Infection Prevention & Control Auditing Tool in Rehabilitation Center

Region	
Rehabilitation Center Name	
Number of Auditors	
Bed Capacity	
Number of Healthcare Workers	
Center Manager Name	
Center Manager Phone Number	
Center Manager Email	
Infection Prevention & Control Coordinator	
Infection Prevention & Control Coordinator Mobile Number	
Infection Prevention & Control Coordinator Email	

Auditor Name	
Mobile Number	
E-mail	

Abbreviation	Definition
D	Documents
O	Observation
PF	Personal File
SI	Staff interview

Scores	Definition
2	compliant
1	ly Compliant
0	Compliant
N/A	Applicable

	Standard	#	Sub-Standard	Activities	Score				Comments
1	Infection Prvention & Control Program	1.1	There is a program to reduce the risk of healthcare associated infections HAIs that involves patients staff trainees volunteers families and visitors .	D	0	1	2		
		1.2	Adequate infection prevention & control supplies are provided to healthcare workers HCWs for successful implementation of IPC program e g . PPE . disinfectants etc .).	D/SI					
		1.3	Infection prevention & control team is given a full authority to implement the IPC policies and procedures .	D/SI	0	1	2		
		1.4	Hospital leaders' support IPC team and their supervision role when some functions are outsourced e g . laundry or dietary services).	D	0	1	2	NA	
		1.5	The director of IPC program reports directly to the highest administrative authority general director or medical director of the center).	D	0	1	2		
		1.6	The infection prevention & control program coordinator at the center is trained in infection prevention & control measures & practices with documented training .	D/SI/SI	0	1	2		
		1.7	There is infection prevention & control committee consisting of specific members and having regular meetings .	D	0	1	2		
		1.8	Availability of updated infection prevention & control policies that are compatible with the scope of service in the center and are applied and accessible to all healtcare workers .	D/SI	0	1	2		
		1.9	The IPC program is applied and it based on current scientific knowledge referenced practice guidelines and applicable national laws and regulations .	D	0	1	2		
		1.10	Training for the center's HCWs on infection prevention & control policies hand hygiene personal protective equipment - environmental cleaning & disinfection -methods of infection transmission transmission based precaution).	D/SI/O/PF	0	1	2		
		1.11	Adequate resources are allocated to infection prevention & control IPC department e g . offices internet access IT support etc .).	O	0	1	2		
2	Infection Prevention & Control Committee	2.1	There is written approved terms of reference document for the IPC committee containing structure rules duties and members responsibilities .	D	0	1	2		
		2.2	Meeting minutes are written in a manner of task force tables with time frame for the actions needed and the documented actions must be followed in the next meeting .	D	0	1	2		
		2.3	IPC committee is chaired by the center director or medical director .	D	0	1	2		
		2.4	PC committee meets on a regular basis at least quarterly or when required on urgent demand .	D	0	1	2		
		2.5	Functions of IPC committee include but not limited to : revision and evaluation of the IPC yearly plan review and approval of IPC policies & procedures . hand hygiene compliance rate and other related activities & measures etc) .	D/SI	0	1	2		
3	Hand Hygiene	3.1	There is a written infection prevention & control policy and procedure for hand hygiene including types indications supplies techniques . and monitoring tools .	D	0	1	2		
		3.2	Availability of a clear policy explaining the correct methods of hand hygiene (indications , sequence , & supplies used).	D/SI	0	1	2		
		3.3	The compliance rate of adherence to hand hygiene by HCWs is monitored on a regular basis and the results are discussed in the meetings of the Infection prevention & control committee to take the correct measures .	D/SI/O	0	1	2		
		3.4	An alcohol-based hand rub solution is available in the center according to the policies .	O	0	1	2		
		3.5	An alcohol-based hand rub solution is provided at the entrance of the center and all workers and visitors are instructed to practice hand hygiene when passing and entering the door .	O	0	1	2		

