

Hospital Hygiene &SOP Checklist

Health Services

CLEANLINESS

Is clean linen cart covered?

☐ Yes☐ No☐ NA

Is Clean linen cart has solid surface?

☐ Yes☐ No☐ NA

Is the Sink storage area clear and clean?

☐ Yes☐ No☐ NA

Are Thrash cans or waste basket clean?

☐ Yes☐ No☐ NA

Are Ceiling tiles dry?

☐ Yes☐ No☐ NA

Are the floors clean?

☐ Yes☐ No☐ NA

Are Air intake vents and diffusers clean?

☐ Yes☐ No☐ NA

Is this section free of additional findings?

Yes

No

NA

EMPLOYEE GENERAL KNOWLEDGE CHECK

Is the blood exposure procedure known to the staff?

Yes

No

NA

Please mark which of the options the personnel can locate.

☐

Infection Control Manual

☐

Exposure Control Plan

☐

Blood spill kit

☐

Spill kit for Cidex

Can the staff inform the WHO's 5 moments of Hand Hygiene?

Yes

No

NA

Did you notice any dust in high places?

Yes

No

NA

Is this section free of additional findings?

Yes

No

NA

EMPLOYEE KITCHEN / BREAKROOM CHECK

Which of the following was clean and well maintained?

☐

Floors and walls

☐

Horizontal and vertical surfaces

☐

Microwave oven

☐

Refrigerator and thawed of ice

☐

Under sink

☐

Ice machine

Is Employee food labeled and dated accordingly?

Yes

No

NA

In case of temperature out of range are necessary steps taken of?

☐ Yes☐ No☐ NA

Is this section free of additional findings?

☐ Yes☐ No☐ NA

GENERAL

Audit date

DATE

2017-01-01

Employees Monitored

GENERAL UNIT / NURSES STATION / MEDICATION ROOM CHECK

Is the Unit / area clean and well maintained?

☐ Yes☐ No☐ NA

Are the Unused patient equipment/supplies stoked properly?

☐ Yes☐ No☐ NA

Are Medication, specimens, and food kept safely?

☐ Yes☐ No☐ NA

Is Biohazard trash cleared from regular trash

☐ Yes☐ No☐ NA

Is Clean, dirty linen kept separately?

Yes

No

NA

Are clean linen carts covered?

Yes

No

NA

Is Linen carts have a solid bottom shelf?

Yes

No

NA

Are Needles and syringes disposed as per instructed?

Yes

No

NA

Did you notice any expired items available?

Yes

No

NA

Is the Infectious waste put in red bag or container?

Yes

No

NA

Did you find any clean items in soiled utility room?

Yes

No

NA

Are the Ceiling tiles in good condition?

Yes

No

NA

Are the Lab supplies valid?

Yes

No

NA

Is the sink undamaged?

Yes

No

NA

Are the halls well arranged?

Yes

No

NA

Is Respiratory hygiene present?

Yes

No

NA

Is the washrooms clean?

Yes

No

NA

Are the Trash basket cleaned on time?

Yes

No

NA

Is biomedical waste storage have Biohazard symbol on door?

Yes

No

NA

Is the Medication cart locked?

Yes

No

NA

Is there any usage of personal lotion?

Yes

No

NA

Is the Medication Room refrigerator ice free and clean?

Yes

No

NA

Did you find any expired products?

Yes

No

NA

Is this section free of additional findings?

Yes

No

NA

HAND HYGIENE CHECK

Are the sinks for hand hygiene well stocked?

Yes

No

NA

Are Alcohol hand rubs well stocked?

Yes

No

NA

Are sinks available in all area?

Yes

No

NA

Are alcohol hand rubs present in patient's rooms?

Yes

No

NA

Is alcohol hand rubs placed at proper area?

Yes

No

NA

Do the patients follow hand washing procedure?

Yes

No

NA

Did you notice Hand Hygiene posters?

Yes

No

NA

Is Hand soap present in hand washing stations / bathrooms?

Yes

No

NA

ISOLATION SECTION CHECK

Mark as per your observation

☐

Appropriate signage inplace

☐

Supplies and PPE's available

☐

Door closed properly

Is Trash and linen done as per rules?

Yes

No

NA

Does the staff wear proper PPE?

Yes

No

NA

Is isolation requirements instruction given to the patient and family?

Yes

No

NA

Is this section free of additional findings?

Yes

No

NA

LOGS

Is regular checks done for Crash cart?

Yes

No

NA

Is regular checks done for Defibrillator?

Is regular checks done for refrigerators?

Is cleaning date / time stamped on ice machine?

Is there date stamp on Glucose meter strips?

Is the Cidex monitoring Log done?

Is this section free of additional findings?

PATIENT AREA CHECK

Are the horizontal surfaces clean?

Are Thrash cans or waste basket clear?

Are the washroom clean?

Are the hygiene products available?

Yes

No

NA

Are PPE's available as required?

Yes

No

NA

Is patient equipment clean?

Yes

No

NA

Did you notice any dirt on vertical surfaces?

Yes

No

NA

Are the Ceiling tiles well maintained?

Yes

No

NA

Are Air intake vents and diffusers well maintained?

Yes

No

NA

Are Furniture (chairs, sleepers) well maintained?

Yes

No

NA

Is Mattress pad well maintained?

Yes

No

NA

Are the floors are clean?

Yes

No

NA

Are Foley catheters well kept?

Yes

No

NA

Are IV pumps and poles, feeding pumps well maintained?

Yes

No

NA

Did you notice any pest?

Yes

No

NA

Was the clean/dirty linens kept separately?

Yes

No

NA

Was the needles, syringes, medications kept away from the patients?

Yes

No

NA

Was mildew or mold seen?

Yes

No

NA

Is this section free of additional findings?

Yes

No

NA

PATIENT KITCHEN / BREAKROOM CHECK

Which of the following was clean and well maintained?

- ☐ Floors and walls ☐ Horizontal and vertical surfaces ☐ Microwave oven ☐ Refrigerator and thawed of ice
☐ Under sink ☐ Ice machine

Is patient refrigerated labelled accordingly?

☐ Yes☐ No☐ NA

In case of temperature out of range are necessary steps taken of?

☐ Yes☐ No☐ NA

Is patient food follow the basic norms?

☐ Yes☐ No☐ NA

Is this section free of additional findings?

☐ Yes☐ No☐ NA

PATIENT WASHROOM CHECK

Is the Shower room clean and hygienic?

☐ Yes☐ No☐ NA

Are the walls/floors clean?

☐ Yes☐ No☐ NA

Are the Ceiling tiles in good condition?

☐ Yes☐ No☐ NA

Did you notice any dust in high places?

☐ Yes☐ No☐ NA

Is this section free of additional findings?

☐ Yes☐ No☐ NA

SOILED LINEN / STORE ROOM CHECK

Is biomedical waste storage have Biohazard symbol on door?

☐ Yes☐ No☐ NA

Are the boxes kept at 6 inches above the floor?

☐ Yes☐ No☐ NA

Are the walls/floors dust free?

☐ Yes☐ No☐ NA

Are the Ceiling tiles in good condition?

☐ Yes☐ No☐ NA

Did you notice any dust in high places?

☐ Yes☐ No☐ NA

Is this section free of additional findings?

☐ Yes☐ No☐ NA