Hospital Infection Control Checklist

Safety & Compliance

DATE	WARD / DEPARTMENT	AUDITOR NAME	WARD MANAGER	AUDIT TIME
____ / ____ / _____				

HAND HYGIENE

	SAT	UNSAT	N/A
Alcohol hand rub at point of care *Each bed space and room entry point*	○	○	○
Hand rub dispensers stocked	○	○	○
Handwashing sinks accessible	○	○	○
Soap and paper towels at sinks	○	○	○

	SAT	UNSAT	N/A
WHO 5 Moments signage visible	○	○	○
Staff observed using correct technique	○	○	○
No jewellery / watches below elbows observed	○	○	○

Other _____

PERSONAL PROTECTIVE EQUIPMENT

	SAT	UNSAT	N/A
Gloves available at point of use	○	○	○
Aprons available and in use when indicated	○	○	○
Fluid-resistant surgical masks available	○	○	○
FFP2/3 respirators available where required	○	○	○

	SAT	UNSAT	N/A
Eye protection available for splash risk	○	○	○
PPE donning / doffing guidance posted	○	○	○
PPE correctly removed and discarded	○	○	○

Other _____

ENVIRONMENTAL CLEANING

	SAT	UNSAT	N/A
Clinical areas visibly clean	○	○	○
High-touch surfaces cleaned as per schedule *Bed rails, call buttons, overbed tables, light switches*	○	○	○
Patient bed space cleaned between patients	○	○	○
Cleaning records up to date	○	○	○

	SAT	UNSAT	N/A
Correct disinfectant / concentration in use	○	○	○
Colour-coded cleaning equipment in use	○	○	○
Mop heads / cloths changed as required	○	○	○
Sluice room clean and organised	○	○	○

Other _____

SHARPS DISPOSAL

	SAT	UNSAT	N/A
Sharps containers at point of use	○	○	○
Sharps containers ?¾ full	○	○	○
Sharps containers labelled with date and ward	○	○	○

	SAT	UNSAT	N/A
No recapping of needles observed	○	○	○
Sharps injury reporting process known to staff	○	○	○

Other _____

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LINEN HANDLING

	SAT	UNSAT	N/A
Used linen bagged at point of use	○	○	○
Infected / barrier linen — water-soluble bag used	○	○	○
Linen not sorted or shaken in clinical areas	○	○	○
Clean linen stored covered and off floor	○	○	○
Clean and dirty linen routes separated	○	○	○

Other _____

WASTE MANAGEMENT

	SAT	UNSAT	N/A
Clinical waste — yellow bag or tiger bag	○	○	○
Domestic waste — black bag	○	○	○
Confidential waste secured	○	○	○
Waste bins not overfull	○	○	○
Waste segregation guidance visible to staff	○	○	○

Other _____

ISOLATION PRECAUTIONS

	SAT	UNSAT	N/A
Isolation rooms with required patients in use	○	○	○
Isolation signage visible and current	○	○	○
PPE station outside isolation room stocked	○	○	○
Dedicated equipment in isolation rooms	○	○	○
Visitors briefed on precautions before entry	○	○	○
Patient movement restricted appropriately	○	○	○

Other _____

EQUIPMENT DECONTAMINATION

	SAT	UNSAT	N/A
Reusable equipment decontaminated between patients	○	○	○
Decontamination method appropriate for equipment *Sterilisation / HLD / low-level disinfection per Spaulding classification*	○	○	○
Equipment decontamination records maintained	○	○	○
Endoscopes — reprocessing records up to date	○	○	○
Single-use items not reused	○	○	○

Other _____

STATUS

Ward manager briefed during audit ☐ Yes ☐ No

Immediate corrective actions taken on the spot ☐ Yes ☐ No ☐ N/A

Follow-up audit required ☐ Yes ☐ No

CORRECTIVE ACTIONS / NOTES

Unsatisfactory findings — detail and required actions

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SIGN-OFF

Auditor signature _____

Ward manager acknowledgement _____

Notes

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