

**Your Hospital Name Here: INFECTION PREVENTION (IP) ROUNDS**

**Minimum Requirements: Major Issues & Staff Questions**

**DEPARTMENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Observation/Question	Finding	Corrective Action*
<u>All</u> doors that are storage areas (of any sort) have the correct <u>signage outside door</u> ?		
Area Clean & Clutter Free?		
Ice Machine Clean?		
Who Cleans Ice Machine?		
Handwashing Sinks Stocked? Is Alcohol Hand Rub/Gel Available at Patient Entry?		
All Refrigerators Labeled? Only items inside per sign? Are temperature logs 100%?		
Anything stored under the sink?		
Supply Carts/Linens with solid bottom?		
Where is the IP&C Manual? How Do You Get IP&C Questions Answered?		
The Name of the Isolation System we use here?		
Who can isolate a patient? How?		
What is PPE? Where is the PPE on you unit? When do you use it?		

\* Corresponds with 3-page "IP Rounds: Minimum Requirements – Major Issues & Staff Questions"

Place YOUR Name and Extension Here ... and include "Questions?" Call ...

Source: Patti Grant, RN, BSN, MS, CIC, Dallas.

## INFECTION PREVENTION (IP) ROUNDS

### Minimum Requirements: Major Issues & Staff Questions

Observation & Question	Expected Outcome & Answer	Rational: Outcome/Answer
<p><u>All</u> doors that are storage areas (of any sort) have the correct <u>signage outside door</u></p> <p>NOTE: The goal here is to leave “NO DOUBT” as to what is behind the door</p>	<p>Clean/Dirty/Soiled/Staff Only/Environmental Services/Electrical, etc. ...</p> <p>The sign must be permanent/easily read. The items inside can <b>only</b> be as indicated by the door signage</p>	<p>Separation of Clean/Dirty is a basic IP practice, and applies to all types of healthcare facilities (acute, clinic, etc.). Signage must always equal practice (can’t have dirty items in a clean storage area).</p>
<p>Is unit/area <u>Clean</u> and <u>Clutter Free</u>?</p>	<p>Halls/Patient Rooms/Storage Areas (even soiled) must be clean and free of clutter. Clutter-free areas are easier to clean and trap less dust/hidden sharps, etc.</p>	<p>“If it looks clean it is clean” for the public and walk-through during an inspection. If an area looks dirty 99.9% of the time ‘they’ will <i>really start looking</i> for underlying problems (opening doors, cabinets)</p>
<p>Is the <u>Ice Machine Clean</u>?</p>	<p>The entire ice machine, including the part under the ‘grid’ where ice falls, must be clean. If there is “build-up” this must be removed. If the ice machine cannot be made to look new, please consider buying a new one</p>	<p>Although ice machines have not been heavily associated with infection in US hospitals ... this is a ‘hot topic’ during inspections. Appearances and logic go together: If a hospital can’t keep the ice machine clean then ...</p>
<p><u>QUESTION</u>: Who Cleans the Ice Machine?</p>	<p>Housekeeping? Environmental Services? Nursing Staff? Nutrition?</p>	<p>Knowing who is responsible is key: working as a team by notifying when it’s dirty.</p>
<p>Are <u>all sinks stocked</u> with paper towels and soap? Is the <u>sink area clean</u>? Does the <u>faucet work without splatter</u>?</p> <p>Is alcohol hand-rub available in all patient care areas? In Admitting interview areas?</p>	<p>All handwashing areas are to be fully stocked and operational. NOTE: If Clean or Dirty sink only, place signage. Keep alcohol hand-rub to at least ¼ full and then replace with new one so don’t run out. Use when leaving or entering a room.</p>	<p>An area used for cleanliness must be clean: e.g. a sink used for handwashing can’t be used to empty urine.</p> <p>Supplies for hand hygiene must be present at all times: notify housekeeping or nursing if low.</p>
Observation & Question	Expected Outcome & Answer	Rational: Outcome/Answer

Prepared: Patti Grant; RN, BSN, MS, CIC  
Place YOUR Name and Extension Here ... and include “Questions?” Call ...

