⊘ ChecklistGuro

Isolation Room Cleaning & Decontamination Checklist

Pre-Cleaning Assessment & Preparation

Verifies room status, patient clearance, and gathers necessary supplies.

Date of Cleaning/Decontamination

Enter date...

Start Time of Cleaning/Decontamination

Patient Status (Prior to Cleaning)

- ☐ Active Isolation
- ☐ Discharged
- ☐ Transfered
- ☐ Deceased

Reason for Cleaning/Decontamination (e.g., Routine, Discharge, Known Exposure)

Write something...

Isolation Type (e.g., Airborne, Contact, Droplet, PUI)

- ☐ Airborne
- ☐ Contact
- ☐ Droplet
- ☐ Person Under Investigation (PUI)
- ☐ Other

Notes on Patient Condition or Potential Hazards

Write something...

Room Number

Enter a number...

Supporting Documentation (e.g., Patient Isolation Order)

⬆ Upload File

Personal Protective Equipment (PPE)

Ensures appropriate PPE is donned correctly.

Gown Type

- ☐ Standard Isolation Gown
- ☐ Fluid-Resistant Gown

PPE Donned (Check all that apply)

☐ Gloves

☐ N95 Respirator

☐ Eye Protection (Goggles/Face Shield)

☐ Mask

☐ Gown

Respirator Fit Check Performed?

☐ Yes

☐ No

Time of PPE Donning

Notes regarding PPE condition/fit (if any)

Write something...

Initial Room Assessment & Waste Removal

Identifies potential hazards and removes all waste materials.

Date of Isolation Room Use End

Enter date...

Time of Isolation Room Use End

Patient Status (e.g., Discharged, Deceased)

- ☐ Discharged
- ☐ Transferred
- ☐ Deceased
- ☐ Other

Reason for Room Decontamination (Brief description)

Write something...

Observed Hazards (Check all that apply)

- ☐ Visible Contamination (Blood, Body Fluids)
- ☐ Broken Equipment
- ☐ Spills
- ☐ Unidentified Objects
- ☐ None Observed

Description of Observed Hazards (if any)

Write something...

Quantity of Infectious Waste Bags

Enter a number...

Waste Types Removed (Check all that apply)

- ☐ Regular Waste
- ☐ Infectious Waste
- ☐ Sharps Waste
- ☐ Other

Surface Cleaning - Low Touch Areas

Cleaning of areas less likely to be directly touched by patients or healthcare staff.

Ceiling Cleanliness (Visual Inspection)

- ☐ Clean
- ☐ Slight Dust/Dirt
- ☐ Significant Dirt/Stains
- ☐ Not Applicable

Window Frame Cleanliness (Visual Inspection)

- ☐ Clean
- ☐ Slight Dust/Dirt
- ☐ Significant Dirt/Stains
- ☐ Not Applicable

Baseboard Cleanliness (Visual Inspection)

- ☐ Clean
- ☐ Slight Dust/Dirt
- ☐ Significant Dirt/Stains
- ☐ Not Applicable

Notes on Low-Touch Area Cleaning (e.g., unusual stains, damage)

Write something...

Door Frame Cleanliness (excluding handle)

☐ Clean

☐ Slight Dust/Dirt

☐ Significant Dirt/Stains

☐ Not Applicable

Surface Cleaning - High Touch Areas

Cleaning of areas frequently touched by patients or healthcare staff.

Door Handles (Interior & Exterior)

☐ Cleaned & Disinfected

☐ Not Applicable

Light Switches

☐ Cleaned & Disinfected

☐ Not Applicable

Call Buttons/Nurse Call System

☐ Cleaned & Disinfected

☐ Not Applicable

Bedside Table/Surface

☐ Cleaned & Disinfected

☐ Not Applicable

IV Pole

☐ Cleaned & Disinfected

☐ Not Applicable

Overbed Table

☐ Cleaned & Disinfected

☐ Not Applicable

Number of IV pump handles cleaned

Enter a number...

Decontamination Procedures

Application of appropriate decontaminating agents and processes.

Disinfectant Type Used

☐ Sodium Hypochlorite (Bleach)

☐ Quaternary Ammonium Compound

☐ Hydrogen Peroxide

☐ Other (Specify in LONG_TEXT)

If 'Other' Disinfectant Selected, Specify

Write something...

Disinfectant Contact Time (Minutes)

Enter a number...

Areas Decontaminated (Detailed)

Write something...

