

INFECTION CONTROL DEPARTMENT INSTITUTIONAL

KZN INFECTION CONTROL CHECKLIST

DISTRICT: _____ HOSPITAL: _____ DATE OF VISIT: _____

OBJECTIVES:

- To facilitate a therapeutic environment.
- To check on infection control principles and techniques.
- To reduce the risk of cross infection hazards to patients staff environment and equipment.
- To provide a meaningful report on the level of infection control provision in KZN.

1. ADMINISTRATION OF INFECTION CONTROL

- 1.1 Designated infection control practitioners available
- 1.2 Vision, mission and core values available
- 1.3 Monthly statistics on nosocomial infections kept.
- 1.4 Reports on investigations of infection kept
- 1.5 Diary of all notifiable diseases available
- 1.6 Minutes of infection control committee meetings available
- 1.7 Infection control quality improvement plan available
- 1.8 Report on environmental hygiene and written recommendations to management
- 1.9 Management meetings to give feedback and discuss matters pertaining to infection control and request for support towards resolving outstanding infection control issues.

2. EDUCATION AND TRAINING

- 2.1 Available Infection Control In-service Training Programme
- 2.2 Programme of orientation of New Personnel on Infection Control Principles and practice.
- 2.3 Records and reports of attended conference workshops and seminars on infection control.
- 2.4 Proof of reviewed literature to keep up to date and knowledgeable.
- 2.5 Records of data of ongoing research projects.

3. POLICIES AND PROCEDURES

- 3.1 Is there a manual for KZN infection control guidelines
- 3.2 Are the institutional policies and procedures available
 - 3.2.1 Policy on standard / universal precautions
 - 3.2.2 Cleaning and disinfection policy.
 - 3.2.3 Policy on Protective Attire
 - 3.2.4 Policy on the care of wounds
 - 3.2.5 Policy on the infections in burns

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- 3.2.6 Policy of notification of Diseases
- 3.2.7 Policy on care of endoscopes
- 3.2.8 Disposal of clinical waste and sharps.
- 3.2.9 Policy on linen management
- 3.2.10 Policy on maintenance and use of respiratory equipment
- 3.2.11 Policy and procedure of urinary catheterisation.
- 3.2.12 Guidelines for specimen collection
- 3.2.13 Isolation Policy
- 3.2.14 Sterilization of BCG tools and Ear pieces
- 3.2.15 Infection control guidelines for ectoparasitosis infection
- 3.2.16 Tuberculosis infection control guidelines
- 3.2.17 Preparedness for VHF guidelines and other highly contagious diseases
- 3.2.18 Infection control guidelines for special wards and departments:
 - Operating Theatre and CSSD
 - ICU
 - Milk Kitchen
 - Main Kitchen
 - Hospital Crèche
 - Physiotherapy

4. INFECTION CONTROL FILES TO BE KEPT

4.1 Committees

- Infection Control committees
- Staff meetings
- Management meetings
- Occupational Health and Safety meetings

4.2. Departmental and interdepartmental correspondence

4.3. Environmental surveillance reports

- 4.3.1 Environmental surveillance reports
- 4.3.2 Milk reports
- 4.3.3 Water (contamination and other water problems) – monthly reports
- 4.3.4 Laboratory Surveillance file – reports
- 4.3.5 Lectures given
- 4.3.6 Relevant Acts
- 4.3.7 Monthly statistics
- 4.3.8 File with records of all notified notifiable disease
- 4.3.9 Reports and recommendation of daily activities compiled into monthly reports.
- 4.3.10 List of all patients with resistant bacteria compiled into the monthly report
- 4.3.11 Ward / unit surveillance file – with report
- 4.3.12 Wound Surveillance data to calculate monthly wound infections
- 4.3.13 Air conditioning Filter Maintenance Report - monthly

5. CLINICAL AREA ENTRANCE

- 5.1 Is the area kept clean?
- 5.2 No spillages and old polish build up?

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- 5.3 Are the walls clean?
- 5.4 Is the floor clean?
- 5.5 Is the ceiling, light fitting and ceiling fans clean and spider web free?
- 5.6 Drains maintained in a good working order? E.g. kitchen, sluice room etc.

6. OUTPATIENT/VISITORS TOILETS

- 6.1 Are the toilets maintained clean and odour free?
- 6.2 Is the toilet paper available on a toilet paper dispenser
- 6.3 Is the area behind the toilet seat clean?
- 6.4 Is there no water leakage?
- 6.5 Is soap available at the sink?
- 6.6 Is hand paper towel available at the sink?
- 6.7 Is a plastic lined pedal bin available?
- 6.8 Are the hand washing reminders and posters available?
- 6.9 For female toilets – is there a provision for sanitary pads?

