ENVIRONMENTAL ROUNDS WORKSHEET FOR INFECTION PREVENTION

| AREA INSPECTED: | DATE: | INSPECTOR: |
|-----------------|-------|------------|
| | | |

Use separate sheet for each department or patient care unit. Check as follows:

C = Compliant; NC = Not compliant; CAC = Corrective action completed; FU = Follow-up required; NA = Not applicable

| Criteria | С | NC | Finding or Comment | CAC | FU | NA |
|-----------------------------------------------------------|---|----|--------------------|-----|----|----|
| Patient Rooms: | | | | | | |
| Floors & walls clean | | | | | | |
| Walls are free of breaks and penetrations | | | | | | 1 |
| Bathroom clean | | | | | | |
| Sink clean | | | | | | |
| Furniture clean and in good condition | | | | | | |
| Windows and windowsills clean | | | | | | |
| Irrigation & sterile solutions labeled as per policy | | | | | | |
| Peripheral IVs, CVC, arterial lines labeled as per policy | | | | | | |
| Foley catheters hanging appropriately | | | | | | |
| IV pumps, Feeding pumps, etc. clean (while in use) | | | | | | |
| Gloves, PPE, available as per policy | | | | | | |
| Barriers used appropriately | | | | | | |
| Bed pans & urinals labeled as appropriate | | | | | | |
| Cubicle curtains clean and free of tears, etc. | | | | | | |
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| Isolation Rooms: | | | | · | | |
| Appropriate sign(s) posted | | | | | | |
| Isolation equipment available | | | | | | |
| PPE available | | | | | | |
| Door closed as appropriate | | | | | | |
| Negative pressure being supplied as required | | | | | | |
| Air exchanges being supplied as required | | | | | | |
| Patient instructed on isolation requirements | | | | | | |
| Patient with proper attire when being transported | | | | | | |
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| Treatment & Examination Rooms: | | | | | | |

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|----------------------------------------------------------|---|----|--------------------|-----|----|--------------------------------------------------|
| Floors & walls clean | | | | | | |
| Countertops clean | | | | | | |
| Exam table clean | | | | | | |
| Furniture clean and in good condition | | | | | | |
| Utility & Storage Rooms: | | | | | | |
| Adequate separation of clean & soiled | | | | | | |
| Floors and walls clean | | | | | | |
| No supplies stored on the floor | | | | | | |
| Supplies stored 6" from floor | | | | | | |
| Supplies stored 18" from ceiling | | | | | | |
| No supplies stored under sinks | | | | | | |
| No supplies stored in bathrooms, soiled utility rooms | | | | | | |
| Supplies stored away from windows, vents | | | | | | |
| Shelving/drawers/cabinets clean | | | | | | |
| Patient supplies within expiration dates | | | | | | |
| Sterilized trays free of dust, unopened, tears | | | | | | |
| Event-related sterile items labeled appropriately | | | | | | |
| Soiled Utility Rooms: | | | | | | |
| Floors and walls clean | | | | | | |
| Free of patient supplies and sterilized trays | | | | | | |
| Bedpan flusher clean | | | | | | |
| Soiled linen is bagged & placed in transport truck | | | | | | |
| Hallways: | | | | | | |
| Floors and walls clean | | | | | 1 | T |
| Free of obstruction and equipment | | | | | | |
| Equipment & Non-Critical Items: | | | | | | |
| Equipment a Non-Critical items: | | | 1 | | | |
| Equipment stored is clean | | | | | | + |
| Equipment handled as per policy | | | | | | + |
| Equipment nanuled as per policy | | | | | | |
| Linen: | 1 | | | | | |
| Clean linen distributed to units on clean, covered carts | | | | | 1 | |

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|----------------------------------------------------------------|---|----|--------------------|-----|----|----|
| Separation of clean & soiled linen | | | | | | + |
| Clean linen stored in required area, on shelves or carts | | | | | | + |
| Soiled linen not placed on floor, furniture, windowsills, etc. | | | | | | 1 |
| Soiled linen collected as per policy | | | | | | |
| Soiled linen contained in bags, not overfilled | | | | | | |
| Linen hampers & carts covered | | | | | | |
| Linen hampers & carts clean & in good condition | | | | | | |
| Offices, Work Stations & Reception Areas: | | | | | | |
| Carpeting clean | | | | | | |
| Desks clean and free from unnecessary clutter & food items | | | | | | |
| Office equipment clean & free from clutter | | | | | | |
| Floors free of clutter & trash | | | | | | |
| Food only in designated areas | | | | | | |
| Meeting Rooms: | | | | | | |
| Carpeting clean | | | | | | |
| Empty cups & food items placed in trash | | | | | | |
| Furniture clean & in good condition | | | | | | |
| Waiting Areas & Staff Lounges: | | | | | | |
| Carpeting clean | | | I | | | T |
| Furniture clean & in good condition | | | | | | |
| Empty cups & food items placed in trash | | | | | | |
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| Waste Management: | | | | | | |
| Waste containers not overfilled | | | | | | |
| Waste containers clean, operational, & in good condition | | | | | | |
| Waste containers covered as required | | | | | | |
| Containers located appropriately | | | | | | |
| Appropriate number of containers available | | | | | | |
| Containers labeled as required | | 1 | | | | |
| Red bag available in each regulated medical waste container | | | | | | |
| Regulated medical waste discarded appropriately | | | | | | |
| Items in regulated medical waste containers are appropriate | | | | | | |
| Sharps containers available | | | | | | |