Decontamination Method

☐ Spray Application

☐ Wipe Down

☐ Fogging/Misting

Photo Documentation (Optional)

⬆ Upload File

Decontamination Start Time

Decontamination End Time

Equipment Cleaning & Disinfection

Cleaning and disinfection of equipment within the isolation room.

Type of Equipment Being Cleaned:

- ☐ Bed (including frame and mattress)
- ☐ Overbed Table
- ☐ IV Pole
- ☐ Chair(s)
- ☐ Medical Cart
- ☐ Monitoring Equipment (Specify in LONG_TEXT)
- ☐ Other (Specify in LONG_TEXT)

Specify Monitoring Equipment (If selected above):

Write something...

Cleaning Agent Used:

- ☐ EPA-Registered Disinfectant 1
- ☐ EPA-Registered Disinfectant 2
- ☐ Facility Standard Disinfectant
- ☐ Other (Specify in LONG_TEXT)

Specify Disinfectant (If 'Other' selected above):

Write something...

Contact Time (in minutes):

Enter a number...

Photo Documentation (Optional):

⬆ Upload File

Equipment Surfaces Cleaned:

☐ All Surfaces

☐ High-Touch Surfaces Only

Cleaner Signature

Time of Cleaning

Post-Cleaning Verification & Residual Disinfectant Removal

Ensuring surfaces are dry and safe, and removing residual disinfectant.

Room Airflow Verification (if applicable)

Write something...

Visual Inspection - Dampness

☐ No Dampness Observed

☐ Slight Dampness Observed (addressed)

☐ Significant Dampness Observed (requires further action)

Residual Disinfectant Odor

☐ No Odor Present

☐ Mild Odor Present (within acceptable range)

☐ Strong Odor Present (requires further ventilation/action)

Ventilation Time (minutes)

Enter a number...

Surface Dryness Verification

☐ Surfaces are Dry

☐ Surfaces are Damp (addressed)

Notes/Comments (e.g., any issues encountered or corrective actions taken)

Write something...

Verification Date

Enter date...

Verification Time

Verifying Personnel Signature

Waste Disposal

Proper disposal of contaminated waste materials.

Waste Stream Segregation - Identify and segregate waste streams:

- ☐ General Waste
- ☐ Biohazardous Waste (Red Bag)
- ☐ Sharps Waste (Puncture Resistant Container)
- ☐ Regulated Medical Waste (RMW)
- ☐ Pharmaceutical Waste

Number of Red Bags Used

Enter a number...

Number of Sharps Containers Used/Filled

Enter a number...

Waste Container Condition - Describe condition of waste containers prior to use:

- ☐ New
- ☐ Used (Clean)
- ☐ Used (Slightly Soiled) - Cleaned
- ☐ Damaged - Not Usable

Comments/Observations Regarding Waste Disposal

Write something...

Waste Transport - How was waste transported from the room?

☐ Cart

☐ Hand Carry

☐ Other (Specify)

If 'Other' for Transport - Specify Transport Method:

Write something...

PPE Removal & Hand Hygiene

Safe removal of PPE and thorough hand hygiene.

Describe PPE Removal Procedure (e.g., donning/doffing sequence)

Write something...

PPE Removed Correctly (Observe for contamination)?

☐ Yes

☐ No

☐ Not Observed

Hand Hygiene Duration (seconds)

Enter a number...

Hand Hygiene Type Performed?

☐ Soap & Water

☐ Alcohol-Based Hand Rub

Hand Hygiene Completion – Observe for any skin irritation or issues?

☐ Yes

☐ No

☐ Not Observed

Cleaner Signature

[   ]

Date of Hand Hygiene Observation

[Enter date...   ]

Documentation & Sign-Off

Recording cleaning and decontamination procedures and obtaining necessary signatures.

Date of Cleaning/Decontamination

[Enter date...   ]

Start Time of Cleaning/Decontamination

End Time of Cleaning/Decontamination

Reason for Isolation (Patient Type)

☐ Airborne Precautions

☐ Droplet Precautions

☐ Contact Precautions

☐ Combination Precautions

☐ Unknown/Other

Patient Name (if applicable)

Write something...

Any Unusual Observations or Issues Encountered During Cleaning/Decontamination

Write something...

Cleaning Staff Signature

Reviewing Supervisor Signature

Room Status After Cleaning

☐ Ready for Next Patient

☐ Requires Further Assessment

☐ Out of Service