Minnesota Department of HealthInfection Control Assessment and Response Program (ICAR)

# Environmental Checklist for Monitoring Terminal Cleaning

MDH Icar Infection Prevention Audit Tools

Selection of detergents and disinfectants should be according to institutional policies and procedures.

Nursing homes may choose to include identifiers of individual environmental services staff for feedback purposes.

**Initials of ES staff (optional):**

**Date:**

**Unit:**

**Room Number: Monitoring method used:**

□ Direct observation

□ Fluorescent gel

□ Swab cultures

□ ATP system

□ Agar slide cultures

**Evaluate the following priority high touch sites most frequently touched in each resident room.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **High Touch Surface Types** | **High Touch Room Surfaces** | **Cleaned** | **Not Cleaned** | **Not Present in Room** |
| High Touch I | Bed rails/controls |  |  |  |
| Tray table |  |  |  |
| IV pole (grab area) |  |  |  |
| High Touch II | Call box/button |  |  |  |
| Telephone |  |  |  |
| Bedside table handle |  |  |  |
| High Touch III | Chair |  |  |  |
| Room sink |  |  |  |
| Room light switch |  |  |  |
| Room inner doorknob |  |  |  |
| Bathroom Surfaces | Bathroom inner doorknob/plate |  |  |  |
| Bathroom light switch |  |  |  |
| Bathroom handrails by toilet |  |  |  |
| Bathroom sink |  |  |  |
| Toilet seat |  |  |  |
| Toilet flush handle |  |  |  |
| Toilet bedpan cleaner |  |  |  |
| Equipment Surfaces | IV pump control |  |  |  |
| Monitor controls |  |  |  |
| Monitor touch screen |  |  |  |
| Monitor cables |  |  |  |
| Ventilator control panel |  |  |  |

[www.health.state.mn.us/icar](http://www.health.state.mn.us/icar)

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To obtain this information in a different format, call: 651-201-5414.