<p>Are <u>all refrigerators</u> marked with signage?</p> <p>NOTE: The goal here is to leave “NO DOUBT” as to what is in the refrigerator.</p>	<p>Staff Only; Medications Only; Patient Nourishments Only; Biohazard Only, etc.</p> <p>Signs must be permanent and easy to read (does not look like we slapped it on five minutes ago)</p>	<p><i>All refrigerators</i> must have signage/storage as marked. This is to prevent cross-contamination and potential enteric illness. Don’t want to run the risk of medications in with milk or blood and body fluids, etc.</p>
<p>Are the <u>temperature logs for MEDICATION and PATIENT NOURISHMENT</u> 100% filled out?</p> <p>NOTE: This <u>includes corrective action</u> for temps outside acceptable ranges.</p>	<p>Who’s responsible for checking/charting the temperature of patients food refrigerator. If not done notify their supervisor, don’t just let it go. This is usually done by food and nutrition.</p> <p>Pharmacy is most often responsible for checking the medication refrigerator.</p> <p>If medication refrigerator isn’t used 24/7 (like a clinic closes on weekends) there must be an alarm system to document an electrical outage occurred.</p>	<p>Patients, unlike healthcare workers, are compromised: They are under medication that impedes their judgment and procedures/treatments that interfere with their normal routines. Because of this impaired state, we must be 100% responsible for the quality/temperature of the food and medications they ingest ... the temperature log is the major tool inspectors look for to “prove” this is done for patients.</p>
<p>Are there <u>items stored under the sink</u>?</p>	<p>Nothing under sink (some facilities allow ONLY the single bottle of cleaning solution currently being used be kept under the sink).</p>	<p>Items stored under a sink can become wet/mold/mildew. A bottle of cleaning solution is not clean <i>or</i> dirty, and must be kept easily accessible.</p>
<p>Are <u>tops/sides/bottoms of linen/clean supply carts</u> with <u>solid</u> protection?</p> <p>NOTE: Check <u>bottom shelf</u> of all supply/linen carts to make sure it is “<u>solid</u>”</p>	<p>Carts carrying/storing Clean items must have all sides/top/bottom covered during transport. If clean items are then stored behind a door, then the one access side can be lifted up. If stored in a hallway, flap must be down unless in immediate use.</p>	<p>During transport water/dust and debris can ‘splash’ up onto clean supplies’ or ‘fall from the ceiling’ or ‘be flung onto the sides’ of clean supplies. To keep this from happening, clean supplies must be protected during transport and use.</p>
<p>Observation &amp; Question</p>	<p>Expected Outcome &amp; Answer</p>	<p>Rational: Outcome/Answer</p>

Prepared: Patti Grant; RN, BSN, MS, CIC  
Place YOUR Name and Extension Here ... and include “Questions?” Call ...

<u>QUESTION:</u> Where is your “Infection Prevention & Control and/or Employee Health Manual?”	Every area has this manual and each employee must know where to find it. If this is on-line via an ‘intranet’ then know how to find it also.	This is <i>your right</i> as an employee to have access to the policy/Procedures, and to access information 24/7 to help contain infection.
<u>QUESTION:</u> What is the name of the isolation system used at your facility and where can you find the policy?	The most recent CDC sanctioned system is called “Standard Precautions” and most hospitals use this system.	With rare exception this policy is based on the CDC 2007 publication “Guideline for Isolation Precautions in Hospitals”
<u>QUESTION</u> to RN/LVN:  True or False:  Only physicians and infection prevention staff can isolate a patient.	Many hospitals no longer require an MD order to place a patient in isolation since the nurse is there 24/7.  What is the policy at your facility?	Not everything happens Monday - Friday during business hours ... IP is a 24/7 business and nursing should be empowered to protect the patient, staff, and general community from diseases designated as CDC and/or state health department “communicable”
<u>QUESTION:</u> What does PPE mean? Where is the PPE?  NOTE: Any decontam area must have full PPE in room	“Personal Protective Equipment” (PPE): gloves in every room; gown, mask, goggles, face shield must be on each unit so can access if needed.	At a minimum, gloves must be in every patient treatment area (clinics included). Every area must also have full range PPE available, and possibly in room if frequently used (eg: E/D trauma, L&D, etc.)

Prepared: Patti Grant; RN, BSN, MS, CIC  
Place YOUR Name and Extension Here ... and include “Questions?” Call ...

Source: Patti Grant, RN, BSN, MS, CIC.