INFECTION CONTROL –ENVIRONMENTAL ROUNDS

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A | Comments/ Itemize problems |
| Clean Utility Room |  |  |  |  |
| Clean utility room is clean and tidy |  |  |  |  |
| Supplies are off the floor |  |  |  |  |
| Supplies are 18” away from ceiling |  |  |  |  |
| Dirty supplies/equipment are not present |  |  |  |  |
| Soiled Utility Room |  |  |  |  |
| Floor/Walls/Ceiling/Cabinets are Clean |  |  |  |  |
| Clean supplies are not present |  |  |  |  |
| Hopper/Sink is clean |  |  |  |  |
| Red Bag trash contained, accessible and appropriate |  |  |  |  |
| Unit/Department |  |  |  |  |
| PPE –gowns, masks, gloves, eye shields available |  |  |  |  |
| E-mar carts clean (including the drawers) |  |  |  |  |
| Medications secured; no items expired |  |  |  |  |
| Crash Cart clean and orderly; documentation complete |  |  |  |  |
| Hand hygiene gel, lotion supplies adequate &w/in exp dates |  |  |  |  |
| Unit cleanliness – floors clean, dust, furniture, vents |  |  |  |  |
| Ceiling tiles clean and in good condition |  |  |  |  |
| Ice Machine clean, staff verbalize proper distribution to pts. |  |  |  |  |
| Staff able to verbalize cleaning & storage of non-critical equipment between patients. |  |  |  |  |
| Medication refrigerator clean |  |  |  |  |
| Nourishment refrigerator clean & food dated |  |  |  |  |
| Employee refrigerator food dated, labeled |  |  |  |  |
| Personal drinks covered, in clean work area only (no food) |  |  |  |  |
| No items on top of Sharps containers or linen carts |  |  |  |  |
| No patient care items or paper towels under sinks |  |  |  |  |
| Clean linen adequately covered wherever used |  |  |  |  |
| Dirty linen is covered/contained |  |  |  |  |
| All cleaning fluids labeled for contents |  |  |  |  |
| All wheeled carts clean (transporting trays, other items) clean |  |  |  |  |
| Patient/Exam/Treatment Rooms |  |  |  |  |
| Room cleanliness – floors clean, dust, furniture, vents |  |  |  |  |
| Sharps containers less than ¾ full |  |  |  |  |
| Soap and paper towels available at sinks |  |  |  |  |
| Trash cans clean and not overfilled |  |  |  |  |
| Suction canisters are clean |  |  |  |  |
| Stretchers / beds clean and mattress without holes or tears. |  |  |  |  |
| Furniture clean, no rips, tears (incl. stretchers, wheelchairs) |  |  |  |  |
| Supplies in date? |  |  |  |  |

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Department Director/ Unit Rep or Reviewer (legible)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Keep original in department. Address issues; document on form.**

**Send 1 copy to Director Infection Prevention & Control with any corrective action listed**