Infection Prevention and Control Audit:
CLEAN AND SOILED STORAGE / UTILITY ROOM IN LONG TERM CARE

Site:	Unit:	Audit Date (dd/mm/yyyy)	Audit Conducted by:
Report Date (dd/mm/yyyy)	Report Completed by:	Audit Compliance Rate:	

Recommendation	Compliance			Action	Target Completion Date	Completed Date
	YES	NO	N/A or N/S			
Clean Storage / Utility Area						
Soiled items or items for repair are not stored in clean utility rooms.						
Surfaces in storage areas, including floors, walls, ceilings, shelving and fixtures, are made of materials that are smooth, non-porous, non-shedding, and easily cleanable (e.g., no peeling paint).						
Room access is limited to clinical and support staff (e.g., door(s) closed, signage).						
Shelving used for storage of clean and sterile supplies are at least: • 25 cm (8-10 inches) off the floor • 45 cm (18 inches) from the ceiling • 5 cm (2 inches) from outside walls • Solid bottom shelf						
There is a designated location for storing: • Clean supplies • Sterile supplies • Clean linen						
Clean Utility Room ventilation requirements met: Type III air, 6 ACH, 2 ACH fresh, positive pressure to adjacent spaces; 22-24C, 30-60% RH. Facilities Management to verify.						
Medical devices (*any instrument or apparatus intended by*						

the manufacturer to be used for human beings for the purpose of diagnosis, prevention, monitoring, treatment or alleviation of disease, injury or handicap or for control of conception) stored on the top shelf are protected from moisture and dust contamination.						
Clean Storage / Utility Area (cont'd)	**Compliance**			**Action**	**Target Completion Date**	**Completed Date**
	YES	**NO**	**N/A or N/S**			
Supplies are stored on shelves (e.g., not on the floor or under sinks).						
Stock rotated (first in, first out) to control inventory.						
Supplies are not overstocked.						
Containers/supplies are clean and free of visible dust and soiling.						
Clean storage/supply room or area is secure with access limited to clinical and support staff.						
Clean linens are stored in a designated area to prevent contamination (e.g., covered) and to reduce the risk of linen falling on the floor).						
Client belongings are not stored in clean storage area.						
Shipping containers (e.g., cardboard boxes) are not used or stored in areas where clean or sterile items are stored.						
Supplies are removed from external corrugated cardboard and original shipping packages outside of the clean and sterile storage area before storing.						
Supplies are protected from damage (e.g., not crushed, bent, inappropriately stacked).						
Supply boxes are not topped up (e.g., replace gauze box when empty, do not top up).						
Liquids stored on or near the bottom shelf and not stored above dry medical devices.						
A dedicated hand hygiene sink or wall-mounted alcohol based hand rub (ABHR) dispenser is accessible on entry to the storage area.						

Soiled Storage Area (note area audited): _____						
Clean or sterile items are not stored in soiled utility rooms (e.g., personal hygiene supplies, wound care supplies).						
Located within resident care area to minimize potential for environmental contamination by minimizing transport time and distance, etc.						
Room access is locked and limited to clinical and support staff e.g., door[s], signage).						
Area is separate from the clean utility room.						
Soiled Storage Area (cont'd)	**Compliance**			**Action**	**Target Completion Date**	**Completed Date**
	YES	**NO**	**N/A or N/S**			
Work flows from dirty to clean.						
ABHR or a hand hygiene sink with soap and water are easily accessible (e.g. located at the entrance/exit of the storage area). • Hands free operable controls • No aerators on faucets (can easily become contaminated) • No overflow present on the sink (difficult to clean and becomes contaminated quickly)						
Dispenser for single use paper towels is provided in a location to prevent splash-up contamination. Towel dispenser design shall be such that towels are dispensed singly. They shall either be hands-free or designed so that only the towel is touched during removal of towel for use.						
PPE is available for cleaning items and includes facial protection (mask and eye protection), fluid resistant gown and disposable gloves.						
Access to PPE for unit-based decontamination and cleaning is available at the room / bed space entrance.						
Storage of clean PPE is protected from contamination (e.g. splashes, spray).						

