

Infection Prevention & Control Annual Long Term Care Site Visit Audit

To be completed by the unit/area Clinical Resource Nurse, Charge Nurse, Care Manager or other appropriate delegate, with site Infection Control Associate

Facility:	Unit:
Auditor:	Date:

ITEM	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
1. Alcohol-based hand rub (ABHR) available at entrance					
2. Signage posted encouraging ill visitors not to visit at entrance					
3. Furniture in common areas in cleanable					
4. ABHR at point of care					
5. Dedicated hand hygiene sinks available					
6. Hands free waste container in every room					
7. Waste containers are not overfilled					
8. Soiled linen contained in bags & not overfilled					
9. Sharps containers at point of use & not overfilled					
10. HH posters visible & in good repair					
11. Vents, walls & ceiling tiles are intact, free of visible soil & not stained					
12. Control panels/keypads/light switches & surrounding walls are free of visible soil					
13. PPE stored in an accessible location (e.g., point of care)					
14. Additional Precautions signage posted outside room and does not indicate organism name					

15. Isolation carts/caddies are appropriately placed & stocked					
16. Cleaning and disinfection of medical equipment/devices is documented on a schedule (e.g., wheelchairs, charts, clipboards, blueware, phones, keyboards, medication cart, etc.)					

RESIDENT ROOMS	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
17. Call bell is cleanable					
18. Privacy curtains are free of visible soil					
19. Containers of liquid soap, lotions and ABHR are disposable and not "topped-up"					
20. Rooms have a clean, orderly appearance with minimal supplies (e.g., no stockpiling)					
21. Urinals, bedpans, basins, etc. are visibly clean, dedicated					
22. Urinals, bedpans, basins, etc. are stored in a way to avoid contamination					
23. ABHR available at point of care					
24. Disinfectant wipes available at point of care					
25. Gloves are available at point of care					
26. Other PPE (gowns, facial protection) is accessible immediately outside the room/bedspace					
27. Personal care items are dedicated					
28. Personal care items are labeled					

RESIDENT BATHROOMS	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
29. Bathroom has a clean, orderly appearance with minimal supplies (e.g., no stockpiling)					
30. No storing of personal supplies in shared bathrooms					
31. Bathroom countertop, backsplash and wall around sink are intact					
32. Supplies are not stored adjacent to/underneath sink					
33. Floor and grout around toilet in intact					

MEDICATION ROOM	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
34. Medication room has a clean, orderly appearance					
35. Lab specimens are not stored in the medication room					
36. Medication waste is disposed properly					
37. Medication carts are cleaned and disinfected daily (outside), weekly (inside) and when visibly soiled and there is documentation of same					

TUB/SHOWER ROOM	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
38. Jetted tub is not in use					
39. Disinfectant products are compatible with equipment as per manufacturer's instructions, which are readily available					
40. Tubs, showers and bathing accessories are cleaned and disinfected after each use ensuring appropriate contact time. Staff to confirm current practice.					

41. Manufacturer's instructions for tub/shower cleaning and disinfection are posted and followed. Staff to confirm current practice.					
42. Brushes and cloths used to clean and disinfect the tub or shower and cleaned/laundered and/or disinfected after each use. Staff to confirm current practice.					
43. Brushes & cloths are in good condition (e.g., clean, not damaged)					
44. Cleaning and disinfection of tubs, showers, and bathing accessories is documented					
45. Room has a clean, orderly appearance with minimal supplies (e.g., no stockpiling)					
46. Countertop, backsplash and wall around sink are intact					
47. Floor and grout around toilet are intact					
48. Walls, ceilings and floor are clean and intact					
49. Personal care items are not stored in tub/shower rooms					
50. If large quantity multi-resident use bottles/containers are used, they are decanted into disposable container for each resident					
51. Do not top up bottles and use a new pump with each new bottle. Staff to confirm current practice					
52. Automatic dispenser is used for shampoo/body wash					
53. Routine preventative maintenance of tubs, showers and bathing accessories is completed and documented					

RESIDENT DINING / ACTIVITIES / RECREATION	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
54. Residents perform or are assisted to perform hand hygiene once they arrive, as observed					

