

Hospital Infection Control Checklist (US)

Safety & Compliance | US

DATE ____/____/____	AUDITOR / IP	UNIT / DEPARTMENT
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HAND HYGIENE

	OK	NOT OK		OK	NOT OK
Hand hygiene before patient contact	<input type="radio"/>	<input type="radio"/>	Sanitizer dispensers filled and accessible	<input type="radio"/>	<input type="radio"/>
Hand hygiene after patient contact	<input type="radio"/>	<input type="radio"/>	Sinks stocked (soap, towels)	<input type="radio"/>	<input type="radio"/>
Hand hygiene after glove removal	<input type="radio"/>	<input type="radio"/>	Artificial nails / nail polish absent	<input type="radio"/>	<input type="radio"/>

PPE COMPLIANCE

 Gloves donned before patient contact OK Not OK

	OK	NOT OK	N/A
Gowns used for contact precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masks used per transmission precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	OK	NOT OK
PPE removed in correct sequence	<input type="radio"/>	<input type="radio"/>
PPE not worn in hallways	<input type="radio"/>	<input type="radio"/>

ISOLATION PRECAUTIONS

	OK	NOT OK	N/A		OK	NOT OK	N/A
Isolation signs posted correctly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Door closed for airborne precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolation cart stocked (PPE, linen bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dedicated equipment in room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ENVIRONMENTAL CLEANING

	OK	NOT OK		OK	NOT OK
High-touch surfaces clean	<input type="radio"/>	<input type="radio"/>	EPA-registered disinfectant used	<input type="radio"/>	<input type="radio"/>
Patient rooms cleaned per schedule	<input type="radio"/>	<input type="radio"/>	Contact time followed	<input type="radio"/>	<input type="radio"/>
Terminal cleaning protocol followed	<input type="radio"/>	<input type="radio"/>			

SHARPS & INJECTION SAFETY

	OK	NOT OK		OK	NOT OK
Sharps containers not overfull <small>Replace at ¾ full per OSHA BBP</small>	<input type="radio"/>	<input type="radio"/>	Single-use vials not reused	<input type="radio"/>	<input type="radio"/>
No needle recapping observed	<input type="radio"/>	<input type="radio"/>	Multi-dose vials dated and stored correctly	<input type="radio"/>	<input type="radio"/>

DEVICE-RELATED PREVENTION

	OK	NOT OK	N/A		OK	NOT OK	N/A
Central line dressing intact and dated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ventilator bundle compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foley catheter necessity reviewed daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Surgical site care per protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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FINDINGS

Non-compliance observed

Immediate corrections made

IP / auditor signature

Notes

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