Infection Control and Safety Clinic Survey Checklist with Answers – 2013	
Survey Date:	**Surveyor:**
Area:	
Area Manager:	**SCORE:**
IPL Performing Assessment:	
Infection Control Survey Tool--2013	
1. Infection Control Policies and Procedures	
a. Staff has access to Infection Control policies	Staff can demonstrate how to access Infection Control policies.
b. Staff can articulate the procedure for reportable diseases	Appropriate staff can articulate the process for reporting specific diseases to the state of North Carolina.
c. Staff can articulate the procedure for reporting infections related to procedures performed at their facility **or any other healthcare facility**.	Staff should notify Infection Control of such occurrences.
2. Hand Hygiene	
a. Artificial fingernails are not allowed on healthcare professionals	
b. Soap dispensers accessible, operating correctly and dispensing appropriate hospital grade agent	· Hospital grade soap and approved waterless agent must be available. · No refilling of soap dispensers.
c. Paper towels available and adequately dispensed	Paper towels must be accessible and maintained clean and dry.
d. Hospital grade waterless hand agents used where appropriate	· Sinks in dirty utility rooms and other areas used for decontaminating equipment or disposal of potentially contaminated items cannot be used for hand washing. · If no other sink is available, waterless agents are recommended for hand antisepsis before leaving the room.
e. Staff can explain and/or staff is observed complying with the hand hygiene policy	Staff performs hand hygiene: 1. Before and after every patient contact even if gloves are worn. 2. Before and after an invasive procedure such as insertion of IV catheter or surgical procedure even if gloves are worn. 3. After contact with blood or body fluids or non-intact skin even if gloves are worn. 4. After contact with used, contaminated equipment or soiled environmental surfaces even if gloves are worn. For more details please see the UNC Infection Control Hand policy: "Hygiene and Use of Antiseptics for Skin Preparation."
f. Staff dons and removes gloves at appropriate opportunities	Regarding gloves, staff: 1. wear gloves for procedures that might involve contact with blood or body fluids. 2. wear gloves when handling potentially contaminated patient equipment. 3. remove soiled gloves before moving to next task.
g. Lotions are available and used appropriately in clinical areas	· Water-based hand care lotions that do not inhibit the antibacterial action of soaps and alcohol-based hand rubs are optimal.

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3. Storage and Use of Supplies	
a. Clean and sterile supplies and equipment are stored appropriately	· Clean and sterile supplies must be stored in a manner to prevent contamination. · Bins used to store items must be clean upon inspection. · Sterile supplies and instruments that are set-up ahead of time should be protected from contamination and tampering.
b. Patient care supplies stored at least 36" from a sink or there is a protective barrier (splash guard) to prevent splash contamination; storage under sinks is discouraged except for the following allowed items: clean sharps containers, clean trash bags, detergents, and cleaning agents (NO hand soaps).	· To prevent water damage and/or contamination, only chemicals and reagents that do not react with each other or with water can be stored under sinks. · On the counter top, all items should be an adequate distance from sink or there must be a splash guard installed next to sink.
c. Supplies stored on shelves and off floors	· Must be 8" off floor. · Must be 18" below sprinkler heads and 5" from ceiling if no sprinklers. · Items should be removed from shipping cartons before storage to prevent contamination with soil/debris that might be on the cartons. · Outer shipping boxes should not be left in clinical areas due to risk of environmental contamination. · Supplies should be stored in plastic, washable containers; storage in cardboard is discouraged.
d. Supplies are within expiration date	· Sterile items must be clean, within date and properly stored. There should be no open steri-strips or opened packing strip bottles. These items are for single patient use. · Supplies should be stocked and rotated "first in, first out" so oldest items are used first.
e. There is clear separation of clean and dirty activities	· Clean items/areas are clearly separated from dirty items. · Need either separate clean/dirty rooms or the designated utility room must flow from clean to dirty.
f. Items labeled as "single use only" (SUDs) are not reused	The policy follows the FDA labeled guidelines that prohibit the reuse of Single Use Devices (SUDs). If single use devices are reprocessed, they are sent to the appropriate FDA-approved reprocessing facility. If reprocessed, must have contract available for viewing.
