*Clostridium Difficile* Cleaning Audit Tool for Infection Prevention and Control

Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit/Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

| **Cleaning Step****Please indicate ALL that apply. Document routine PRACTICE and not policy.** | **ObservationAudit-** √ if observed | **Frequency**D= Daily T= Terminal P= After Each Use  | **Routine Product**Q= Quat B= Bleach O= OtherW= WipeS= Spray | **Routine use of bleach for CDI resident?**Y/N | **Process vary by unit or day of week?** Y/N | **Who does the task?** |
| --- | --- | --- | --- | --- | --- | --- |
| Env Service | Unit Support | Resident Care staff | Central Equipment | Other |
| 1. High Dust |
| 1a. Ledges: shoulder and higher |  |  |  |  |  |  |  |  |  |  |
| 1b. Vents |  |  |  |  |  |  |  |  |  |  |
| 1c. Lights (resident room) |  |  |  |  |  |  |  |  |  |  |
| 1d. Lights (bathroom) |  |  |  |  |  |  |  |  |  |  |
| 1e. TV – rotate and clean all surfaces |  |  |  |  |  |  |  |  |  |  |
| 1f. TV cabinet |  |  |  |  |  |  |  |  |  |  |
| 1g. TV Screen and wires |  |  |  |  |  |  |  |  |  |  |
| 1h. Go to ES cart and gently shake dust into waste bag |  |  |  |  |  |  |  |  |  |  |
| 2. Damp dust – Cloth and squirt bottle or bucket of disinfectant – damp wipe all surfaces in room |
| 2a. Ledges (shoulder high) |  |  |  |  |  |  |  |  |  |  |
| 2b. Door handles/knobs |  |  |  |  |  |  |  |  |  |  |
| 2c. Door hinges  |  |  |  |  |  |  |  |  |  |  |
| 2d. Light switches |  |  |  |  |  |  |  |  |  |  |
| 2e. Call button |  |  |  |  |  |  |  |  |  |  |
| 2f. TV remote |  |  |  |  |  |  |  |  |  |  |
| 2g. Telephone |  |  |  |  |  |  |  |  |  |  |
| 2h. Resident storage cabinets and drawers |  |  |  |  |  |  |  |  |  |  |
| 3. Bed (top to bottom, head to foot, and left to right) Bring bed up to highest position |
| 3a. Raise mattress and disinfect top, sides and bottom |  |  |  |  |  |  |  |  |  |  |
| 3b. Disinfect exposed frame, springs or bed panels |  |  |  |  |  |  |  |  |  |  |
| 3c. Headboard: disinfect top, front and back |  |  |  |  |  |  |  |  |  |  |
| 3d. Disinfect side rails, undercarriage and lower ledges |  |  |  |  |  |  |  |  |  |  |
| 3e. Disinfect all bed controls |  |  |  |  |  |  |  |  |  |  |
| 3f. Disinfect the foot-board (top, front, back) |  |  |  |  |  |  |  |  |  |  |
| 3g. Allow moisture to dry before placing linen on bed |  |  |  |  |  |  |  |  |  |  |
| 3h. Pillows |  |  |  |  |  |  |  |  |  |  |
| 4. Overbed Table |
| 4a. Disinfect surfaces and legs |  |  |  |  |  |  |  |  |  |  |
| 4b. Wipe out drawer |  |  |  |  |  |  |  |  |  |  |
| 4c. Wipe off mirror |  |  |  |  |  |  |  |  |  |  |
| 5. Bedside Table |
| 5a. Disinfect surface and legs |  |  |  |  |  |  |  |  |  |  |
| 5b. Wipe out drawer |  |  |  |  |  |  |  |  |  |  |
| 6. Glass surfaces |  |  |  |  |  |  |  |  |  |  |
| 7. Bathroom |
| 7a. Use toilet chemical, don’t flush |  |  |  |  |  |  |  |  |  |  |
| 7b. Light switches |  |  |  |  |  |  |  |  |  |  |
| 7c. Ledges/shelves  |  |  |  |  |  |  |  |  |  |  |
| 7d. Door handles/knobs |  |  |  |  |  |  |  |  |  |  |
| 7e. Sink and faucets |  |  |  |  |  |  |  |  |  |  |
| 7f. Toilet surfaces |  |  |  |  |  |  |  |  |  |  |
| 7g. Cabinets if present |  |  |  |  |  |  |  |  |  |  |
| 7h. Handrails |  |  |  |  |  |  |  |  |  |  |
| 7i. Emergency call pull cord |  |  |  |  |  |  |  |  |  |  |
| 7j. Dirty linen storage located in bathroom? |  |  |  |  |  |  |  |  |  |  |
| 7k. Linen bin (lid and stand) |  |  |  |  |  |  |  |  |  |  |
