ENVIRONMENTAL ROUNDS WORKSHEET FOR INFECTION PREVENTION Long Term Care Facility https://vimeo.com/showcase/6118634

| Facility Name: | |
|---------------------------------------|--|
| Observers: | Date: |
| C = Compliant; NC = Not compliant; CA | Check as follows: C = Corrective action completed; FU = Follow-up required; NA = Not applicable |

| Criteria | С | NC | Finding or Comment | CAC | FU | NA |
|---|---|----|--------------------|-----|----|---------|
| | | | | | | <u></u> |
| Lobby & Reception Area: | | | | | | |
| Respiratory Hygiene/Cough Etiquette Sign | | | | | | |
| Alcohol based hand rub available | | | | | | |
| Tissues and container for disposal | | | | | | |
| Masks available | | | | | | |
| Furniture: Material cleanable and free of tears or patching | | | | | | |
| Floors and wall clean | | | | | | |
| Toys if present clean and stored appropriately | | | | | | |
| | | | | | | |
| Bathrooms (Visitors and Staff) | | | | | | |
| Ceiling tiles free of stains/holes | | | | | | |
| Ceiling tiles in place | | | | | | |
| No evidence of water or moisture intrusion (around ceiling tiles, | | | | | | |
| around baseboard or fixtures) | | | | | | |
| | | | | | | |
| Hallways and Corridor (s) | | | | | | |
| Floors visible cleaned and without debris | | | | | | |
| Hallways free of clutter | | | | | | |
| Equipment not stored in hallway | | | | | | |
| Walls free of stains, breaks and penetrations | | | | | | |
| | | | | | | |

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|--|---|----|--------------------|-----|----|----|
| Day Room (s) | | | | | | |
| Counter around sink free of clutter | | | | | | |
| | | | | | | 1 |
| No items stored within splash zone (3ft from sink) OR splash | | | | | | 1 |
| guard is in place | | | | | | |
| No resident care items stored under sink | | | | | | |
| Ice dispenser visible cleaned and no evidence of mold | | | | | | |
| accumulation | | | | | | |
| Food refrigerator contains only resident nutrition | | | | | | |
| Food temperature monitored daily and recorded | | | | | | |
| Hand hygiene supplies available for residents (mounted ABHR | | | | | | |
| or hand sanitizing wipes) | | | | | | |
| | | | | | | |
| Clean Storage Rooms: | | | | | | |
| Adequate separation of clean & soiled | | | | | | |
| Floors and walls clean | | | | | | |
| No supplies stored on the floor | | | | | | |
| Supplies stored 8" from floor | | | | | | |
| Supplies stored 18" from ceiling (5" if no sprinkler head) | | | | | | |
| Storage units have solid bottom shelves | | | | | | |
| Supplies stored away from windows, vents | | | | | | |
| Shelving/drawers/cabinets clean | | | | | | |
| Supplies within expiration dates | | | | | | |
| Sterilized trays free of dust, unopened, tears | | | | | | |
| No corrugated cardboard boxes or outside shipping boxes | | | | | | |
| | | | | | | |
| GYM and Rehab Area | | | | | | |
| Floors & walls clean | | | | | | |
| Walls are free of breaks and penetrations | | | | | | |
| Bathroom clean | | | | | | |
| Hand Hygiene Sink present with soap and paper towels | | | | | | |
| Alcohol based hand rubs accessible | | | | | | |
| Exercise equipment clean, no tears or taped surfaces | | | | | | |
| Resident equipment not stored on floor | | | | | | |
| Counters free of clutter | | | | | | |

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|--|---|----|--------------------|-----|----|-------------|
| Gloves, PPE, available as per policy | | | | | | |
| Cubicle curtains if present visible clean and free of tears | | | | | | + |
| Policy for cleaning cubicle curtains | | | | | | + |
| No food or drink present | | | | | | + |
| 140 1000 of Griffic procedit | | | | | | + |
| Clean Linen | | | | | | |
| Clean linen covered OR stored in a linen closet with no other | | | | | | |
| items and door remains closed | | | | | | |
| Linen carts or shelves have a solid bottom | | | | | | |
| Floor is clean and uncluttered | | | | | | |
| | | | | | | |
| Separation of clean and soiled linen | | | | | | |
| Clean linen covered during transport | | | | | | |
| <u> </u> | | | | | | |
| Soiled Utility Rooms: | | | | | | |
| Floors and walls clean | | | | | | |
| Free of patient supplies and clean equipment/supplies | | | | | | |
| Soiled linen is bagged appropriately | | | | | | |
| | | | | | | |
| Shower Room(s) | | _ | | | | _ |
| Floors and walls clean | | | | | | |
| Free of obstruction and equipment clean and dry | | | | | | |
| Shower curtain(s) clean and no evidence of mold accumulation | | | | | | |
| Staff can describe procedure for cleaning and disinfection after | | | | | | |
| use, including shower head | | | | | | |
| Soap and shampoo containers not "topped" off or refilled | | | | | | |
| | | | | | | |
| Equipment & Non-Critical Items: | | 1 | | | 1 | |
| Reusable medical equipment and devices cleaned after each | | | | | | |
| use | | | | | | \bot |
| Reusable equipment stored appropriately | | | | | | \bot |
| Equipment handled as per policy | | | | | | |
| Supplies for cleaning/disinfection of non-critical equipment | | | | | | |
| available | | | | | | |
| EPA registered disinfectants used and approved by facility | | | | | | |