4. Risk Analysis	
a. Types of procedures performed and services provided are appropriate for the physical space of the site as well as for the skill level and competency of staff	· New procedures and equipment are commissioned pursuant to Infection Control consultation where appropriate. · New construction or renovations are conducted in compliance with Infection Control standards as set forth in the facility's IC plan.
5. Medication Management	
a. Medications must be separated by type and dosage	Recommended that all medications be stored separated by type and dosage in labeled, plastic, washable bins.
b. Requirements for storage and use of NC state supplied vaccines are met	See the NC State immunization web for details: http://www.immunize.nc.gov/
c. Irrigation solutions are single patient use	· Irrigation solutions (bottles of sterile water, acetic acid, saline, etc.) must be discarded after use.

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	· Betadine or other solutions poured into smaller containers must be labeled appropriately and discarded between patients if possible contamination has occurred.
d. Medications are within date	· No expired medications. · Multi-dose vials of **injectable** medications expire according to most recent UNC Adminstrative policy: Medication Management: Use Of Multi-Dose Vials/Pens Of Parenteral Medications In Acute Care And Ambulatory Care Environments.
e. Medications are stored appropriately	· Topical and internal medications are to be stored in a manner to prevent possible cross contamination and medication errors. · Chemicals are not to be stored adjacent to medications (e.g. nail polish remover, betadine).
f. Medications requiring special care after initial use are stored/labeled appropriately	· Special care meds would include those requiring refrigeration or those not kept at room temp for longer than manufacturer's recommendation, those with a shorter usage period as stated on the vial label by pharmacy or manufacturer (e.g. specific ophthalmic solutions, insulin-varies by manufacturer and type).
g. Medications are prepared safely	· Maintaining clean, uncluttered, and functionally separate areas for product preparation minimizes the possibility of contamination. · Injections are prepared in a clean area that is free from contamination with blood, body fluids, other visible contamination or used contaminated equipment. · NEVER dismantle dirty needles or syringes where medications are prepared. · Maintain separation of clean and dirty activities.
6. Safe Injection Practices	
ONE NEEDLE: ONE SYRINGE: ONE PATIENT: ONE TIME	
a. Single dose vials are never used as multidose vials.	Single dose vials should be used whenever possible and discarded immediately after use.
b. Fluid infusion and administration sets (IV bags, tubing, and connectors) are used for one patient only and discarded after use.	Bags of IV fluids are ALWAYS single use.
c. IV fluids spiked at time of use.	IV fluids are spiked and tubing is primed immediately prior to use.
d. Patient's skin is prepped with an approved prep before IV placement .	Approved skin prep agents are alcohol or chlorhexidine gluconate (CHG).
e. Single dose medications or infusates are used for only one patient and not collected or combined (bags of IV fluids are ALWAYS single use).	No combining of "left-overs" from single dose vials. No flushes drawn from bulk sources such as liter bags of IV fluids.
f. Medication vials used for more than one (1) patient are always entered with a new needle and new syringe.	Medication vials used for more than one patient must be labeled as "multi-dose" by the drug manufacturer.
g. The rubber septum on a medication/infusate vial is disinfected with alcohol prior to piercing.	Enter or re-enter medication vials only after a robust wipe of the rubber septum with alcohol.
h. Needles and syringes are used for only one patient.	NEVER NEVER NEVER re-use needles or syringes.
i. Medications or infusates that are packaged as prefilled syringes are used for only one patient.	Pre-filled syringes are ALWAYS single doses.
j. Hand hygiene is performed before preparing medications.	

