs located on or near the refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Temperatures maintained at appropriate levels at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Thermometers reliable and kept in place at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Electrical/mechanical outages monitored for spoilage? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Appliances cleaned on a weekly basis, defrosted on a monthly basis, and dates recorded? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. For medications labeled on door appropriately?
Example: No Food! For Medication Only! | <input type="checkbox"/> | <input type="checkbox"/> |
| h. For food kept separate from specimens? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. For specimens labeled with the universal biohazard symbol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your organization use puncture-resistant needle disposal boxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, are they mounted and placed to be easily accessible to all personnel? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are needles and other disposable sharps discarded only in designated containers? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are sharp containers emptied and disposed of properly when they reach 1/2 - 2/3 full? | <input type="checkbox"/> | <input type="checkbox"/> |
| | YES | NO |
| 11. Does your organization label and dispose of infectious waste properly? | <input type="checkbox"/> | <input type="checkbox"/> |

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| 12. Are red bags appropriately used for medical waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are plastic liners used in all garbage containers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are warehouse/shipping containers kept in your facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are empty cartons, paper, and rubbish disposed of immediately? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are storerooms, exits, and hallways kept clear at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are sterile and non-sterile items stored separately? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are sterile solutions dated and initialed upon opening? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are shelf lives and expiration dates checked at least monthly? | <input type="checkbox"/> | <input type="checkbox"/> |

Reporting Procedures

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| 1. Is significant employee illness tracked and reported? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is a data system used to meet the needs of your organization's infection control process? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are infection control issues and/or infections reviewed and reported to the ICO or ICC to determine if trends are being formed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are infectious/communicable diseases reported to the Public Health Agency according to state and federal guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |

Education and Training

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| 1. Is required infection control training such as Airborne/Bloodborne Exposure Control Plan, Universal Precautions, handwashing, etc. provided to all healthcare personnel within 10 days of assignment to include: | | |
| a. Use of PPE (Personal Protective Equipment)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hepatitis B Vaccinations? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. General infection control information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does all healthcare personnel receive mandatory infection control training at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are education and training records maintained on all healthcare personnel for a minimum of three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can your staff identify their roles in preventing and reporting infections and communicable diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your staff given information and training on the results of tracking your infection rates and cases? | <input type="checkbox"/> | <input type="checkbox"/> |