

UNIT ENVIRONMENTAL AUDIT TOOL FOR HAI PREVENTION

UNIT:	DATE:			AUDITORS:	COMMENTS
	YES	PARTIAL	NO		
Corridors, counters, window-sills, conference, meeting, utility, equipment, storage, & patient rooms are neat & tidy with no evidence of clutter					
Furnishings are in good repair. No torn/worn upholstery; no cloth furnishings; no broken/stained or open ceiling tiles; no raw or unfinished wood; no damaged walls or floors; no broken or obsolete items. Tape is not to be used for repairs.					
Broken equipment is tagged & removed off Unit to a designated locked area to prevent risk from inadvertent use.					
Date paper signage & remove at 30 days. Laminated poster/signage if hanging 30 days or longer. Avoid visual clutter by limiting signage. Attach signage with Velcro dots/Command two-sided squares on back of poster/signs. No tape on signage perimeters due to issues with tape residue removal. Consider Plexiglas holders as permanent solution in standardized locations.					
ABHR is to be mounted at Facility & Unit entrance/exits <i>and</i> inside & outside of med prep rooms; patient rooms; outside clean/sterile storage utility rooms; inside exit point of soiled utility rooms; entrances to clean storage & equipment rooms & designated parking lots; 6 inches from ignition switches; 1metre from floor to base of dispenser to provide barrier-free access.					
<p>Cleaning/Disinfectant Wipes (e.g. Accel INTERvention and Ultra Swipes Plus) are strategically mounted & caps are kept closed. Also attach to mobile equipment to force function.</p> <ul style="list-style-type: none"> ➤ Clean items using friction (rub/scrub motion) to remove any foreign matter (i.e. dust, soil, food, feces, blood, sputum) ➤ Immediately following cleaning (i.e. no wait time for drying), use new wipe(s) to disinfect using friction (rub/scrub motion) ➤ Item must be wet enough following disinfection to maintain product stated 'wet contact' or 'dwell time' (e.g. 1 minute for Accel Intervention - Accelerated Hydrogen Peroxide or 3 minutes for UltraSwipes Plus – Ethanol Alcohol 79%) ➤ Air-dry to complete disinfection process 					

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Items are placed along one side of corridor only with clean/soiled separation. 2 metres (i.e. 6 feet) is the stated requirement, although not always achievable....do the best spatial separation you can.				
Egress free & clear (e.g. Fire Exits, Pull Stations, Doorways).				
Isolate suspect/known GI/Respiratory/AROs; provide dedicated equipment & bathroom; post precaution signage.				
PPE cart/dispenser at patient room entrance with minimal supplies. Ensure clear space on top of cart for placement of items. Empty, clean & disinfect cart when precautions discontinued & replenish.				
Monitor correct sequence of PPE 'donning' & 'doffing' & confine to patient bed space/zones.				
Soiled Linen Hampers are placed inside patient room for doffing all PPE except facial protection (e.g. mask/eye protection). Masks/face protection are removed outside of patient rooms or in anterooms followed by HH..				
Provide patients with bins for personal items that don't fit in closets/drawers to allow EVS (Environmental Services) to clean & disinfect over-bed tables & bedside locker. Label patient personal products, keep at bedside & send home with patient or discard.				
Replace Cloth/Nylon cords throughout Unit with washable/wipeable Sani-Pull plastic cords (e.g. call bells, light switches, attaching items: pens, paper rolls to bladder scanners, signs to wheelchairs, etc.). Solid Sani-pulls have 89 lbs. Breakaway force. Anti-Ligature Breakaway force is 29 lbs & is normally used in High Risk locations (e.g. Psych, Paeds)				
Items are decanted from corrugated cardboard into washable/wipeable containers.				
No food/drink in Clinical areas including charting rooms/fishbowls.				
Items 10" off floor on washable seismic-proof risers in storage/equipment/utility rooms. Riser base must be solid, not open.				
Sink counters must be free and clear with no items within an surrounding splash zone 24" above top of sink, 10" below and 12" on either side. Use blue pads, not cloth towels for excess water around sinks and dispose of frequently (i.e. minimum once a shift). Plumbing issues with excess water in the splash zone need to be repaired.				
Medication fridge has a monthly interior cleaning schedule & contains no food or drink. Exterior is cleaned/disinfected daily.				