		3.6	Hand washing supplies (liquid soap -drying paper wipes) are provided at the center's hand washing basins that are used by healthcare workers.	O	0	1	2		
		3.7	Provide approved posters reminding healthcare workers to practice washing and cleaning their hands by following the correct sequence.	O	0	1	2		
4	Personal Protective Equipment (PPE)	4.1	There is a written infection prevention & control policy and procedure for PPE including types indications donning doffing & safe disposal techniques of PPE.	D	0	1	2		
		4.2	HCWs are properly trained and demonstrate the appropriate use of PPE (i.e. careful selection in relation to indications proper donning and doffing (correct sequence) and proper disposal)	D/SI/O	0	1	2		
		4.3	PPE is available (Surgical mask - gown - gloves - high-efficiency respirator (N95)) in all patients care areas in adequate amounts and proper qualities.	O/SI	0	1	2		
		4.4	Instructional posters about donning and doffing of personal protective equipment in the correct sequence posted in various center' clinical areas.	O	0	1	2		
5	Training and Education	5.1	There is a program to reduce the risk of healthcare associated infections (HAIs) that involves patients staff trainees volunteers families, and visitors.	D	0	1	2		
		5.2	The Infection prevention & control department provides continuous education and training for HCWs (formal & on job training) on all infection prevention & control measures with competency assessment.	D/SI	0	1	2		
		5.3	IPC department provides orientation and training on basics of infection prevention & control for newly hired HCWs before or maximum within 1 month of joining their work.	D/SI	0	1	2		
		5.4	IPC department provides education on infection prevention & control for families their relatives and visitors.	D	0	1	2		
6	Occupational Health	6.1	There is a written policy and procedure for employees health (i.e. pre employment counseling and screening immunization post exposure management, and work restriction).	D	0	1	2		
		6.2	There is a special clinic for employees 'health that provides pre employment counseling screening immunization post exposure management, and work restriction.	D/O/SI	0	1	2		
		6.3	The center has a separate medical file for each employee including the necessary vaccinations according to the approved policy.	D	0	1	2		
		6.4	The flu vaccine is given annually or based on the national regulations to all healthcare workers.	D/SI	0	1	2		
7	Single Use Items	7.1	The center has an implemented policy for No Reuse of single use items based on the national regulations.	D/SI/O	0	1	2		
8	Aseptic Technique	8.1	There is a written infection prevention & control policy and procedure for aseptic thechnique.	D	0	1	2		
		8.2	Sterile solutions are used in nebulizers, humidifiers, or any aerosol-generating system and changed between patients and every 24 hours for the same patient unless the manufacturer of ready -made sterile solution specifies different dates.	D/SI/O	0	1	2		
		8.3	A peripheral venous catheter is properly fixed, with a clearly written date of insertion, to reduce the risk of infection and phlebitis, it is replaced - if still needed - as follows: In adults: it is not replaced more frequently than every 72 to 96 hours. In children: it is replaced only when clinically indicated.	D/SI/O	0	1	2		
		8.4	If it is necessary to use multi -dose vials, they are allocated to one patient in a sample as much as possible, and the date of opening them for the first time is recorded and disposed of after 28 days, unless the manufacturer specifies a different date.	D/SI/O	0	1	2		
		8.5	Single-dose bottles are used for one patient and for one procedure only and are not stored after opening for further use.	SI/O	0	1	2		
		8.6	Use of needles and syringes, including pre filled needles with syringes for single use only.	SI/O	0	1	2		
		8.7	Cartridge devices such as insulin pens are used for only one patient.	SI/O	0	1	2		

		8.8	For invasive procedures ,sterile devices and supplies are used after patient s'skin antisepsis e(g . sterile syringes needles and medications are used after skin antisepsis with approved antiseptics)	SI/O	0	1	2		
		8.9	Supplies are prepare to the patient care area when needed only All single use supplies are disposed of immediately after the patient is discharged ,while materials that can be reused are sent for sterilization for reprocessing .	SI/O	0	1	2		
		8.10	The self-sealed rubber cap of a medication vial or an IV solution bottle is disinfected with approved antiseptic wipes e(g . alcohol wipes) prior to any access .	SI/O	0	1	2		
		8.11	Use intravenous solution bottles only with the rubber closed cap on the top of the bottles .	SI/O	0	1	2		
		8.12	There is a clean area for medication preparation separated from the patient care area .	SI/O	0	1	2		
		8.13	Installing a urine bag with a urinary catheter emptying it in the correct way and using appropriate personal protective equipment .	SI/O	0	1	2		
9	Medical Waste	9.1	There is a written policy and procedure for infectious waste management that covers sorting collection transport storage PPE) according to the updated national guidelines .	D	0	1	2		
		9.2	Medical waste is dealt with according to the classification of its disposal approved by the Ministry of Health .	D/SI/O	0	1	2		
		9.3	Collection & transportation of medical waste are done by medical waste workers wearing proper PPE at fixed time and on demand .	D/SI	0	1	2		
		9.4	Infectious medical waste is transported out of the center every 24 hours for disposal through the nationally approved medical waste management system .	D/SI	0	1	2		
		9.5	Medical waste workers are vaccinated against blood borne pathogens and trained on hand hygiene use of PPE appropriate steps required post exposure to sharps or blood or bodily fluid and safe handling of waste .	D/SI	0	1	2		
		9.6	infectious medical waste is transported in closed and impervious specified carts with biohazard signs Carts are cleaned after each use or at least daily .	SI/O	0	1	2		
		9.7	Medical waste store is consistent with the approved national specifications adequate in space away from traffic, secured ,well ventilated with controlled temperature).	O	0	1	2		
		9.8	Sharp containers are wall mounted or placed on a stand and available inside the patient zone .	O	0	1	2		
		9.9	Medical waste bags are collected after being securely closed when filled to 3/4 of its maximum capacity and labelled with the date and place of production .	O	0	1	2		
10	Medical Storage	10.1	There is a written policy and procedure for the medical departmental stores	D	0	1	2		
		10.2	Medical storage areas have controlled ventilation with adjusted temperature and humidity (temperature ranges from 22 °C to 24 °C & relative humidity up to 70%)	D/O	0	1	2		
		10.3	Medical storage areas are of adequate capacity regularly cleaned secured and away from contamination air vents and direct sunlight .	O	0	1	2		
		10.4	Storage shelves dimensions are at least , 40 cm from the ceiling , 20 cm from the floor , and 5 cm from the wall	O	0	1	2		
		10.5	Storage shelves are made of easily cleanable material e g fenestrated stainless steel aluminium or hard plastic .	O	0	1	2		
		10.6	Sterile and clean items are completely separated from personal items foods and drinks No expired items broken packs or packs with stains are present .	O	0	1	2		
		10.7	No Items are kept in their original shipping boxes especially in the clinical areas .	O	0	1	2		

