

Y | N **PERSONAL PROTECTIVE EQUIPMENT**

Masks, Protective Eyewear and Face Shields

- Do employees wear surgical masks during procedures likely to generate splashes or sprays of blood or saliva?
- Do employees wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or saliva?
- Do employees change masks between patients and during patient treatment if the mask becomes wet or visibly contaminated?
- Is PPE removed before leaving the work area?
- Is hand hygiene performed immediately after removal of PPE?

Gloves

- Do employees wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment?
- Do employees change gloves between patients?
- Do employees wear puncture and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving blood or OPIM (other potentially infectious materials)?
- Do employees remove gloves that are torn, cut or punctured and perform hand hygiene before putting on new gloves?

Protective Clothing

- Do employees wear protective clothing (e.g. reusable or disposable gown, lab coat, or uniform) that is long sleeved and covers personal clothing as well as skin (e.g. forearms) likely to be soiled with blood, saliva or OPIM?
- Do employees change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or OPIM?

RESPIRATORY HYGIENE/COUGH ETIQUETTE

- Are signs posted at entrances with instructions to patients with symptoms of respiratory infection?
- Are tissue and no-touch receptacles for disposal of tissue available?
- Are resources available to perform hand hygiene in waiting areas?
- Are face masks available for coughing patients and other symptomatic individuals who enter the office?
- Are all employees educated on recognition of signs, symptoms and transmission of TB?
- Is a written TB infection control plan available to all employees?
- Has baseline TB testing (TST) been performed on all employees who may have potential for contact with a TB active patient?

HAND HYGIENE

- Is hand hygiene performed when hands are visibly soiled; before and after each patient; before and after gloving; and whenever touching contaminated surfaces?
- Is a surgical scrub performed before putting on sterile surgical gloves, which must be used for all surgical procedures?

SHARPS SAFETY

- Are engineering controls used to prevent injuries (e.g. safety needles, needle re-capping device, scalpel blade remover)?
- Are work practice controls used to prevent injuries (e.g. one-handed scoop technique, not breaking or bending needles)?
- Do employees use either one-handed scoop technique or a mechanical device designed for holding the needle cap when re-capping needles?
- Are sharps disposed of in a puncture resistant sharps container located as close as possible to the area in which items are used?
- Are reusable contaminated sharps transported in a closed leak-proof container?

SAFE INJECTION PRACTICES

- Are injections prepared using an aseptic technique, in a clean area free from contaminants or contact with blood, body fluids or contaminated equipment?
- Are needles and syringes used for only one patient?
- Is the rubber septum on a medication vial disinfected with alcohol before piercing?
- Are medication containers (single and multi-dose vials, ampules and bags) always entered with a sterile needle and syringe?
- Are single-dose vials, ampules and bags or bottle of intravenous solutions used for only one patient?
- Leftover contents of single-dose vials, ampules and bags of intravenous solutions are not combined for later use.

When using multi-dose medication vials:

- Are multi-dose vials dedicated to individual patients whenever possible?
- Are multi-dose vials which are used for more than one patient kept in a centralized medication area?
- Are multi-dose vials dated when first opened and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the opened vial?
- Are fluid infusion and administration sets (i.e. IV bags, tubing and connections) used for one patient only?

INSTRUMENT STERILIZATION AND DISINFECTION OF PATIENT-CARE ITEMS

- Is the instrument processing area separated into 4 sections: A) Receiving, cleaning and decontamination, B) Preparation/packaging, C) Sterilization and D) Storage?
- Are reusable critical and semi-critical items and devices cleaned and heat sterilized according to the manufacturer's instructions before using on patients?
- Are single-use devices discarded after one use and never used for more than one patient?
- Are work practice controls that minimize contact with sharp instruments used and appropriate PPE worn if manual cleaning is necessary (e.g. puncture resistant utility gloves)?
- Are items thoroughly cleaned and visually inspected for residual contamination before sterilization?
- Is an enzymatic cleaner or detergent used for pre-cleaning and discarded according to the manufacturer's instructions?
- Are instruments appropriately packaged for sterilization after pre-cleaning?
- Is a chemical indicator used internally and externally on all sterilization packaging?
- Are FDA-cleared medical devices designed for sterilization (autoclaves and dry heat sterilizers) used according to the manufacturer's instructions?
- Is a biological indicator used at least weekly and with every load containing implantable devices?
- Are sterile packages labeled, at a minimum, with the sterilizer used and the date of sterilization?
- Are sterilization records maintained (i.e. mechanical, chemical and biological) in compliance with state and local regulations?
- Are sterile packages inspected for integrity and, are compromised packages reprocessed before use?
- After sterilization, are medical devices and instruments stored in such a manner that sterility is not compromised?
- Are reusable, heat sensitive, semi-critical items that cannot be replaced by heat stable or disposable high level disinfected according to the manufacturer's instructions?

ENVIRONMENTAL INFECTION CONTROL

- Are clinical contact surfaces either barrier covered or cleaned and disinfected after each patient, using an EPA registered intermediate level disinfectant?
- Are cleaners and disinfectants used according to manufacturer's instructions?
- Is regulated medical waste handled and disposed of according to local, state and federal regulations?
- Are contaminated items disinfected using an EPA registered intermediate level disinfectant?

HOUSEKEEPING SURFACES

- Are walls, sinks and floors routinely cleaned with detergent and water or an EPA registered disinfectant/detergent?
- Are mops and cloths cleaned after use and allowed to dry?
- Are fresh cleaning and disinfecting solutions prepared daily?

TRAINING

- Is training conducted at least annually for all employees and immediately for new employees?
- Has someone in the office been designated to be in charge of infection control?

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