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k. Medications or infusates are drawn up at start of each procedure.	· Compliance with USP 797 prohibits "pre-drawing" injectable medications unless prepared under a hood which meets ISO class 5 conditions. For example, drawing up flu vaccines for use throughout the day is not allowed. Any injectable medication must be injected within an hour of drawing up.
l. Needles and syringes are discarded intact in an appropriate sharps container after use.	Safety devices are deployed; needles should not be removed from syringes.
m. Flushes are not drawn from a bulk container.	Bags of IV fluids are ALWAYS single use.
n. Appropriate safety devices are in use. Exceptions have an approval from Hospital Epidemiology.	OSHA regulation requires sharps safety devices to be used unless medically contraindicated.
7. Linens	
a. Linens are stored appropriately	· Clean linen must be stored in designated area to prevent contamination from traffic and to reduce risk of linen falling on floor. · Clean linen must be kept covered if not in a closet, drawer, or cabinet.
b. Linens are laundered according to UNC Infection Control's Laundry and Linen Service policy	
8. Surface Disinfection	
a. Toys are disinfected per clinic specific policy	· Used washable toys/sand tables are cleaned with soap and water and rinsed with tap water or wiped with 70% alcohol on a routine basis (e.g. weekly) and when visibly soiled. · Toys must be non-porous and cleanable; plush toys are to be new and given to the individual patient. · Toys should be rinsed with tap water after cleaning to remove any disinfectant residue. · Toys should be restricted to only those that can be easily cleaned.
b. Non-critical items are cleaned per policy	· Non-critical items are those that come into contact with intact skin. Non-critical items should not contact blood or body fluids. · Single use disposable BP cuffs are to be used for one patient and discarded after use.
c. Patient care equipment (e.g., blood pressure cuffs, wall mounted otoscopes, etc.) should be cleaned with an EPA registered disinfectant detergent (e.g., MetriGuard®, Super Sani Cloths®) or 70% alcohol once a week, when obviously soiled, and after use for patients requiring Contact Precautions.	● Cleaning supplies are in their proper place. ● Only hospital grade approved germicidals are to be used for cleaning surfaces in the healthcare environment. ● Exam tables, recliners and short-term use beds should be cleaned weekly, when visibly soiled, and after use for patients requiring Contact Precautions.
d. Areas identified as nursing responsibility are cleaned appropriately	Some examples include medication storage areas, electrical equipment.
e. Point-of-care devices are cleaned according to policy	Medical equipment that involves blood testing, such as glucometers, must be cleaned between every patient with a hospital grade approved disinfectant.
9. Instrument Decontamination/pre-cleaning	
a. Items are thoroughly pre-cleaned and decontaminated with enzymatic detergent according to manufacturer instructions and/or evidence-based guidelines prior to high level disinfection or sterilization.	Staff can demonstrate understanding of manufacturer's instructions for use.

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b. Items are managed consistent with OSHA regulations and UNCH policy.	Example: dirty instruments must be transported from point-of-use to instrument processing area in a leak-proof container marked "biohazard."
10. High Level Disinfection	
a. Medical instrument and devices are visually inspected for residual soil and recleaned as needed before high level disinfection	
b. HLD equipment (e.g., AER) is maintained according to manufacturer instructions and/or evidence-based guidelines	AERs are maintained and logs kept of maintenance
c. Chemicals used for HLD are prepared according to manufacturer instructions, UNC infection control policy, and evidence-based guidelines	Infection Control-approved HLDs such as Cidex, Cidex OPA, Wavicide, etc.
d. Chemicals used for HLD are tested for minimum effective concentration (MEC) according to manufacturer instructions and/or evidence-based guidelines and are replaced before they expire	• Logs are kept for all HLD processes, including test strip QC. • Containers must be covered and labeled with chemical name, hazard information and expiration date.
e. Chemicals used for HLD are documented to have been prepared and replaced according to manufacturer instructions and/or evidence-based guidelines	
f. Equipment is high-level disinfected according to manufacturer's instructions and/or evidence-based guidelines and according to UNC Cleaning, Disinfection, and Sterilization of Patient-Care Items policy	
g. Items that undergo HLD are dried before re-use	
h. HLD logs are in order	Logs must be kept on all HLD processes.
