✅ ChecklistGuro

Healthcare Infection Control Checklist: Prevention & Protocol

Hand Hygiene Compliance

Ensuring proper handwashing and sanitizing techniques are followed consistently.

Last Hand Hygiene 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

Enter a number...

Date of Last PPE Inventory Check

Enter date...

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

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

Sterilization & High-Level Disinfection

Verification of processes for surgical instruments and reusable medical devices.

Cycle Load Number

Enter a number...

Sterilization Date

Enter date...

Sterilization Start Time

Temperature (Internal)

Enter a number...

Pressure

Enter a number...

Exposure Time (Minutes)

Enter a number...

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

Enter date...

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)
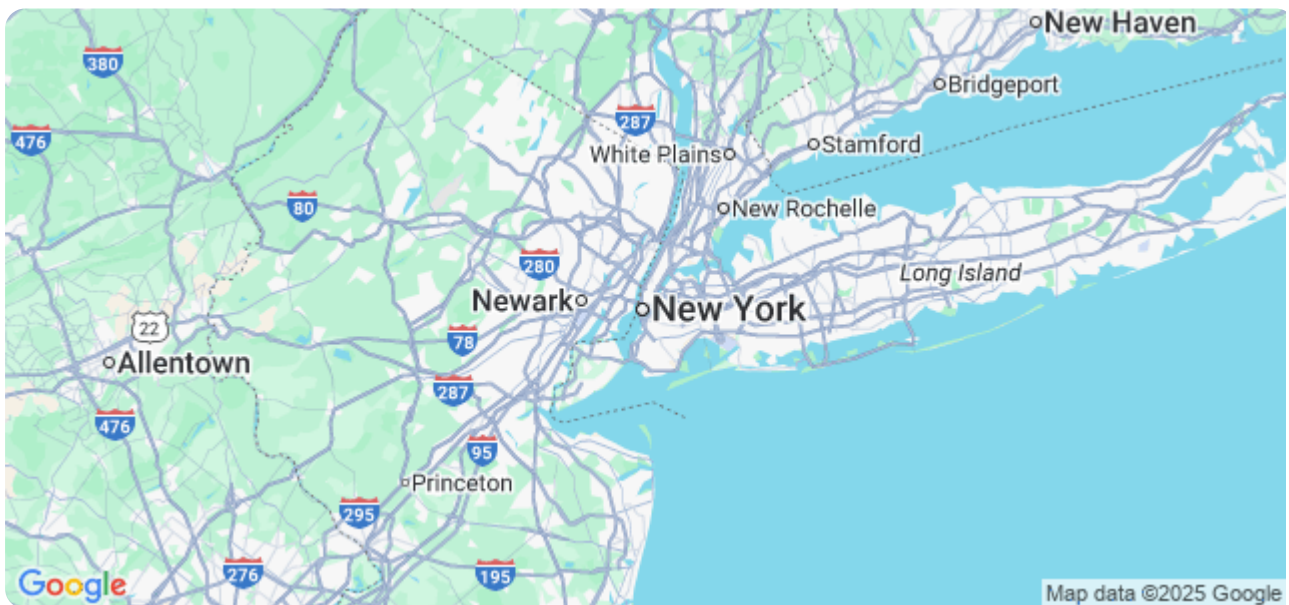
Write something...

Container Type

☐ Red Bag

☐ Sharps Container

☐ Yellow Container

☐ Other

Waste Generator Signature

Waste Collection Point

⊙ Set My Current Location

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

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

Enter date...

Last MMR Vaccination Date

Enter date...

Last Varicella (Chickenpox) Vaccination Date

Enter date...

Hepatitis B Vaccination Status

- [ ] Not Vaccinated
- [ ] Completed Series
- [ ] Declined Vaccination

Number of Influenza Vaccinations Received (this year)

Enter a number...

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...