55. Residents perform or are assisted to perform hand hygiene prior to meals, as observed					
56. Furniture is in good repair and can be appropriately disinfected					
57. Toys and recreation/activity equipment are smooth, non-porous and able to withstand cleaning and disinfection					
58. Recreation/activity equipment is cleaned and disinfected between resident use and when visibly soiled					
59. Routine cleaning and disinfection are documented on Toy and Recreation/Activity Equipment Cleaning and Disinfection Schedule					
60. Bulk food items dispensed using tongs to prevent contamination					
61. All opened food is covered or stored in containers and labelled with a preparation date and expiry date, as observed					
62. Resident's food is labelled with name and date in the unit kitchenette refrigerators, as observed					
63. Staff do not store personal food items in unit kitchen refrigerator or staff lunches are stored on dedicated shelf or bin, as observed					
64. Room and appliances are visibly clean					
65. Routine cleaning and preventative maintenance of water and ice machines (following manufacturer's instructions) is completed and documented					

MEDICAL EQUIPMENT CLEANING AND DISINFECTION	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
66. Disinfectant wipes are available at point-of-care (e.g., attached to lifts, BP machines)					
67. Clean/Soiled Utility Room Checklist has been completed					
68. Disinfectant is available in soiled utility room					

69. Site has process for reprocessing re-usable non-critical medical equipment					
70. Site has process for reprocessing semi-critical/critical medical equipment					
71. Routine cleaning and disinfection are documented on Equipment Cleaning and Disinfection Schedule					
72. A policy to identify items/equipment that have been cleaned has been established (e.g., labels)					
73. Disposable suction canisters are used according to policy					
74. Suction and oxygen equipment is visibly clean and dry					
75. If suction catheter is attached a clean cover is in place					
76. IV poles and pumps are visibly clean and free of tape					
77. Feeding pumps are visibly clean and free of tape					
78. Glucometers are visibly clean					
79. BP machines, both manual and electronic are visibly clean					
80. Thermometer handles and probes are visibly clean					
81. Transport Equipment (e.g., wheelchairs and stretchers) are visibly clean					
82. Commode chairs, including the underside, are visibly clean					
83. Computers and monitor screens in resident care areas are visibly clean					
84. Transfer equipment (e.g., lifts, slings, etc.) are visibly clean					
85. Carts (e.g., isolation, code, treatment, etc.) are visibly clean					
86. There is a process for replacement of equipment that becomes difficult to clean due to surface disruption (e.g., rips, cracks, tears, stains, tape residue) and/or damage					

GENERAL IP&C PRACTICES	COMPLIANCE			ACTION	DATE COMPLETED
	YES	NO	N/A		
87. Notifies ICP of clusters of infections					
88. Notifies ICP when implementing Additional Precautions					
89. Discontinues Additional Precautions in consultation with ICP					
90. Staff are aware of site's healthcare associated infection rates and where to locate reports					
91. Staff can locate IP&C resources (e.g., IP&C intranet page; policies and documents page)					
92. Infection Prevention and Control information available re: cleaning and disinfection of medical equipment/devices					
93. Infection Prevention and Control information available re: Personal Protective Equipment					
94. Infection Prevention and Control information available re: Hand Hygiene					
95. Site has at least one hand hygiene auditor					
96. Hand hygiene audits are completed as outlined in the Auditing Framework					
97. There is signoff for equipment cleaning available on the units, including items such as wheelchairs, slings, etc.					

COMMENTS:

Infection Prevention & Control Audit: Annual Long Term Care Site Visit

Instructions:

The purpose of this Audit tool is to determine unit/area compliance with IP&C requirements.

The observer records compliance with each element:

1. Write the name of observed Unit/Department on the form, record the day, month and year, and write your name on the line indicated.
2. For each item, the observer records the following:
 - Date – Include month, day, and year
 - The observer will place an **X** in the appropriate box labeled **YES, NO, N/A**
 - This audit is to be conducted collaboratively between unit/area staff and IP & C. It is a *onetime* “snapshot”
 - Audit results are intended to help determine areas for improvement.
 - In order to monitor compliance with IP & C policies, as per **Accreditation Canada Standards**, this audit should be performed annually and as needed to ensure appropriate actions towards improvement are taken.

Instructions: Select ‘**YES**’ if activity was observed and completed appropriately.

Select ‘**NO**’ if activity was observed and not completed appropriately; please also comment.

Select ‘**N/A**’ if not applicable and add comment.

If more space required for comments, please use back of Tool or new paper.

Site Infection Control Support Associate Instructions:

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