7. STAFF TOILETS

- 7.1 Is there soap and hand paper towels at the sink?
- 7.2 Is toilet paper available on a toilet paper dispenser?
- 7.3 Is the area behind the toilet seat clean?
- 7.4 Is the plastic lined pedal bin for waste disposal available
- 7.5 Are the hand washing reminders / posters available
- 7.6 For female toilets – is provision made for disposal of sanitary towels?
- 7.7 Is toilet / urinal well flushing?

8. WARDS

8.1 DRESSING ROOM / TREATMENT ROOM

- 8.1.1 Is the area damp cleaned an hour before setting.
- 8.1.2 Are all supplies stored above floor level
- 8.1.3 Are supplies stored following the FIFO principle?
- 8.1.4 Is shelf life for sterile packs 3 months if double packed and 28 days if single packed – is the policy guideline displayed for all to read?
- 8.1.5 Are sterile items stored separate from unsterile items?
- 8.1.6 Are trolleys clean and wheels from threads?
- 8.1.7 Is opened normal saline shelf life 24 hours? – Is policy available?
- 8.1.8 Is activated disinfectant's shelf life 24 hours? – Is policy available?
- 8.1.9 Are hand washing facilities available?

9. WARD KITCHEN

- 9.1 Is the kitchen cleaned using a separate white colour coded mop and bucket kept for the kitchen cleaning only?
- 9.2 Is a separate dusting equipment for the kitchen used for dusting the kitchen?
- 9.3 Is a separate hand washing sink available?
- 9.4 Is the food trolley clean?

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9.5 Is the dish cloth freshly laundered and clean

9.6 Is the temperature of the fridge monitored and kept at 0 – 5 °C

9.7 Is the notice displayed that stipulates that kitchen is out of bounds for patients and visitors?

9.8 Are food leftovers and dry waste removed immediately after meal times?

10. REFRIDGERATION:

10.1 Is the refrigerator cleaned and defrosted once weekly or when necessary.

10.2 Is the refrigerator moved to ensure proper cleaning of the space behind and below the fridge.

10.3 Is there a different refrigerator for unexpired medication kept under lock and key.

10.4 Where the immunisations are kept – is the cold chain observed?

11. KITCHEN CUPBOARDS

11.1 Are the kitchen cupboards scrubbed at least once weekly?

12. MEDICINE AND INJECTION TROLLEY

12.1 Are these given according to the principles?

12.2 Is medicine cupboard kept under lock and key?

12.3 Is the dispensary box clean and lockable?

13. BATHROOM:

13.1 Is the bathroom cleaned daily and after use by the patients

13.2 Is the bath disinfected with a solution of hypo chlorite 1:10 000 PPM after use by yeast infected outpatients? Or before use by patients with open wounds?

14. STOCK ROOM:

14.1 Is the area kept clean and neat with shelves well labelled?

14.2 Is it kept well controlled and locked at all times?

14.3 Is the FIFO principles of stock storage adhered to?

14.4 Are shock levels indicated to prevent overstocking and to facilitate replenishment of stock?

14.5 Is faulty equipment sent out timeously for repairs or condemning?

14.6 Is the stock room kept free of staff personal belongings and patients kit?

15. LINEN ROOM

15.1 Is the linen room well ventilated, clean, neat and well labelled?

15.2 Is torn linen put aside for condemning? Is it removed at least monthly?

15.3 Is the linen room kept locked at all times if not in use?

15.4 Is the linen room free of patients and health workers' belongings?

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16. BEDDING

- 16.1 Are the mattresses protected with washable waterproof covers?
- 16.2 Is terminal disinfection done after discharge / death of each patient?
- 16.3 Are blankets sent for laundering after discharge/death of patients?
- 16.4 Do patients use their private bed linen? If yes are visitors taught how to handle used linen?

17. KIT ROOM

- 17.1 Is the patients' kit room well ventilated and clean?
- 17.2 Are the patients kits laundered / washed if soiled or dirty and kept in a clean user friendly condition?
- 17.3 Is policy available of how to deal with unclaimed patients' kit?

18. SLUICE ROOM / UTILITY

- 18.1 Is the sluice room well ventilated, clean and neat?
- 18.2 Are bed pans and urinals washed daily and decontaminated?
- 18.3 Is the bed pan washer available?
- 18.4 If yes, does the staff know how to use it at required temperature (85°C 90°C)
- 18.5 Are bedpans and urinals stored dry on the rack?
- 18.6 Are washbasins scoured and cleaned and stored inverted after use?
- 18.7 Is there separate red colour coded cleaning equipment for this area?

19. SHARPS DISPOSAL

- 19.1 Are all containers for sharps disposable rigid, puncture, water and tamper proof?
- 19.2 Are sharps containers readily available at the site of use?
- 19.3 Are containers firmly sealed when ¾ full?
- 19.4 Are these safely disposed of?

