

# Healthcare Infection Control Checklist: Prevention & Protocol

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## Hand Hygiene Compliance

Ensuring proper handwashing and sanitizing techniques are followed consistently.

### Last Hand Hygiene Time

Enter time...

### Hand Hygiene Method

- Soap & Water
- Alcohol-Based Hand Rub



### Duration of Handwashing (seconds)

Enter a number...

### Areas Touched During Hand Hygiene

- Fingertips
- Palms
- Backs of Hands
- Between Fingers
- Wrists

### Observation Notes (if applicable)

- Compliant
- Needs Improvement
- Not Observed

### Observer Signature

Write something...

# Personal Protective Equipment (PPE) Usage

Verification of appropriate PPE selection and application based on risk assessment.

## Type of PPE Used (e.g., Gloves, Gown, Mask, Eye Protection)

- Gloves
- Gown
- Mask
- Eye Protection
- Full Face Shield

## Correct Glove Size Selected?

- Yes
- No
- N/A

## Number of Masks/Respirators Available

## Date of Last PPE Inventory Check

### Areas/Tasks Requiring Specific PPE

- High-Risk Procedures
- Contact with Infected Patients
- Laboratory Work
- Environmental Cleaning

### Any Deviations or Concerns Regarding PPE Usage?

Write something...

### Photograph of Proper PPE Usage (Optional)

 Upload File

## Environmental Cleaning & Disinfection

Monitoring of cleaning protocols for surfaces, equipment, and patient rooms.

### Date of Cleaning

Enter date...

### Time of Cleaning

Enter time...

### Cleaning Product Used

- Bleach Solution
- Quaternary Ammonium
- Hydrogen Peroxide
- Other (Specify)

### Areas Cleaned (Be Specific)

Write something...

### Contact Time (in minutes)

Enter a number...

### Surfaces Disinfected

- Bed Rails
- Overbed Table
- Floors
- Equipment Surfaces
- Doorknobs

### Cleaner Signature

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# Sterilization & High-Level Disinfection

Verification of processes for surgical instruments and reusable medical devices.

## Cycle Load Number

## Sterilization Date

## Sterilization Start Time

## Temperature (Internal)

## Pressure

### Exposure Time (Minutes)

### Cycle Type

- Gravity
- Vacuum
- Steam Flush

### Sterilant Used

- Steam
- Hydrogen Peroxide
- Glutaraldehyde

### Cycle Printout/Record

 Upload File

## Waste Management & Disposal

Compliance with regulations for handling and disposing of infectious waste.

### Date of Waste Generation

### Waste Category

- Sharps
- Biohazardous
- Pharmaceutical
- Regulated Medical Waste
- General Waste

### Estimated Waste Volume (liters/gallons)

Enter a number...

### Description of Waste Contents (e.g., type of medication, specific biohazard)

Write something...