i. Test strips are properly dated	
11. Sterilization	
a. Autoclaves: chemical and biological indicators are used appropriately	Internal chemical indicators must be used in each package to be sterilized; the chemical indicator must be examined before the contents are used.
b. Biological indicators run at least weekly	Biological indicators are to be run at least weekly and must be used with each load containing implantable devices.
c. Sterilization logs accurate and up to date	Written records of each load should be kept.
d. Sterile packages are inspected for integrity and compromised packages are reprocessed	Instruments in torn, wet, or damaged sterilization pouches must be re-sterilized.
12. General Decontamination/HLD/Sterilization	
a. Proper PPE is worn when processing dirty equipment	Water-proof or water-resistant gown, disposable gloves (nitrile if performing HLD activities), and full face protection must be worn when processing dirty instruments.
b. Competencies are maintained for cleaning, disinfection and sterilization processes	Records of staff training must be documented. HLD competency is evaluated at commencement of employment and at least yearly thereafter.
c. HLD, decontamination, and /or sterilization is performed in appropriate environment	HLD, decontamination and/or sterilization may not be performed in a patient care area. If using glutaraldehyde proper ventilation is in place.
d. Areas used for cleaning or disinfection flow from dirty to clean	The area must have a definite work flow from dirty to clean to prevent contamination of equipment.

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e. There is a procedure in place for identification and recall of inadequately sterilized or high level disinfected instruments	UNC Infection Prevention department must be notified immediately: 966-1638.
f. After sterilization or high level disinfection, devices and instruments are stored in a designated clean area so sterility is not compromised	Sterilized and high-level-disinfected items should not be stored in instrument processing areas whenever possible.
13. Isolation	
a. Staff is able to articulate standard precaution and isolation policies (such as for TB, chickenpox, "Respiratory Etiquette")	● Personnel must be able to articulate and locate pertinent policies. ● Use appropriate signage.
b. Staff are able to state how patients would be managed that have a known resistant organism (e.g. MRSA, VRE, C. difficile, draining wound or rash)	Per UNC Ambulatory Care policy: Wear appropriate PPE; meticulous hand hygiene. Clean and disinfect exam table and any other surfaces which contacted patient with an appropriate disinfectant.
c. Personal protective equipment (PPE) is available	Clinic must have sufficient stock of gowns, gloves, masks, and eye protection.
14. General Issues	
a. Areas free of dust, dirt, soil, trash, odors, clutter and hazards (fixtures, walls, ceilings, floors)	Ceiling tiles all intact, clean, dry and no stains.
b. Areas and furnishings are in good repair	Paint intact, cabinet doors functioning properly, no rips, holes, or cracks in vinyl upholstery.
c. Staff food and drinks are placed in appropriate areas	Stored away from patient care areas and in compliance with NC OSHA blood borne pathogen regulations.
15. Medication Refrigerators and Freezers	
a. Medication refrigerators and freezers are large enough to properly store medications.	Refrigerators and freezers must be large enough to store the year's largest inventory of medications.
b. Refrigerators and freezers well maintained and clean	Clean and well maintained. No expired food or medications. Store patient food, medications, and specimens in separate labeled refrigerators.
c. Medication refrigerator temperatures maintained between 36-46 degrees F (between 2-8 degrees Celsius) Note: Clinics with state-supplied vaccines should use the NC state refrigerator and freezer logs available at http://www.immunize.nc.gov/providers/index.htm	
d. Medication freezer maintained below 5 degrees F (below -15 degrees Celsius)	
e. An appropriate means to check medication in event of a power outage is in place	● All sites without emergency back-up power will have a reliable method of monitoring temperatures in all medication refrigerators and freezers. ●Minimum and maximum temperatures shall be routinely checked and action taken for out-of-range temperatures. ● For power outages of less than two hours, leave doors to refrigerators and freezers closed. Proper storage temperatures will be maintained for at least 2 hours if doors are not opened.