11	Dental Clinic	11.1	There is a written IPC policy and procedure for the dental setting .	D	0	1	2	N/A	
		11.2	In order to ensure that the water used in routine patient treatment meet standards for drinking water (that is, less than 500 CFU/mL of bacteria), water sampling is taken from all water outlets at all the clinics with a minimum frequency of semiannually and sent to the microbiology lab .	D/SI	0	1	2	N/A	
		11.3	In the event that the plastic insulator is not available the surfaces are disinfected with the disinfectant approved by the Ministry of Health before each patient .	SI/O	0	1	2	N/A	
		11.4	Allow the water to flow into the different fists for a period of minutes at the beginning of the day and for 20-30 seconds between each patient	SI/O	0	1	2	N/A	
		11.5	Use personal protective equipment according to the procedure provided .	SI/O	0	1	2	N/A	
		11.6	Ensuring the integrity of the sterile instrument packaging upon receipt and immediately before use .	SI/O	0	1	2	N/A	
		11.7	No reprocessing of instruments is carried inside the dental clinic all the contaminated items are sent to the central sterilization services department (CSSD).	O	0	1	2	N/A	
		11.8	Single-use devices (e g ..disposable examination set anesthesia carpule cartridge etc ..) are discarded immediately after each patient.	SI/O	0	1	2	N/A	
		11.9	Putting the used tools to be sent to the sterilization unit in a non penetrable airtight and easy to clean container with a biohazard logo.	SI/O	0	1	2	N/A	
		11.10	If transportation to CSSD is not expected within two hours instruments inside transferring containers are sprayed with transportation gel/spray before sending them .	SI/O	0	1	2	N/A	
		11.11	Put the plastic buffer on the dental clinic chair and the surfaces most likely to be touched by each patient .	O	0	1	2	N/A	
12	Emergency Transportation	12.1	There are written policy and procedure for emergency transportation .	D	0	1	2		
		12.2	For transport of patient under contact isolation precaution : •Contain and cover all skin lesions and infected or colonized wound if available with clean bandage dressing . •Instruct patient to wear a clean gown and clean linen should be used .	SI	0	1	2		
		12.3	For transport of patient under droplet airborne isolation precaution : • Instruct the patient to wear a surgical mask and follow respiratory hygiene and cough etiquette . • Cover exposed skin lesions (if any) with clean bandages and or clean linens .	SI	0	1	2		
13	Dietary Services	13.1	There is a written policy and procedure addressing dietary services and kitchen staff There is a written policy and procedure addressing dietary services and kitchen staff hygiene .	D	0	1	2		
		13.2	Kitchen is designed as physically separated areas with specified equipment & supplies e(g. mixers juicers boards plates knives ... etc.) for different types of food .	D/O	0	1	2	NA	
		13.3	Medical evaluation is performed routinely upon hiring , every 6 months and after returning from long vacation . Results are reviewed by the employee's health clinic and the IPC team .Medical evaluation is performed routinely upon hiring , every 6 months and after returning from long vacation . Results are reviewed by the employee's health clinic and the IPC team .	D/SI	0	1	2	NA	
		13.4	All kitchen staff receive hepatitis A typhoid meningitis meningococcal and influenza vaccines .	D/SI	0	1	2	NA	
		13.5	Prevent kitchen staffs with respiratory infections gastroenteritis diarrhea hand infections or cuts from handling food .	O/SI	0	1	2	NA	
		13.6	Requirements for protection against contamination and measuring temperatures are taken into account during food handling (receiving/storage -preparing /displaying and transporting)	D/O	0	1	2	NA	
		13.7	Water used for cooking is supplied by nationally accredited companies or Center Waters that is tested at least monthly to ensure that its quality meets drinking water regulatory standards .	D/SI	0	1	2	NA	