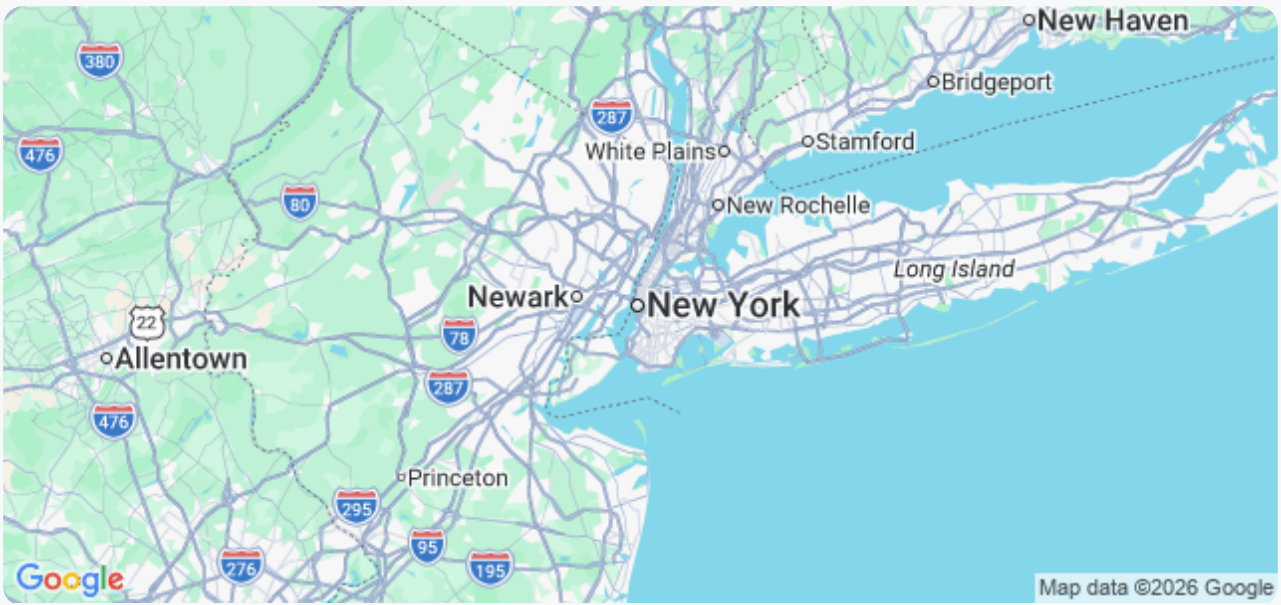
### Container Type

- Red Bag
- Sharps Container
- Yellow Container
- Other

## Waste Generator Signature

## Waste Collection Point

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# Patient Isolation Procedures

Adherence to guidelines for isolating patients with communicable diseases.

## Isolation Type

- Contact Precautions
- Droplet Precautions
- Airborne Precautions
- Protective Isolation
- Reverse Isolation

### Reason for Isolation

Write something...

### Patient Room Number

Enter a number...

### Isolation Start Date

Enter date...

### Isolation Start Time

Enter time...

### PPE Required (Select all that apply)

- Gloves
- Gown
- Mask
- N95 Respirator
- Eye Protection (Face Shield or Goggles)

### Specific Isolation Instructions

Write something...

# Employee Health & Vaccination

Tracking employee vaccinations and health screenings to prevent transmission.

## Last Tdap Vaccination Date

## Last MMR Vaccination Date

## Last Varicella (Chickenpox) Vaccination Date

## Hepatitis B Vaccination Status

- Not Vaccinated
- Completed Series
- Declined Vaccination

## Number of Influenza Vaccinations Received (this year)

### TB Screening Status

- Negative
- Positive
- Unknown

### Upload Vaccination Records (optional)

 Upload File

### Any Known Allergies Related to Vaccines?

Write something...

## Surveillance & Reporting of Infections

Monitoring infection rates and reporting to relevant authorities as required.

### Date of Infection Detection

Enter date...

### Patient Age

Enter a number...

### Infection Type

- Healthcare-Associated Pneumonia
- Catheter-Associated Urinary Tract Infection
- Surgical Site Infection
- Methicillin-Resistant Staphylococcus aureus (MRSA) Infection
- Clostridioides difficile Infection
- Other (Specify)

### Description of Symptoms & Findings

Write something...

### Confirmed/Suspected

- Confirmed
- Suspected

### Number of Cases (if outbreak)

Enter a number...

### Date of Reporting to Public Health Agency

Enter date...

# Education & Training of Staff

Ensuring all staff receive regular training on infection control practices.

## Last Training Date

Enter date...

## Training Module Completed (Select All)

- Hand Hygiene
- PPE Usage
- Environmental Cleaning
- Isolation Precautions
- Infection Reporting
- New Protocol Updates


## Hours of Training Completed (Total)

Enter a number...

## Summary of Key Training Points

Write something...

## Upload Training Certificate/Record

 Upload File

### Trainer Name

Trainer 1

Trainer 2

Trainer 3

# Equipment Maintenance & Calibration

Regular maintenance and calibration of infection control equipment.

### Last Calibration Date

Enter date...

### Calibration Result (e.g., Reading)

Enter a number...

### Acceptable Range (Lower Limit)

Enter a number...

### Acceptable Range (Upper Limit)

Enter a number...

### Calibration Status

- Pass
- Fail
- Not Applicable

### Calibration Notes/Observations

Write something...

### Calibration Report (Optional)

 Upload File

### Next Calibration Due Date

Enter date...