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Remove plants from Medication Prep Clean/Sterile Storage Rooms.				
Discard/Replace outdated books/Med. Instructions (e.g. CPS, IV Compatibility, etc.).				
No items stored in cupboards under any sinks in case of potential plumbing leaks.				
Items on shelves must be 18" below ceiling in rooms with sprinkler heads; 24" below ceilings in rooms with no sprinkler heads. National Fire Safety Standard.				
Utility/Equipment/Storage room doors kept shut except for entry/exit				
Best Practice is no clean supplies in Soiled Utility room, however; in some environments this is not achievable so only minimal clean supplies should be in dirty utility room with clear clean/dirty spatial separation.				
Hooks/pegs have been mounted for hanging items off the floor (e.g. slings/mattresses, etc.)				
Label clean/disinfected items with 'I AM CLEAN' labels. In areas where, due to space constraints, items must be stored designated 'parking lots' in the corridor; the area chosen should be low traffic, & clearly labeled for purpose (e.g. laminated or, painted sign, or inlaid heat-sealed lines). If tape is used for demarcation lines, change frequently when worn and remove tape residue.				
Clean linen carts are to be stored in low traffic areas with closed doors/covers to prevent contamination of linen. Clean linen is only handled/removed by staff with clean hands. Doors of these carts are being remediated by K0Bro to easy opening & closing. In the meantime, after bulk of bed-making, turn carts around so open door area is facing the wall & easy for staff to access linen.				
Multi-use patient items go to the contracted industrial washer/dryers for cleaning to meet 'hospital clean' standards. Use domestic/commercial/heavy-duty washer dryers which are all one and the same the same as home washer/dryers for the washing/drying of one person's personal clothing.				
Fridges have posted monthly interior cleaning & disinfection schedule. Exterior is cleaned/disinfected daily.				
When ↑HAIs, clusters, or outbreak declared, fridge is immediately emptied & cleaned/disinfected. All food items are discarded.				
Patient food items should be discarded if sitting at room temperature longer than 2 hours. Patient food items containers must be cleaned/disinfected with AHP Wipes, dated, labelled, & bagged prior to placement in fridge & discarded at 24 hours				

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Microwave is cleaned & disinfected between each use.				
Ice machine has scheduled quarterly FMO preventative maintenance in high risk units, main kitchens and cafeterias. Other Units have annual preventative maintenance. FMO will attach preventative maintenance labels with date to ice machines. Exterior is cleaned/disinfected daily				
Blanket warmer is cleaned & disinfected & has a posted monthly cleaning schedule. Exterior is cleaned/disinfected daily.				
Replace corkboards in clinical areas with white magnetic boards (stagger in when corkboards are being replaced)				

Notes:

Corkboards:

The problem with corkboards is the fact that they absorb moisture. Moisture leads to microorganism growth. Many of the corkboards in clinical areas are quite worn and/or damaged.

As corkboards in clinical areas deteriorate, they should be replaced with white magnetic boards and/or rubber boards that have self-sealing ability when thumbtacks and push-pins are removed. Both of these products can be cleaned and disinfected.

In the IPAC world, accreditation is 24/7/365 days a year. 'Wholesale' removal of corkboards simply for an accreditation 'survey' isn't the intention. Rather, corkboard replacement in clinical areas needs to be prioritized on the grand scale of what else absolutely must be done. The worst worn out corkboard(s) in clinical areas should be replaced with white magnetic boards as you have available monies using a staged-in approach going forward.

Paper Signage/Posters:

Paper signs/posters in clinical areas should be dated and removed at 30 days. Signs/posters hanging in clinical areas should be laminated or placed in plastic sleeves attached on the back Velcro dots or two-sided Command Brand tape which doesn't leave tape residue. IPAC doesn't recommend using any other tape on perimeter as tape residue is left behind following removed. Tape residue is not only unsightly it can be a sticking & transfer point for microorganisms as it's often touched by contaminated hands. When monies are available, consider a more permanent solution for posters/signage such as Plexiglas holders placed in standardized locations. Some signs/poster are now being printed through VCH Printer Shop on wipeable 'polyester paper'. Wipeable posters/signs allows for on-going cleaning and disinfecting. As well as trying to reduce physical clutter, visual clutter also needs to be minimized with the least amount of necessary signage/posters.