

APPENDICES

Infection Prevention and Control Checklist

Name of HPU _____ (print and complete one per HPU)			
Agreed Role Delineation Level _____			
	Item	Yes	No
1.0 Hand Hygiene Facilities			
1.1	Are the hand basin types specified appropriate for the room?		
1.2	Are sufficient numbers of hand basins provided?		
1.3	Is alcohol based hand rub available in a location that makes it accessible for all patient care and aseptic procedures?		
2.0 Isolation Rooms			
2.1	Are sufficient numbers of isolation rooms of the appropriate type provided?		
2.2	Do the isolation rooms meet the minimum requirements for the class specified?		
3.0 Physical Environment			
3.1	Do operating areas sufficiently separate clean and contaminated areas?		
3.2	Do cleaning and clean-up areas sufficiently separate clean and contaminated areas?		
3.3	Are staff eating and recreational areas sufficiently separate from work areas and patient treatment areas?		
4.0 Surfaces and Finishes			
4.1	Are the following finishes appropriate for the room usage?		
	floor		
	skirtings		
	walls		
	ceilings		