| 7l. Paper towel dispensor |  |  |  |  |  |  |  |  |  |  |
| 7m. Bathroom cupboards |  |  |  |  |  |  |  |  |  |  |
| 7n. Towel rack/rod |  |  |  |  |  |  |  |  |  |  |
| 7o. Soap dispensers |  |  |  |  |  |  |  |  |  |  |
| 8. Shower stall and faucets |
| 8a. After running water, leave shower head dangling down (do not loop) |  |  |  |  |  |  |  |  |  |  |
| 8b. Wipe walls, curtain, check for signs of mildew /mold |  |  |  |  |  |  |  |  |  |  |
| 8c. Soap dispensers |  |  |  |  |  |  |  |  |  |  |
| 8d. Shower curtains/ doors |  |  |  |  |  |  |  |  |  |  |
| 9. Floor Cleaning  |
| 9a. Place mop head in detergent/ disinfectant |  |  |  |  |  |  |  |  |  |  |
| 9b. Mop (farthest from door) ½ of room |  |  |  |  |  |  |  |  |  |  |
| 9c. Mop shower floor |  |  |  |  |  |  |  |  |  |  |
| 9d. Bathroom floor |  |  |  |  |  |  |  |  |  |  |
| 9e. Flip mop head- do remainder of room |  |  |  |  |  |  |  |  |  |  |
| 9f. Frequency |  |  |  |  |  |  |  |  |  |  |
| 9g. Neutral product for routine rm  |  |  |  |  |  |  |  |  |  |  |
| 9h. Quat MDRO/procedure rooms  |  |  |  |  |  |  |  |  |  |  |
| 10. Resident Equipment |
| 10a. Commode |  |  |  |  |  |  |  |  |  |  |
| 10b. BP cuff |  |  |  |  |  |  |  |  |  |  |
| 10c. Thermometer |  |  |  |  |  |  |  |  |  |  |
| 10d. Leads |  |  |  |  |  |  |  |  |  |  |
| 10e. Oximeter |  |  |  |  |  |  |  |  |  |  |
| 10f. Wheelchair |  |  |  |  |  |  |  |  |  |  |
| 10g. flashlight |  |  |  |  |  |  |  |  |  |  |
| 10h. IV pump |  |  |  |  |  |  |  |  |  |  |
| 10i. Safe resident moving |  |  |  |  |  |  |  |  |  |  |
| 10j. Slip sheets |  |  |  |  |  |  |  |  |  |  |
| 10k. Glucometers |  |  |  |  |  |  |  |  |  |  |
| 10l. Electronic monitors |  |  |  |  |  |  |  |  |  |  |
| 10m. Other (List) |  |  |  |  |  |  |  |  |  |  |
| 10n. Anesthesia carts |  |  |  |  |  |  |  |  |  |  |
| 10o. Suction and O2 regulator/knobs |  |  |  |  |  |  |  |  |  |  |
| 11. Computers |
| 11a. Keyboards |  |  |  |  |  |  |  |  |  |  |
| 11b. Keyboard covers  |  |  |  |  |  |  |  |  |  |  |
| 11c. Screen |  |  |  |  |  |  |  |  |  |  |
| 11d. PC |  |  |  |  |  |  |  |  |  |  |
| 11e. Stand or Wall mounted brackets |  |  |  |  |  |  |  |  |  |  |
| 11f. Computer wires |  |  |  |  |  |  |  |  |  |  |
| 12. Enteric Precaution (when diluted bleach used)\*\* |
| 12a. Cleaning with Quat detergent product  |  |  |  |  |  |  |  |  |  |  |
| 12b. Quat allowed to dry  |  |  |  |  |  |  |  |  |  |  |
| 12c. All surfaces disinfected with dilute bleach solution |  |  |  |  |  |  |  |  |  |  |
| 12d. Resident equipment disinfected using bleach on room exit  |  |  |  |  |  |  |  |  |  |  |
| 12e. Diluted bleach disposed <= 24 hrs |  |  |  |  |  |  |  |  |  |  |
| 13. Misc. Items |
| 13a. Courtesy chair/bed |  |  |  |  |  |  |  |  |  |  |
| 13b. Menus/Hospital info book |  |  |  |  |  |  |  |  |  |  |
| 13c. Biohazard can |  |  |  |  |  |  |  |  |  |  |
| 13d. Toys |  |  |  |  |  |  |  |  |  |  |
| 13e. Books |  |  |  |  |  |  |  |  |  |  |
| 13f. Dry erase marker and eraser |  |  |  |  |  |  |  |  |  |  |
| 13g. Step stool |  |  |  |  |  |  |  |  |  |  |
| 13h. Scissors |  |  |  |  |  |  |  |  |  |  |
| 13i. Whirlpool  |  |  |  |  |  |  |  |  |  |  |
| 14. Inroom sink- if present |
| 14a. Basin |  |  |  |  |  |  |  |  |  |  |
| 14b. Faucet |  |  |  |  |  |  |  |  |  |  |
| 14c. Paper towel dispensor |  |  |  |  |  |  |  |  |  |  |
| 14d. Soap dispensor |  |  |  |  |  |  |  |  |  |  |
| 14e. Lotion dispensor |  |  |  |  |  |  |  |  |  |  |

