To be completed Monthly by IPC manager (Or Unit Manager if IPC not available). Assess during the morning when medication rounds and feeds are being performed.
Mark each indicator for each month as NA/NC/PC/C and calculate score using tables

Year:		Unit:	
Not applicable (NA):	Does not apply to the unit or individual assessment or not observed.		
Non-Compliant (NC):	<50% compliance		
Partially Compliant (PC):	50-80% Compliance		
Compliant (C):	80-100% Compliance		

NO.	INDICATOR	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar.
Unit Facilities													
1.	Bed spacing- GC-1m, HC-2.4m, ICU-2.4m												
2.	Bed numbers maintained-no overcrowding												
Isolation Facilities (Regional and tertiary)													
3.	Only x1 bed in each room												
4.	1:1 staffing provided if room is occupied.												
5.	Only babies with droplet/airborne infections nursed in isolation												
Staff (Medical and nursing)													
6.	Minimum staff: patient ratios maintained 1PN:1.5 ICU; 1:3 HC (1PN:1EN); 1:6GC/KMC (1PN:3EN)												
7.	Clothing– sleeves above elbows. No jerseys/jackets												
8.	Jewellery-only wedding bands and stud earrings-no watches												
9.	Nails- short, clean and no polish												
10.	Hair- clean and off shoulders												
11.	Cultural /religious wrist bands to be covered in waterproof tape												
Patient Care													
12.	Alcohol based hand rub (ABHR) in pump dispenser easily accessible at foot of each bed												
13.	Yellow aprons & gloves used for babies with resistant infections												
14.	Nasogastric tubes dated and changed weekly												
15.	IV lines and bags changed every 72 hrs if no filter												
16.	IV lines and bags changed every 96 hrs if filter present												
17.	TPN and line changed every 24hrs												
18.	Needle free IV lines in use												
19.	Urinary catheter -closed system used												
	A. NA												
	NC												
	PC												
	C												

Patient Care cont.		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar.
20.	Clean patient care container at each bed (plastic tub with swabs, saline amps, chlorhexidine tincture, emollient cream etc)												
21.	No excess /spare items in care containers												
22.	Dressings/strapping clean and secure												
23.	Extra thin hydrocolloid dressing applied under all adhesives												
24.	Non adhesive saturation probe holders in use												
25.	Tape avoided for heel pricks/phlebotomy												
26.	Use hydrogel electrodes												
27.	Umbilical venous lines removed after 14 days												
28.	Umbilical arterial lines removed after 5-7 days												
29.	All nappies folded below the umbilicus												
30.	Umbilicus cleaned 3hrly with chlorhexidine/alcohol												
31.	Eyes cleaned 3 hrly if red/swollen or discharging												
32.	Mouth cleaned and colostrum/EBM applied if indicated												
33.	Barrier cream applied after every nappy change												
34.	In the 1st week of life for babies under radiant warmers a clean plastic blanket is in place												
35.	No breakthrough/leakage noted on wound dressings												
36.	Gastroschisis/exomphalos/meningo-cele dressed with plastic bag/opsite/cling wrap- not saline and gauze												
Feeding -Milk Room /Fridge													
37.	Milk room clean												
38.	Fridge clean-Not iced up												
39.	Milk fridge temperature recorded twice daily- maintained 2-8°C.												
40.	No milk prepared in the unit												
41.	No decanting of milk feeds												
42.	Only milk feeds kept in fridge												
43.	Milk feeds refrigerated immediately not left out												
44.	No formula feeding given unless medically indicated												
45.	If formula indicated-commercial ready to use formula used												
46.	Donor milk accessible												
47.	Commercial formula discarded after 24hrs in fridge												
48.	Breast milk discarded after 4hrs (room temp) or 48hrs in fridge												
49.	Continuous feeds-extension set & syringe discarded every 4hrs												
50.	New syringe used for each feed												
51.	New **sterile** expressing (Sinappi) cup used for **each** expression												
	B. NA												
	NC												
	PC												
	C												

Medications (Observe a medication round)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar.
52. Central, clean area used for preparing medications												
53. Medications dispensed by each baby's nurse												
54. Medication "round" lasts no longer than 20 minutes												
55. Med. fridge temp. recorded twice daily- maintained 2-8°C.												
56. Medications labelled correctly-date, time, volume, sign												
57. Ampoules and single use vials (e.g. Pen G) discarded immediately												
58. For multiple does a vial spike should be used. Vial discarded as per manufacturer's instructions												
59. Metal seals on vials removed completely before use												
60. All rubber bungs cleaned with chlorhexidine in alcohol and allowed to dry before accessing.												
61. No expired medications in stock												
Dressing/Stock Room												
62. Clean and tidy												
63. Nothing stored on the floor												
64. Stock rotated and not overstocked												
65. Well aerated												
Linen Room/Cupboards												
66. Clean and tidy												
67. Not used as storage area for non-linen items												
68. Adequate clean linen available												
69. Soiled linen held away from body AND (see next line)												
70. Bagged & tied securely - ¾ full (double bagged if contaminated)												
Ablutions												
71. Clean-Checked regularly using checklist												
72. Hand washing facilities available and meet norms												
73. Toilet paper available												
74. Toilets are intact (cover, seat, flush, cistern) functional and clean												
75. Sanitary bins clean and not over flowing												
Sluice room												
76. Clean												
77. Hand washing facilities available and meet norms												
78. Daily towels used & discarded immediately for dusting												
79. Basins clean, dry and inverted												
80. Sinks clean and dry												
81. Double bucket and wringer system used for cleaning floors												

