

Acute Care Environmental Audit

Facility		Unit	
Reviewer(s)			
Review Date			

General					
	Question	Yes	No	Partial	Comment
1.1	Dedicated hand washing sinks have controls that minimize contamination of hands (e.g., knee-operated, "winged" taps, electronic eye) and correct procedures are used to minimize contamination of hands (e.g., turning off taps with paper towels).				
1.2	Furnishings are in good repair. Tape is not used for repairs.				
Hallways and Public Spaces					
	Question	Yes	No	Partial	Comment
2.2	Corridors, counters, windowsills, conference, meeting, utility, equipment, and storage rooms are neat and tidy with no evidence of clutter.				
2.3	Egress free and clear (e.g., fire exits, pull stations, and doorway).				
2.4	To prevent inadvertent use, broken equipment is labelled and removed from the unit.				
2.5	Wall mounted ABHR is located at all entrances and exits.				
2.6	Cleaning/disinfectant wipes are strategically mounted and caps are closed.				
2.7	White magnetic boards and/or rubber boards only (no corkboards).				
2.8	All paper signs/posters are dated and removed at 30 days.				
2.9	Permanent signs/posters are laminated, placed in plastic sleeves or printed on wipeable "polyester paper".				
2.10	Signs/posters are attached to the wall using 2-sided residue free hanger (e.g., Command Brand tape).				
Nursing Station and Staff Only Areas					
	Question	Yes	No	Partial	Comment
3.1	There is ABHR at the nursing station.				
3.2	There is hand lotion available at the nursing station, supplied by the facility.				
3.3	There is a schedule for cleaning high-touch surfaces (e.g., keyboards, phones, charts).				
3.4	Food/drinks are not consumed at/in the nursing station.				
3.5	The nursing station furniture is made of materials which can be cleaned and disinfected.				

3.6	Furnishings are in good repair. Tape is not used for repairs.				
3.7	White magnetic boards and/or rubber boards only (no corkboards)				
3.8	All paper signs/posters are dated and removed at 30 days.				
3.9	Permanent signs/posters are laminated, placed in plastic sleeves or printed on wipeable "polyester paper".				
3.10	Signs/posters are attached to the wall using 2-sided residue free hanger (e.g. Command Brand tape).				
3.11	Locker exterior is cleaned and disinfected daily by EVS. Interior is cleaned and disinfected quarterly (staff need to arrange with EVS).				

Medication Preparation Areas

	Question	Yes	No	Partial	Comment
4.1	The medication preparation areas have a clean and orderly appearance.				
4.2	Food/specimens are not prepared or stored in the medication preparation area.				
4.3	No food/drinks are to be consumed in the medication preparation area.				
4.4	There is a dedicated medication refrigerator which is clean and free of frost buildup.				
4.5	Open containers of sterile solutions are dated and discarded within 24 hours of opening and/or according to manufacturer's instructions.				
4.6	Medication waste is disposed of in appropriate container. Clear guidance is posted.				
4.7	Discard/replace outdated books/medical instructions.				
4.8	If multi-dose vials (excluding vaccines) are used they are single patient use.				
4.9	If multi-dose vials (excluding vaccines) are used hand hygiene and aseptic technique are followed prior to access.				
4.10	If multi-dose vials (excluding vaccines) are used there is a separate, sterile, single-use needle and syringe used for each re-entry.				
4.11	If multi-dose vials (excluding vaccines) are used manufacturer's instructions for use/disposal are followed.				
4.12	If multi-dose vials (excluding vaccines) are used multi-dose vials are dated when opened and discarded within 28 days or sooner if sterility is questioned or compromised.				
4.13	Waste containers are not overfilled.				
4.14	No items are stored under sink.				

4.15	All paper signs/posters are dated and removed at 30 days.				
4.16	Permanent signs/posters are laminated, placed in plastic sleeves or printed on wipeable "polyester paper".				
4.17	Signs/posters are attached to the wall using 2-sided residue free hanger (e.g., Command Brand tape).				
4.18	There is a hands-free waste container.				
4.19	Puncture-resistant sharps containers are accessible at point of use.				
4.20	There is a dedicated hand hygiene sink and/or ABHR available.				
Clean Storage Room					
	Question	Yes	No	Partial	Comment
5.1	There is a posted schedule for cleaning the room.				
5.2	There is adequate shelving/storage available for clean and sterile supplies.				
5.3	Items are decanted from corrugated cardboard into washable/wipeable containers.				
5.4	Soiled/used items are not stored in the clean storage room.				
5.6	Sterile supplies are stored on washable seismic-proof shelves or carts: <ul style="list-style-type: none"> • 25 cm (10 inches) from the floor • 45 cm (18 inches) from the ceiling • At least 5 cm (2 inches) from outside walls • Bottom and top shelves are solid • Solid top shelf does not allow for storage or it is used for items in wipeable lidded containers 				
5.7	If sink is present, no items are stored in cupboard under sink.				
5.8	Only wheeled items are stored on the floor.				
5.9	Supplies and equipment packaging are intact and clean.				
5.10	Doors are kept shut and locked except during use.				
5.11	ABHR is wall-mounted and easily accessible on entry and exit.				
5.12	Corrugated shipping containers are not used for storage.				
Soiled Utility Room					
	Question	Yes	No	Partial	Comment
6.1	There is a schedule for cleaning the room.				
6.2	The room has a clean and orderly appearance.				
6.3	Work flows from dirty to clean				
6.4	Cleaned items are marked with "GREEN MEANS CLEAN" sticker and placed in the "CLEAN" zone.				
6.5	There is a dedicated hand hygiene sink and/or ABHR available.				