		13.8	Kitchen staff practice proper hand hygiene and use appropriate personal protective equipment while handling food .	SI/O	0	1	2	NA	
		13.9	Availability of adequate numbers of hand washing and disinfection facilities .	O	0	1	2	NA	
		13.10	Fruits and vegetables are washed and disinfected using approved disinfectants .	O/SI	0	1	2	NA	
		13.11	Special cutting boards are available for each type of meat poultry fish and vegetables with color distinction).	O/SI	0	1	2	NA	
		13.12	Wash food containers and cooking utensils immediately after emptying them and dry them thoroughly before storing or using them .	SI/O	0	1	2	NA	
		13.13	The kitchen environment is clean i e .cleaned frequently dry and free from dust).	O/D/SI	0	1	2	NA	
		13.14	Storage shelves are not less than 40 cm from the ceiling , 20 cm from the floor and 5 cm from the wall .	O	0	1	2	NA	
		13.15	There is a plan to control insects and rodents that is strictly implemented .	D/SI	0	1	2	NA	
14	Laundary	14.1	There is a written policy and procedure for linen management e g collection transportation sorting washing storing and dispensing).	D	0	1	2		
		14.2	There are temperature records and periodic maintenance documents that are available .	D/SI	0	1	2	NA	
		14.3	In the washing cycle , the temperatures not less than 71 degrees Celsius , for a period of not less than 25 minutes , and it is documented .	D/O	0	1	2	N/A	
		14.4	Textiles that cannot with stand high temperatures are washed at a temperature of 22 to 50 degrees Celsius , and sodium hypochlorite is used for chemical disinfection in the final rinse cycle .	D/O	0	1	2	N/A	
		14.5	There are posters on hand hygiene practices and personal protective equipment are available in all work areas .	O	0	1	2	N/A	
		14.6	There are separation between dirty and clean textiles during transportation .	SI/O	0	1	2	N/A	
		14.7	Contaminated textiles shall be transported and received in designated and closed containers .	O	0	1	2	N/A	
		14.8	Contaminated textile trolleys are cleaned and disinfected after each use .	SI/O	0	1	2	N/A	
		14.9	Personal protective equipment gloves masks apron to cover the whole body are available in the contaminated and clean work areas of the laundry .	SI/O	0	1	2	N/A	
		14.10	Alcohol hand rup despenseres liquid soap and tissues are available in the sink work areas .	SI/O	0	1	2	N/A	
		14.11	Food and drinks are not allowed inside the laundry section .	O	0	1	2	N/A	
15	Environmental Health	15.1	There is a written policy and procedure for environmental cleaning & disinfection .	D	0	1	2		
		15.2	There is a written policy and procedures for pest control regular schedule & pesticides list).	D/SI	0	1	2		
		15.3	Each unit has an environmental cleaning disinfection schedule that records responsible Each unit has an environmental cleaning / disinfection schedule that records responsible worker used agents methods of cleaning and the environmental surfaces intended to be cleaned .	D	0	1	2		
		15.4	Cleaning agents and disinfectants are consistent with center's policy and used in the correct method according to manufacturer's recommendations including dilution and contact time .	D	0	1	2		
		15.5	Housekeepers are trained on hand hygiene use of PPE methods of cleaning and proper and safe mixing of chemicals .	D/SI/O	0	1	2		
		15.6	Medical equipment is properly cleaned and disinfected according to the center's policies and manufacturer's recommendations such as the frequency of periodic cleaning recommended cleaning products cleaning methods etc .	D/SI/O	0	1	2		
		15.7	Clean and disinfect physiotherapy equipment periodically and after each patient .	D/SI/O	0	1	2		
		15.8	There are separate clean and dirty utility rooms in each patient care area .	SI/O	0	1	2		
		15.9	Biological spill kits are available in all areas that have risk of blood and body fluid splashes and HCWs are capable of using them properly .	D/SI/O	0	1	2		