\*\* Complete if manually diluted bleach product is used.

1. Do you have handwashing sinks located on the unit? Y / N How many?\_\_\_\_\_\_\_\_

2. Are handwashing sinks located within 15 feet of most resident rooms? Y / N

3. Do you have separate handwashing sinks in resident rooms? Y / N

4. If handwashing sinks are not conveniently located, do staff use resident bathroom sink? Y / N

5. Are there alternate hand hygiene options available (e.g. Resurgent Hand Hygiene stations)? Y /N

6. Is Quik-Care foam located at room entrances and other locations for ease of use? Y / N

7. Is there a separate sprayer in resident bathrooms for commode/bedpan cleaning? Y / N

 If no, are resident sinks used for this purpose? Y / N

8. How many minutes are ES staff allocated for:

1. Daily cleaning of each resident room \_\_\_\_\_\_\_\_\_\_
2. Routine terminal clean after discharge \_\_\_\_\_\_\_\_
3. Special projects \_\_\_\_\_\_\_\_\_\_\_

9. How frequently are privacy curtains changed?

1. Once per year
2. Every 6 months
3. Every 3-6 months
4. Every 1-3 months
5. After each resident discharge
6. Only when visibly soiled

10. Do you have in-room supply cabinets (nurse servers)? Y / N

1. If yes, are they used to store supplies between residents? Y / N
2. Who cleans supply cabinets? \_\_\_\_\_\_\_\_\_\_\_
3. How frequently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Are the amounts of supplies & linens stored in resident rooms kept to a minimum? Y / N

12. Are supplies and linens stored in resident rooms discarded at discharge when resident has been in Contact Precautions? Y / N

13. Are there med drawers in the resident room?

1. If yes, how frequently are they cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who cleans the med drawers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Is there a cleaning/disinfecting protocol for Pyxis machines?

1. Who cleans?\_\_\_\_\_\_\_\_\_\_\_
2. How frequently? \_\_\_\_\_\_\_\_\_\_
3. What product? \_\_\_\_\_\_\_\_\_\_\_

15. How frequently is bed linen changed? \_\_\_\_\_\_\_\_\_\_

16. Do you use single use cleaning cloths? Y / N

17. Do you use microfiber clothes and mops? Y / N

18. Is a two-step cleaning/disinfecting process used for all surfaces and equipment? Y / N

1. Using a single detergent/disinfectant product? Y / N
2. Which product?\_\_\_\_\_\_\_\_\_\_\_

19. Have you ever implemented Enteric Precautions and bleach disinfecting?

1. Using a stable detergent/ bleach product (e.g. Dispatch)? Y / N
2. If you dilute a bleach disinfectant, what is the concentration of the final dilution?\_\_\_\_\_\_\_\_\_
3. How do you verify concentration?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How frequently is the diluted bleach disinfectant changed?\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Are disinfectant wipes located in each resident room? Y / N

1. If not in each resident room, are they conveniently located on the unit for staff use? Y / N
2. Which product?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the dry time for the product? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Have observational audits confirmed compliance with disinfection of equipment (including personal stethoscopes) between residents? Y / N

22. Do physicians and other staff wear white lab coats on the unit? Y / N

1. How frequently are the lab coats washed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Are cloth stethoscope sleeves allowed? Y / N

24. Do you have hands-free communication devices? Y / N

1. If no, are cell phones used in contact precautions rooms? Y / N

25. Are OR suites terminally cleaned on weekends or if the room is not used during the day as per AORN/CDC standard? Y / N

1. Type of emergency pull cord used:
2. Plastic Y / N
3. Rope Y / N
4. How frequently are shower curtains changed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other opportunities observed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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