6.6	There are labelled containers for general, biomedical, anatomical waste, etc. as appropriate (e.g., cytotoxic, recyclable, radioactive).				
6.7	Waste container is adequately sized and not overfilled.				
6.8	There are posted instructions for waste disposal.				
6.9	No items are stored in cupboards under sinks.				
6.10	PPE is available in the room as required based on function.				
6.11	Solutions for PPE disposal are available if appropriate.				
6.12	There is a posted preventative maintenance schedule for the hopper/macerator/bedpan washer.				
6.13	The hopper/macerator/bedpan washer, if present, has posted instructions for use.				
6.14	The bedpan washer, if present, has detergent and a rinse agent connected and instructions for use are posted.				
6.15	Disinfectants are clearly labelled and are used according to manufacturer's instructions.				
6.16	Reusable medical devices are stored pre-cleaned or moistened in a covered, leak proof container until they can be transported to MDRD for reprocessing.				
6.17	There are no personal care, clean, or sterile supplies stored in the soiled utility room.				
6.18	Single use waste containers (i.e. disposable bedpans, new empty sharps containers) are stored on raised shelves and clearly labelled as new.				
6.19	There is a clear identification and separation between clean and dirty equipment.				
6.20	Corrugated shipping containers are not used for storage.				
6.21	Only wheeled items are stored on the floor.				
6.22	Doors are shut except for entry/exit.				

Patient Room

	Question	Yes	No	Partial	Comment
7.1	White magnetic boards and/or rubber boards only (no corkboards)				
7.2	There is a dedicated hand washing sink.				
7.3	Containers of liquid soap, lotions, and ABHR are disposable and not "topped up" (i.e., refilling a partially filled container with fresh solution).				
7.4	Rooms have a clean and orderly appearance with minimal supplies (e.g., no stockpiling).				
7.5	Patients' personal items are stored in single use plastic bags or reusable, cleanable bins.				
7.6	ABHR is available at point-of-care.				
7.7	PPE is available and accessible in appropriate sizes.				
7.8	There is a stocked storage cart/cupboard for PPE located outside of rooms that require Additional Precautions.				

7.9	Educational resources are readily available for how to don and doff PPE.				
7.10	All paper signs/posters are dated and removed at 30 days.				
7.11	Permanent signs/posters are laminated, placed in plastic sleeves, or printed on wipeable "polyester paper".				
7.12	Signs/posters are attached to the wall using 2-sided residue free hangar (e.g., Command brand tape).				
7.13	All cords are washable/wipeable (e.g., Sani-Pull plastic cords).				
7.14	Ensure there is a clear space on top of the PPE cart for placement of items.				
7.15	Dedicated equipment and commode (if private bathroom not available) are used for patient on Additional Precautions.				
7.16	Personal care items (e.g., creams, razors) are dedicated to the patient and are not shared.				
7.17	There is a documented process for ensuring personal toileting items (i.e., urinal or bedpan) are not shared between patients by labeling items and/or labeling storage locations.				
7.18	All disposable equipment is single use.				
7.19	Used bedpans are transported for sanitization in a manner that decreases risk of spills and contamination of environment (i.e., covered). Solidifiers and disposable bedpans are used for Additional Precautions rooms.				
7.20	Privacy curtains are visibly clean.				
7.21	There is a hands-free waste container in every room.				
7.22	Puncture-resistant sharps containers are accessible at point-of-use.				
7.23	Furnishings (e.g., beds, mattresses, pillow covers, chairs) are cleanable and in good repair. Tape is not used for repairs.				
7.24	Mask/face protection can be removed outside of patient room or in anteroom and safely disposed of followed by hand hygiene.				
7.25	There is a soiled linen hamper inside every room for doffing reusable PPE.				
7.26	Soiled linen is contained in leak-resistant bags that are not overfilled (e.g., closed when 2/3 full).				
7.27	Shared patient equipment (e.g., dynamap, commode) is dedicated to patient for their stay and cleaned and disinfected daily.				
Equipment					
General Equipment					
	Question	Yes	No	Partial	Comment

