



INFECTION CONTROL ROUNDS

DATE _____ TIME _____ AUDITOR _____

LOCATION/UNIT _____

	Y	N	Comments:
General:			
1. Cough etiquette observed to be performed appropriately			
2. Cleaning of reusable equipment observed to be performed appropriately (i.e. vital signs machines, stethoscopes, etc.)			
3. Corridor handrails, wall hangings, corners and edges clean			
4. Medication/treatment carts clean			
5. Waste receptacles clean and have ample supply of liners			
6. Social distancing of residents is maintained at 6 ft			
7. Staff carry linen away from the clothing			
8. Soiled linen is bagged prior to being removed from room			
Hand Hygiene (HH):			
1. Staff observed performing HH prior to and after glove use			
2. Staff observed performing HH after contact with objects/surfaces in the resident's environment			
3. Staff observed performing HH before & after contact with resident's			
4. Staff observed performing HH after removal of PPE			
5. Staff observed performing HH after each resident medication pass			
6. Resident HH observed after toileting			
7. Resident HH observed before & after meals			
8. Staff do not touch rdnt food without gloves on			
9. Hand Sanitizer accessible and sufficient supply in dispenser			
10. Soap dispensers noted to have sufficient supply of soap			

	Y	N	Comments:
11. Soap & water used if hands are visibly soiled			
12. Sinks are free of clutter and accessible for HH			
13. Are gloves easily accessible and fully stocked			
PPE:			
1. Gloves are worn when required (during direct care, potential exposure to blood/body fluids, etc.)			
2. Gloves are removed when required (after direct care, potential exposure to blood/body fluids, etc.)			
3. Is PPE appropriately discarded prior to leaving rdnt room followed by HH (exclusion in cases of extended use recommendations)			
4. Gloves are not worn in hallways			
5. Face masks are worn when within 6 ft of residents			
6. Face masks fully cover nose and mouth			
<u>Interview:</u> Staff know who to contact to obtain additional PPE			
Isolation:			
1. Signage located outside of isolation rooms			
2. Isolation bin/supplies located outside doorway			
3. Staff can identify the resident on isolation and the type (Contact, Droplet)			
4. Isolation cart has sufficient PPE for isolation type: <u>Contact:</u> gloves, gown <u>Droplet:</u> gloves, gown, facemask, eye shield (if needed) <u>Airborne:</u> gloves, gown, N95 or higher (facemask if unavailable)			
5. <u>Known/Suspected CoVID-19:</u> Gloves, gown, eye protection, N95 or higher (facemask if unavailable)			
6. Dedicated non-disposable equipment available in residents' room (BP cuff, glucose monitoring machine, stethoscope, oximeter, etc.)			
7. Is there an active care plan for isolation			
Monitoring:			
1. Is the resident line list current			
2. Is the staff line list current			
3. Is there a monitoring system to track resident			

	Y	N	Comments:
respiratory symptoms (i.e. Vital Signs Qshift)			
4. Is there a system to review respiratory symptoms (i.e. Vital Signs) routinely			
Employee/Visitor Entry:			
1. Signage posted at entrances for screening/visitor restrictions			
2. Screening of all “approved” visitors/staff conducted upon entrance & documented			
3. Screening staff member wearing appropriate PPE			
4. HH performed prior to exiting screening station			
5. Masks are available & “approved” visitors/staff instruction given on required mask use & appropriate mask changing timeframes			
6. Cleansing process in place for wiping down pens and other equipment at screening station			