

Faculty of Medicine  
**Microbiology Diagnostics &  
Infection Control Unit (MDICU)**  
Medical Microbiology & Immunology Dep.



كلية الطب  
وحدة التشخيص الميكروبي  
ومكافحة العدوى  
بمستشفيات جامعة المنصورة  
قسم الميكروبيولوجيا والمناعة الطبية

# Daily infection control check list

مدير وحدة التشخيص الميكروبي ومكافحة العدوى  
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<b>Environmental cleaning/ sanitation</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>
<b>1-Surfaces and equipment are free from dust, spills and grime including:</b>					
Hard floors					
Soft floors					
Patients over-bed tables					
Patients bed-side lockers					
Medical equipment					
Bathrooms					
Ward kitchens					
<b>2-Cleaning equipment is colour-coded to identify appropriate area of use?</b>					
<b>Are housekeeping surfaces such as floors, walls, and sinks routinely cleaned using either a detergent and water or a registered hospital disinfectant/detergent?</b>					
<b>Are surfaces contaminated by spills of blood or blood-contaminated fluids first cleaned and then decontaminated?</b>					
<b>After cleaning, is the disinfectant allowed to remain on the treated surface for the contact time stated on the product's label?</b>					
<b>Is appropriate PPE in place when cleaning and disinfecting environmental surfaces? For example:</b> <input type="checkbox"/> -puncture- and chemical-resistant utility gloves, <input type="checkbox"/> -protective clothing (such as a gown, jacket, or lab coat), and <input type="checkbox"/> -face protection (protective eyewear/ face shield with a mask).					
<b>Are mops or cloths cleaned after use and allowed to dry before reuse?</b>					
<b>Are single-use, disposable mop heads or cloths used to clean housekeeping surfaces?</b>					
<b>Are fresh cleaning or EPA-registered disinfecting solutions prepared daily and as instructed by the manufacturer?</b>					
<b>Are walls, blinds, and window curtains in patient-care areas cleaned when they are visibly dusty or soiled?</b>					

<b>Waste Disposal</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>
Waste bags are securely sealed when filled?					
The clinical waste bags no more than ¾ full, and labelled?					
Full waste bags are only stored in designated areas?					
Medical waste-disposal sites are located in areas that are minimally accessible to staff, clients, and visitors?					
Are storerooms, exits, and hallways kept clean at all times?					
All staff wear heavy utility gloves and sturdy shoes when handling medical waste?					
Infectious waste storage containers have lids?					
Medical-waste containers are cleaned with a disinfectant cleaning solution and rinsed with water daily, or more often, if visibly contaminated?					
When transporting waste containers within the facility, the containers are securely closed?					
Waste is never stored on site for more than a few days before final disposal?					
Solid medical waste is either incinerated or buried in a waste-disposal pit?					
Are sharp items placed in a puncture resistant, leakproof, color-coded/biohazard-labeled sharps container?					
The sharp containers are mounted and placed to be easily accessible to all personnel?					
Sharp containers securely sealed when 3/4 full?					
Contain no protruding sharps?					
Available in all areas where sharps are generated?					
Sharps are burned in a large, industrial incinerator?					
Liquid medical waste and hazardous chemical waste are poured down a drain, toilet, or sink, or is buried in the waste-disposal pit?					
If liquid waste is poured down a drain, toilet, or sink, it does not run through an open gutter or empty onto the grounds of the clinic?					
If waste is poured down a drain, toilet, or sink, the area is rinsed thoroughly with water and cleaned with a disinfectant cleaning solution at the end of each day, or more frequently?					
Containers that have held liquid waste are decontaminated with a 0.5% chlorine solution and soaked for 10 minutes before washing					

<b>Personal protective equipments</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>
When performing procedures likely to cause splash or spatter: Are surgical masks worn?					
Are masks changed between patients?					
Is protective clothing worn over street clothes or uniforms to protect against splash or spatter?					
Is protective clothing changed when it is visibly soiled or penetrated by blood or other potentially infectious fluids?					
Are there appropriate procedures in place for disposing of or decontaminating PPE contaminated with potentially infectious materials					
Are appropriate disposable gloves available for staff use					
Are medical gloves worn when contact with body fluids is expected?					
Are gloves removed promptly after use, and is hand hygiene performed immediately thereafter?					
Are torn, cut, or punctured gloves removed as soon as possible and hands immediately washed before regloving?					
Are puncture-/chemical-resistant utility gloves worn when processing instruments and performing housekeeping tasks that involve contact with body fluids?					
Is all protective equipment maintained in a sanitary condition and ready for use?					
Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, or poisonous substances, falling objects, crushing or penetrating actions?					

<b>Care of urinary catheters/drainage</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>
Are disposable gloves worn for drainage bag emptying					
Are drainage bags above floor level					
Is a disinfected jug or disposable container used for emptying					
Are catheter specimens obtained by the aseptic – swab/puncture/ syringe method					
Is the valve in the drainage bag actually preventing leakage					

<b>Sterile wound dressing</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>
Are sterile supplies assembled totally, prior to commencing aseptic technique					
Are hands washed prior to opening sterile supplies					
Are sterile supplies opened aseptically					
Is procedural hand wash adequate					
Are sterile gloves handled aseptically					
Is soiled dressing removed and discarded appropriately, with removal forceps					
Is wound swabbed using aseptic technique					
Is sterile dressing applied aseptically					
Is new dressing adequate to prevent "strike through"					
Are used items disposed of appropriately					
Are gloves removed in a manner which will not result in hand contamination					
Is there a post-glove removal hand wash					

<b>Food hygiene in the kitchen</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>
Are hand washing facilities available in the kitchen					
Are disposable gloves available in the kitchen					
Has the kitchen dishwasher functioned effectively over the last four weeks					
Have kitchen staff completed the Food Handler's Course					
Is kitchen cleaning equipment colour-coded					
Are cold foods kept at a temperature not greater than 5°C					
Are hot foods kept at a temperature not less than 65°C					
Is all plated food placed in the refrigerator covered with glad wrap, and dated					
Does hand washing occur prior to food preparation					