8.1	There is a process to report items that require maintenance.				
8.2	Items are transported only after being cleaned or are bagged and labeled as dirty for transport.				
8.3	There is clear identification (i.e., use "GREEN MEANS CLEAN" sticker) and separation of clean and dirty equipment.				
Respiratory Equipment					
8.4	Cleaned and disinfected suction equipment is stored in a clean and dry environment.				
8.5	Suction catheter is single-use and is not attached to the suction system until it is used.				
8.6	Disposable suction bottle liners are used and changed between each patient. If suction bottles are reused, they are cleaned and disinfected between each patient.				
Mobile Equipment					
8.7	Wipes are attached to mobile equipment to force function.				
8.8	Medication delivery carts (MDCs)/workstation on wheels (WOWs) are routinely cleaned.				
8.9	Shared patient equipment (e.g., IV pole, commode) is labelled with a "GREEN MEANS CLEAN" sticker and if not labeled it is assumed to be dirty and cleaned prior to use with next patient.				
Appliances					
	Question	Yes	No	Partial	Comment
9.1	Blanket warmer exterior is cleaned and disinfected daily by EVS. Interior is cleaned and disinfected quarterly.				
9.2	There is regular cleaning of appliances.				
9.3	Microwaves are visibly clean.				
9.4	There is a posted protocol for cleaning microwave after each use and supplies are available within reach.				
9.5	Fridges have a posted monthly interior cleaning and disinfection schedule.				
9.6	Exterior of fridge, water cooler, and ice machines are cleaned and disinfected daily.				
9.7	Fridges are free of ice buildup and visibly clean.				
9.8	Ice machines have scheduled quarterly FMO preventative maintenance.				
9.9	A preventative maintenance label with dates is attached to the ice machine by FMO.				
9.10	Scoops are not used for dispensing ice.				
9.11	There is documentation of kitchen and appliance cleaning that includes next scheduled clean.				
Shared Bathing and Toileting Facilities					
	Question	Yes	No	Partial	Comment
10.1	There is a dedicated hand hygiene sink and/or wall mounted ABHR is available on entry and at point of care.				

10.2	There is a posted cleaning schedule for the room.				
10.3	There is a posted protocol for cleaning and disinfection after each use for tubs, showers, and associated lifting devices (e.g., slings).				
10.4	Items for shared patient use are constructed of cleanable materials.				
10.5	The area has a clean and orderly appearance with minimal supplies (i.e., no stockpiling).				
10.6	All cords are washable/wipeable (e.g., Sani-Pull cords).				
10.7	Disinfectants have a drug identification number (DIN) from Health Canada and are dated when opened and discarded as appropriate.				
10.8	Hospital grade products are approved and used for cleaning and disinfection.				
10.9	There is a laundry hamper for used linen.				
10.10	There is a hands free waste container.				
10.11	Puncture-resistant sharps container accessible at point of use.				
10.12	Shower curtains, walls, etc. are free of mould or mildew.				
10.13	Appropriate PPE is available.				
10.14	Fresh disinfectant solution is prepared according to the manufacturer's instructions.				
10.15	If an automated disinfectant dispensing system is used for bathtubs, the disinfectant concentration is checked and documented on a scheduled basis as per the manufacturer's instructions.				

Kitchens

	Question	Yes	No	Partial	Comment
11.1	Animals are restricted from the kitchen/food preparation area.				
11.2	There is a plan in place to report pests and infestations.				
11.3	Individual packages of foods are available.				
11.4	Utensils are individually wrapped or individually dispensed by the kitchen.				
11.5	Straws are individually wrapped.				
11.6	Bulk food items are not available.				
11.7	There is access to a dedicated hand hygiene sink or ABHR.				
11.8	All food products are use within their expiry date.				
11.9	All open food is covered or stored in containers and labeled with a preparation date or expiry date.				
11.10	Patient food should be discarded if sitting at room temperature longer than 2 hours.				
11.11	Patient food item containers must be cleaned and disinfected with AHP wipes and labeled with name and date.				

11.12	Drugs, blood, and specimens are not stored in the same fridge as food.				
11.13	Cleaning materials used in the kitchen are identifiable (e.g., WHMIS label) and are stored separately from other cleaning equipment and away from food preparation and storage.				
11.14	Fixtures and fittings are in a good state of repair and are free of grease or dirt.				
11.15	Kitchen surfaces (e.g., walls and countertops) are cleanable and in a good state of repair.				
11.16	Reusable dishes are washed on the unit in a dishwasher or sent to a central kitchen for cleaning and sanitizing.				
11.17	If present unit dishwasher is maintained according to manufacturer's instructions.				
11.18	Shelves, cupboards, and drawers are clean inside and out and are in a good state of repair.				
11.19	Meal tray carts are clean and in a good state of repair.				
11.20	When increased HAIs, clusters, or outbreaks declared fridge is immediately emptied and cleaned and disinfected. All food items are discarded.				