20. WASTE DISPOSAL

- 20.1 Is the waste management done according to protocol?
- 20.2 Are waste disposal bins foot operated in all clinical areas?
- 20.3 Are the big bins (if used) having well fitting lids?
- 20.4 Are the big bins washed with hot water and a detergent at least weekly to get rid of smells and pests?
- 20.5 Is all waste collected at least twice daily to a designated central waste collection area which is kept under lock and key and regularly patrolled by a security personnel?
- 20.6 Is the colour coding of waste done according to protocol?
- 20.7 Are the colour coding charts available at all areas where waste is generated?

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PATIENT CARE AREA

21. HAND HYGIENE

- 21.1 Are well operated water tap and sinks available at strategic points in all clinical areas?
- 21.2 Is there soap available in all sinks?
- 21.3 Are paper towels available at all sinks?
- 21.4 Is there alcohol hand rub lubricant 0.5 % in 70% alcohol in all sinks and cubicles.
- 21.5 Are posters demonstrating a good wash available next to sinks?
- 21.6 Are pedal bins for paper disposal available?
- 21.7 Are bed ridden patients offered hand washing facilities after use of bedpan / urinal or before and after meals.
- 21.8 Are patients given continued health education on the importance of frequent hand washing?

22. PATIENTS PERSONAL HYGIENE:

- 22.1 Has the patient been bathed?
- 22.2 Are nails cut short and kept clean?
- 22.3 Are patients' teeth brushed and clean?
- 22.4 Is mouth toilet done 4 hourly to very ill patients?
- 22.5 Are patients changed into clean attire?
- 22.6 Is the hair attended to?
- 22.7 Are male patients shaven?
- 22.8 If using own bed linen, was the family informed about the importance of first washing the bed linen before use at home?

23. PATIENTS ON INTRAVENOUS THERAPY

- 23.1 Are vacolitrres checked for cracks and expiry dates?
- 23.2 Are vacolitrres checked for leakages?
- 23.3 Are hands washed before attending to the intravenous line?
- 23.4 Are cannulae changed every 48 – 72 hours?
- 23.5 Are infusion sites inspected at least twice daily?
- 23.6 Are records kept?

24. PATIENTS' ON CONTINUOUS BLADDER DRAINAGE:

- 24.1 Is catheterisation done under aseptic technique?
- 24.2 Is the catheter well secured on to the thigh to limit movement?
- 24.3 Is the bag kept below the level of the bladder to prevent retrograde flow?
- 24.4 Is the catheter toilet done at least twice daily?
- 24.5 Are urinary drainage bags on a stand?

25. WOUND CARE:

- 25.1 Are hands washed before and after patient contact
- 25.2 Is the aseptic technique observed for all dressings?

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- 25.3 Are septic wounds done at the end of the round?
- 25.4 Are wound dressings opened 24 – 48 hours post operation?

26. RESPIRATORY EQUIPMENT:

- 26.1 Are hands washed before and after contact?
- 26.2 Is aseptic technique observe for all tracheotomy manipulations?
- 26.3 Are suction bottles emptied every 12 hours?
- 26.4 Are suction bottles and tubing changed daily?

- 26.5 Are nebulae's for single patient use only?
- 26.6 Are nebulae's washed and stored dry in between patient use?
- 26.7 Are sputum containers disposable and thrown away frequently at least once daily?

27. USE OF PROTECTIVE CLOTHING:

- 27.1 Are protective clothing readily available in all clinical areas?
- 27.2 Is the use of protective clothing closely controlled?
- 27.3 Are these worn only for contact with blood and body fluids?
- 27.4 Are masks, visors, goggles worn in areas that are likely to generate splashes of blood and body fluids e.g. Operating theatres, Labour wards, Autopsy room etc.?
- 27.5 Are notices to guide use of protective clothing available?

28. WINDOWS, CURTAINS AND SCREENS

- 28.1 Are the windows clean and dust free?
- 28.2 Are the curtains and screens clean and dust free?

29. GUTTERS AND DRAINS

- 29.1 Are the drains clean and not blocked?
- 29.2 Are the gutters free of mud and water?

30. PESTS

- 30.1 Is there a pest control contract?
- 30.2 Are there any reports of visible pests?
- 30.3 Are there any mosquitoes?
- 30.4 Is there a protocol of how to go about to identify, report and eradicate pests?

31. CONDEMNED AND UNUSED OLD EQUIPMENT AND FURNITURE:

- 31.1 Is there a guideline to ensure removal of the old unused equipment from the hospital grounds and becoming a breeding area for mosquitoes?

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32. INFECTION CONTROL NURSING CARE PLAN

32.1 Is the pre-planned nursing care plan available to enhance effective implementation of infection control practices?

REMARKS :

TOTAL SCORE : **PERCENTAGE** :

SIGNATURE : **DATE** :