Washer/Disinfector is used for disinfection of soiled, non-critical, reusable medical devices and other soiled patient devices.						
Hoppers, if used, shall be designed to contain any splash and the controls located so as not to expose staff to contaminants.						
Hoppers, if installed, shall be located in the decontamination area away from staff work areas and traffic areas, and be separated by a cleanable physical barrier to contain the spray generated by the unit operation.						
Utility/cleaning sink for disposing of waste liquids (separate from hand-hygiene sink). Waste liquids must not be disposed of in the hand hygiene sink.						
When disposing of client waste: • Splash protection provided to walls and nearby water supply, sinks or human waste management systems.						
Spray wands have been disabled or signage is posted to not use.						
Soiled Storage Area (cont'd)	**Compliance**			**Action**	**Target Completion Date**	**Completed Date**
	YES	**NO**	**N/A or N/S**			
Space for storing and separating: • Soiled linen						
• General waste						
• Biomedical / hazardous waste						
• Bins / carts used to move soiled materials from the room (e.g., items for reprocessing)						
Linen and garbage bags are not overfilled. Hands free preferred.						
Surfaces including floors, walls, ceilings, shelving and fixtures are made of materials that are smooth, non-porous, non-shedding, and easily cleanable (e.g., no						

peeling paint).						
Room and work areas, sinks, surfaces are visibly clean including walls, light fixtures, sprinkler heads etc.						
Soiled utility room ventilation requirements are met: Type III air, 10 ACH, all exhausted (and space is therefore negative to the adjacent). Facilities Management to verify.						
Travel route for waste disposal and pick up should be designated.						
Cleaner/disinfectant is labelled and manufacturer's instructions are followed.						
Contaminated medical devices shall be transported in covered; fully enclosed containers designed to prevent spillage of liquids and designed to allow decontamination after each use.						
Non-critical equipment – if cleaned/disinfected in room immediately removed after completion (e.g., BP machines, IV poles, etc.)						
Semi-critical and critical equipment – remove gross soiling (per manufacturer directions) and store in designated location for transport						
A process to identify items/equipment that have been cleaned has been established (e.g., labels/clean tags)						
Ensures that appropriate posters (e.g., PPE for equipment cleaning are made available and in visible areas of soiled utility rooms (e.g., posted above or near sinks).						

INFECTION PREVENTION AND CONTROL AUDIT:
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Instructions:

1. This audit is to be conducted collaboratively between unit/area staff (Clinical Resource Nurse, Charge Nurse, Care Manager, or other appropriate delegate) and the site Infection Control Associate. It is a onetime "snapshot" and is not an audit of Housekeeping practices.
2. The information listed on the audit is not exhaustive, and may differ from unit to unit. Audit results are intended to help determine areas for improvement.
3. In order to monitor compliance with IP&C policies, as per Accreditation Canada Standards, this audit should be performed at regular intervals as outlined in the IP&C Audit Framework to ensure appropriate actions towards improvement are taken.

How to Complete the Audit:

1. Complete the audit, documenting exactly what you see at the time of the audit.
2. Select '**YES'** if activity was observed and completed appropriately.
   Select '**NO**' if activity was observed and not completed appropriately; please also comment.
   Select '**N/S**' (not seen) if not able to observe the activity.
   Select '**N/A**' if not applicable and add comment. If more space required for comments, please use back of tool or new paper.
3. When multiples of the same item are assessed and not all meet the criteria, answer '**NO**' and specify details in the comment section.

Site IP & C Instructions:

1. Total the score when the audit tool is completed.
2. Send completed audit tool to unit/area manager, highlighting areas of concern/deficit.
3. Assess audit reports to determine the frequency of further audits.
4. Collaborate with area/unit manager to resolve issues as required.

These recommendations are to be reviewed by Unit/Area Manager or designate following each review.