C. NA												
NC												
PC												
C												

Sluice room cont.		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar.
82.	Wringer located over rinse bucket												
83.	Mops clean, dry, colour coded and stored vertically												
84.	Cleaning material correctly labelled (with name and required dilution) and stored in a labeled cupboard												
85.	Cleaning equipment clean, dry and correctly stored												
Waste Management													
86.	Sharps discarded immediately into sharps container or receiver if portable sharps containers not available												
87.	Sharps containers sealed, removed when 2/3rds full												
88.	Lids on hazardous waste boxes												
89.	Hazardous waste boxes sealed & removed when 2/3rds full												
90.	Waste segregated & discarded at source (into plastic bags / bin)												
91.	Waste separated & discarded correctly into red/black/clear bags												
92.	Medical waste collected at least 3hrly after feeding round												
93.	Dustbins cleaned daily-bags not over full.												
Environmental Hygiene													
94.	Cleaning checklist in use and current												
95.	All horizontal surfaces clean-no dust found												
96.	Floors and skirting boards clean with no polish buildup												
97.	Ceilings and walls clean and cobweb free												
98.	Windows and blinds clean												
99.	Posters only on pin boards not on walls												
Patient Care Equipment													
100.	Incubators/cots cleaned daily with disp. cloth, detergent & water **(No stickers/tape residue)**												
101.	Mothers educated and supported to do this												
102.	Bed linen present and clean												
103.	Incubator filters changed 3mthly- Due date displayed												
104.	Only one baby per incubator/cot												
105.	Incubators terminally disinfected (Stripped & cleaned with chlorine disinfectant) by cleaning staff on discharge & weekly (if spare incubator available)												
106.	Equipment clean and functional (No stickers/tape) - daily equipment maintenance checklist current												
107.	Bed mattresses intact												
	D. NA												
	NC												
	PC												
	C												

Patient Care Equipment continued		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar.
108.	Suction tubing, bottles, liners changed between patients & weekly if visibly soiled												
109.	Disposable O$_2$ humidifier (aquapack) changed between patients & weekly. Reusable bottles changed daily. Filled with sterile water												
110.	Pediatric stethoscope available at each bed												
111.	Thermometer available at each bed												
112.	Glucometers wiped with alcohol in between patients												
113.	Transport incubator clean (Terminally disinfect after each use)												
114.	Ventilator and CPAP circuits changed when soiled												
115.	Sterile circuit used for each patient												
116.	Inline suction device in use for ventilated babies-changed daily												
	E. NA												
	NC												
	PC												
	C												
	Totals:	%	%	%	%	%	%	%	%	%	%	%	%

Month	Date	Assessed By -Sign	Print	Desig.	Handed over to -Sign	Print	Desig.
April							
May							
June							
July							
August							
September							
October							
November							
December							
January							
February							
March							

Scoring and Feedback-In Discussion with the Unit:				
April Scoring	**NA=**	**NC=**	**PC=**	**C=**
	NAx2=			**Cx2=**
	A: PC + (Cx2) =		**B: 232- (NAx2)=**	
	A / B =		**X 100 = %**	
Feedback (Include time frames and responsible people for action plan)				
Gaps Identified:				
Action Plan:				

May Scoring	**NA=**	**NC=**	**PC=**	**C=**
	NAx2=			**Cx2=**
	A: PC + (Cx2) =		**B: 232- (NAx2)=**	
	A / B =		**X 100 = %**	
Feedback (Include time frames and responsible people for action plan)				
Gaps Identified:				
Action Plan:				

June Scoring	**NA=**	**NC=**	**PC=**	**C=**
	NAx2=			**Cx2=**
	A: PC + (Cx2) =		**B: 232- (NAx2)=**	
	A / B =		**X 100 = %**	
Feedback (Include time frames and responsible people for action plan)				
Gaps Identified:				
Action Plan:				

July Scoring	**NA=**	**NC=**	**PC=**	**C=**
	NAx2=			**Cx2=**
	A: PC + (Cx2) =		**B: 232- (NAx2)=**	
	A / B =		**X 100 = %**	
Feedback (Include time frames and responsible people for action plan)				
Gaps Identified:				
Action Plan:				

August Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	
Action Plan:	

September Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	
Action Plan:	

October Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	
Action Plan:	

November Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	
Action Plan:	

December Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	

Action Plan:	

January Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	

Action Plan:	

February Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	

Action Plan:	

March Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 232- (NAx2)=	
	A / B =		X 100 = %	

Feedback (Include time frames and responsible people for action plan)

Gaps Identified:	

Action Plan:	