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|--|---|----|--------------------|-----|----|----------|
| Staff aware of disinfectant contact time | | | | | | 1 |
| | | | | | | |
| Waste Management: | 1 | ı | | | ı | |
| Waste containers clean, operational, & in good condition | | | | | | |
| Waste containers covered as required | | | | | | |
| Containers labeled as required | | | | | | |
| 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 | | | | | | |
| Sharps containers not overfilled | | | | | | |
| Sharps containers secured appropriately | | | | | | |
| | | | | | | |
| Other Housekeeping Issues: | _ | 1 | | T | ı | |
| Blood spill kits available | | | | | | |
| Hand washing sink available in all resident care areas | | | | | | |
| Hand washing supplies available (soap, paper towels etc.,) | | | | | | <u> </u> |
| Alcohol based hand rub available and accessible to staff | | | | | | |
| Daily cleaning schedule available | | | | | | |
| Refrigerators/Freezers: | | | | | | |
| Documentation present for temperatures | | | | | | T |
| Correct temp observed: Medications, 35° F and 46° F | | | | | | + |
| Correct temp observed: Freezers-Vaccines: -58° F and +5°C | | | | | | + |
| | | | | | | + |
| Correct temp observed: Refrigerator-Vaccines: 35° F and 46 ° F | | | | | | |
| Only medications in medication refrigerator | | | | | | 1 |
| Only specimens in specimen refrigerator | | | | | | † |
| Refrigerator clean | | | | | | + |
| Items labeled as per policy | | | | | | + |
| | | | | | | 1 |
| Medications/Safe Injection Practices: | | | | 1 | | |
| No outdated IV solutions or medications | | | | | | |
| Multi-dose Open vials dated and timed (expiration date 28 days | | | | | | |

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|---|-------|---------|--|------------|--------|------|
| after opening) | | | | | | 1 |
| Medication carts clean and not cluttered | | | | | | |
| Single dose vials used one time only for one patient only | | | | | | |
| No medication in immediate patient care area | | | | | | |
| Hand hygiene sink with splash guards/spatial distance (3ft or >) | | | | | | |
| Med prep area uncluttered | | | | | | |
| Glucometer (s) dedicated to individual residents (preferred) OR | | | | | | |
| disinfected following manufacturer's IFUs after each use | | | | | | |
| Glucometer (s) stored in a manner to reduce the risk of contamination | | | | | | |
| Miscellaneous: | | | | | | |
| No food or drink in storage or resident care area | | I | | | | T |
| Handwashing observed when appropriate | | | | | | |
| Ice chest not used for storage of ice | | | | + | | |
| Ice chest emptied and dried completely after use | | | | | | |
| Ice scoops not stored in ice | | | | | | |
| Safety devices available | | | | | | |
| Safety devices available Safety devices used appropriately | | | | | | |
| PPE readily accessible | | | | | | |
| Eye wash stations always checked per policy and caps | | | | | | |
| (covers) in place | | | | | | |
| Check for expiration dates on products such as hand hygiene | | | | | | |
| supplies, gloves and disinfectants. | | | | | | |
| Disinfection/Sterilization: (if facility performs and reprocess | ing o | f re-us | │ able resident devices such as TEE | s, Endosco | pes et | C.,) |
| Space adequate and designed to flow from contaminated to | | | | | | |
| clean (pre-cleaning, soaking, rinsing, drying, packaged, re- | | | | | | |
| processed) | | | | | | |
| Contaminated item transported from point of care to | | | | | | |
| decontamination area appropriately (in appropriate container, | | | | | | |
| that is labeled) | | | | | | |
| Adequate number of sinks (one for hand hygiene, one for pre- cleaning and one for rinsing) | | | | | | |

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| | | | | | | 1 |
| Appropriate solutions available for soaking (follow IFUs) | | | | | | |
| Appropriate containers available, cleaned and labeled | | | | | | |
| Instruments/devices being processed correctly | | | | | | |
| Disinfection agent monitored for concentration, appropriate | | | | | | |
| dilution, exposure time and temperature | | | | | | |
| PPE available | | | | | | |
| Staff training and competency documented | | | | | | |
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| CORRECTIVE ACTIONS: | | | | | | |
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| REPORT SENT TO: | · | | | · | | |
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