	Fahrenheit	**Celsius**
Food Freezer	Below 0°	Below -17°
Food Refrigerator	34° to 40°	1° to 4°
Medication Freezer	5° or colder	-15° or colder
Medication Refrigerator	36° to 46°	2° to 8°
Specimen Freezer	5° to -4°	-15° to -20°
Specimen Refrigerator	36° to 46°	2° to 8°

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	● In the event of a power outage lasting longer than two hours, call the Pharmacy Support Service at 966-1367 during normal working hours and pager 216-2903 after normal working hours to request help with drug storage. If no answer, call the Inpatient Pharmacy at 966-2376.
16. Food Refrigerators, Lab refrigerators, Ice Machines, Ice Chests	
a. Food and medications are stored separately	Patient nourishments are to be single-serving, individually sealed portions. Patient food refrigerator temperatures must monitored and documented routinely on the appropriate refrigerator log.
b. Food and/or medications are within date	Expiration date should be visible on all food/medication.
c. Specimens and culture media are stored separately from food and medications	Medications and food must be stored in separate refrigerators with all items within date and not stored with specimens.
d. Specimens and lab reagents are stored appropriately	Laboratory reagents must be stored separately from medications.
e. Ice chests and ice machines are maintained according to national and North Carolina state guidelines	1. DO NOT handle ice directly by hand -- use a scoop; wash hands before obtaining ice. 2. Store the ice scoop on a clean hard surface when not in use. DO NOT store in the ice bin. 3. Machines that automatically dispense ice are preferred to those that require ice to be removed from bins or chests with a scoop. 4. Weekly cleaning of ice storage chests, scoops, and ice chute extenders should be performed with fresh soap or detergent solution. After cleaning, rinse all surfaces of the ice storage chest with fresh tap water, wipe dry with clean materials, rinse again with a 10- to 100-ppm bleach solution (1 to 8 ml of sodium hypochlorite household bleach per gallon of water), and allow all surfaces to dry before returning the items to service. 5. Weekly cleaning as described above should be documented. 6. Limit access to ice storage chest and keep doors closed. 7. Follow manufacturer's instructions for periodic maintenance and cleaning/disinfecting ice machines. 8. Ice machines that dispense ice automatically are preferred for public access.
17. Safety	
a. Site Specific Fire Emergency Response Plan (SSFERP)	The SSFERPs must be current and accurate. Staff must know what it is and where it is located.
b. Fire extinguishers and pull stations	Do recessed extinguishers have signs posted above the extinguisher? Are extinguishers checked monthly? Are all extinguishers and pull stations clear and unobstructed?
c. Fire suppression sprinklers	Is there an 18 inch clearance around sprinkler heads?
d. Doors	Doors should not be wedged open.
e. Small electrical appliances	● Space heaters are not allowed in UNCH facilities. ● Only commercial grade coffee makers are approved. See policy: http://intranet.unchealthcare.org/policies/unc-hcs-policies-pdf-new-format/ADMIN0233.pdf.

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	● Microwaves have "do not leave unattended" stickers on them.
f. Electrical panels	There must be a 36 inch clearance in front of electrical panels.
g. Mechanical rooms	Rooms housing data equipment, water heaters, air handlers, etc., must be clear of all other items.
h. Hallways	Are corridors and stairwells free of clutter and obstructions?
i. Oxygen tanks, liquid nitrogen tanks	● Oxygen tanks must secured in racks or by chains attached to the wall. Oxygen tanks must be labeled "full" or "empty." ● Non-pressurized liquid nitrogen tanks do not require securement devices. Full-face shield, safety glasses/goggles, and cryogenic gloves must be worn when working with liquid nitrogen.
j. Material Safety Data Sheets (MSDSs)	Staff should know how to access MSDSs.
k. Eyewashes	Checked monthly and documented on appropriate log.
l. Medical equipment	Medical equipment is appropriately tagged and tags are not expired.