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|---------------------------------------------------------------|---|----|--------------------|-----|----|----------------------|
| Sharps containers not overfilled | | | | | | $\overline{\dagger}$ |
| Sharps containers secured appropriately | | | | | | |
| No capped syringes in containers | | | | | | |
| Sharps appropriately discarded | | | | | | |
| Other Housekeeping Issues: | | | | | | |
| Handwashing sink is available | | | | | | |
| Hand towels are available | | | | | | |
| Hand towel dispenser available/operable | | | | | | |
| Handwashing solution is available | | | | | | |
| Soap is appropriate for area/unit | | | | | | |
| Handwashing solution dispenser available/operable | | | | | | |
| Waterless soap is available to the staff | | | | | | |
| No bar soap | | | | | | |
| Area free of roaches, flies, mice & other vermin | | | | | | |
| Blood spill kits available | | | | | | |
| Tubs/showers are clean | | | | | | |
| Vent grills clean | | | | | | |
| High-level dusting performed | | | | | | |
| Porter's closet clean | | | | | | |
| Housekeeping staff aware of cleaning solution admixing policy | | | | | | |
| Pantry: | | | | | | |
| Floors & walls clean | | | | | | |
| No expired juice/milk, etc. | | | | | | |
| Ice machine clean | | | | | | |
| Microwave clean | | | | | | |
| Refrigerators: | | | | | | |
| Daily checklist completed for temperatures | | | | | | T |
| Correct temp observed: Food & drink, 36-45° F | | | | | | 1 |
| Correct temp observed: Medications, 36-46° F | | | | | | 1 |
| Correct temp observed: Medications, 36-46° F | | | | | | + |
| Correct temp observed: Blood, 34-43° F | | | | | | + |
| Correct temp observed: Freezers, ≥32° F | | | | | | + |
| Only medications in medication refrigerator | | - | | | | + |

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|---------------------------------------------------------------------------|---|----|--------------------|-----|----|----------|
| Only food in food refrigerator | | | | | | +- |
| Only specimens in specimen refrigerator | | | | | | |
| Patient food & staff food not mixed | | | | | | 1 |
| Refrigerator clean | | | | | | |
| Items labeled as per policy | | | | | | |
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| Medications: | | • | | | ı | <u>'</u> |
| No outdated IV solutions or medications | | | | | | |
| Open vials dated and timed as per policy | | | | | | |
| Medication carts clean and organized | | | | | | |
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| Elevators: | | | | | | _ |
| Floors & walls clean | | | | | | |
| Designated elevators used appropriately | | | | | | |
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| Miscellaneous: | | | | | | |
| Handwashing observed when appropriate | | | | | | |
| Ceiling tiles are clean and in good condition | | | | | | |
| Ceiling is free of holes and penetrations | | | | | | |
| Disaster, evacuation, fire, infection control, & MSDS documents available | | | | | | |
| Storage closets and shelves | | | | | | |
| Sink clean | | | | | | |
| Area free of water leaks or spills | | | | | | |
| Specimens being bagged, handled, labeled as per policy | | | | | | |
| Safety devices available | | | | | | |
| Safety devices used appropriately | | | | | | |
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| Grounds: | | | | | | |
| Clean & free of trash | | | | | | |
| Building walls free of penetrations | | | | | | |
| Disinfection/Sterilization: | | I | | | | |
| Appropriate solutions available for soaking | | | | | | |
| Appropriate containers available | | | | | | |
| Containers clean, covered, labeled as required | | | | | | |

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|-------------------------------------------------|---|----|--------------------|-----|----|----|
| Instruments/devices being processed correctly | | | | | | |
| QA program for gluteraldehyde | | | | | | |
| Sterilizers clean | | | | | | |
| Sterilizers functioning properly | | | | | | |
| Sterilizer preventive maintenance available | | | | | | |
| Sterilization parameters maintained | | | | | | |
| Chemical/Biological monitors used as per policy | | | | | | |
| Sterilization records/documentation complete | | | | | | |
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| CORRECTIVE ACTIONS: | | | | | | |
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| REPORT SENT TO: | | | | | | |
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