

	<u>QUESTION AND/OR PRACTICE TO OBSERVE</u>	<u>ANSWER</u>	<u>OBSERVED</u>	<u>SPECIFICS & NOTES</u>
IPC Infrastructure & Demographics Information	Date of Assessment		.	
	Facility Name		.	
	Facility Setting Type (Choose from dropdown)		.	
	Specific Facility Type (Choose from dropdown)		.	
	Type of Assessment (Choose from dropdown)		.	
	Rationale for Assessment (Choose from dropdown)		.	
	Persons Assessing Including Collaborative Partner(s) (specify)	see notes	.	
	Facility Respondent(s) Name and Job Title(s) (specify)	see notes	.	
	Is the facility part of an integrated healthcare system ? If yes, specify name.		.	
	Is the facility accredited ? If yes, specify the accreditation organization (e.g. The Joint Commission (TJC), Det Norske Veritas Healthcare, Inc (DNV), Healthcare Facilities Accreditation Program (HFAP).		.	
	What patient populations are served? Please specify adult, pediatric, neonatal, obstetric, and other special populations.	see notes	.	
	For the infection preventionist (IP) role , what is the number of full-time equivalents (FTEs) dedicated to infection prevention and control (IPC) activities at the facility being assessed, excluding occupational / employee health duties? Please specify any additional FTEs dedicated to IPC activities (e.g. epidemiologist, data entry, NHSN entry etc.)		.	
	Are additional duties performed by the IP within the IPC program? If yes, specify such as occupational / employee health, education of personnel, safety officer, administrative (e.g. Director of Nursing) or other.		.	
	Does the person(s) charged with directing the IPC program at the facility hold a nationally recognized credential in infection control (e.g., a-IPC, CIC, LTC-CIP, BCIDP)? <i>Note that lack of certification does not mean that an individual is not qualified to direct the IPC program.</i>		.	
	Does the person charged with directing the IPC program hold other qualification(s) such as other certifications or specialized training ? Examples of training might include APIC, SHEA and/or NICN training courses.		.	
	Is the person(s) charged with directing the IPC program qualified and trained in infection control ?		.	
Has the person(s) charged with directing the IPC program reviewed the applicable Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) for their healthcare setting?		.		
Does the IPC program reflect the scope and complexity of the services provided?		.		
Are written infection control policies and procedures available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards?		.		

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IPC Info.	Are policies and procedures periodically reviewed and updated? Specify all that apply: annually, other frequency (e.g. every three years), as needed when new guidelines or evidence is published such as via a subscription with a publisher, unknown, etc.)		.	
	Does the IPC program provide IPC education to patients, family members, and other caregivers ? If yes, specify as needed what topics are covered and how provided.		.	
Hand Hygiene	Are HCP expected to perform hand hygiene consistent with the CDC indications below that are similar to the World Health Organization (WHO)? <input type="checkbox"/> Immediately before touching a patient. <input type="checkbox"/> Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices. <input type="checkbox"/> Before moving from work on a soiled body site to a clean body site on the same patient. <input type="checkbox"/> After touching a patient or the patient's immediate environment. <input type="checkbox"/> After contact with blood, body fluids or contaminated surfaces. <input type="checkbox"/> Immediately after glove removal. <i>For observations, specify any additional facility specific policies such as required for each room entry and exit even if not touching the patient or environment.</i>		.	
	Does the facility hand hygiene policy include elements related to fingernails ? Specify all that apply. <input type="checkbox"/> Fingernail length <input type="checkbox"/> Use of fingernail polish (standard or gel shellac) <input type="checkbox"/> Use of artificial nails or extenders		.	
	Based on observation(s): Were hand and fingernail policies adhered to (e.g. intact skin, no artificial nails, nail length)?	.		
	Based on observation(s): Is hand hygiene being completed when indicated ? Describe a summary as appropriate based on location, HCP role, type of opportunity, and compliance including method when soap and water indicated. <i>Complete separate detailed observation form as needed.</i>	.		
	Based on observation(s): Does the alcohol-based hand sanitizer (ABHS) used in the facility contain 60%-95% alcohol ?	.		
	Based on observation(s): Are supplies necessary for adherence to hand hygiene (e.g., alcohol-based hand sanitizer (ABHS), soap, water, paper towels etc.) readily accessible in areas where patient care is being delivered and medication preparation areas? <i>Specify as needed where the ABHS is located in patient rooms, hallways, and where the sink is located.</i>	.		
	Based on observation(s): Does the facility provide supplies to performing hand hygiene near the entrance and in common areas ?	.		

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PPE	For all HCP (clinical and non-clinical) who are anticipated to use source control or personal protective equipment (PPE) for protection from infectious agents and/or chemicals exposures; does the facility provide training on PPE (e.g. gloves, gown, mask, eye protection) which includes 1) appropriate indications and limitations for specific PPE components, 2) proper donning, doffing, adjustment, and wear of PPE, and 3) proper care, maintenance, useful life, and disposal of PPE?			
Health & Safety	Does the facility have employee illness / work restriction policies and procedures to promptly report and exclude potentially infectious HCP from the workplace or specifically from patient contact to prevent transmission of infectious diseases?			
	Does the facility have a bloodborne pathogen exposure control plan that implements measures to prevent or reduce needle sticks, sharps injuries, and other HCP exposure events?			
	Does the facility have a bloodborne pathogen exposure control plan that following an exposure incident, timely post-exposure evaluation, testing, and follow-up including prophylaxis as appropriate, is available to the individual and performed by or under the supervision of a provider?			
Injection Safety	Does the facility have policies and procedures to prevent diversion of controlled substances , particularly for injectable drugs?			
	When injectable drug tampering involving alteration and/or substitution is suspected or identified, does the facility have processes to assess patient infection and safety risks that includes consultation with the IPC program?			
	If the facility performs sterile compounding as defined by the United States Pharmacopeia (USP) , does the facility follow applicable USP general chapters (and any additional state requirements*)? Specify if other standards are used.			
	Does the facility provide competency-based training specific for safe injection practices inclusive of the preparation and administration of parenteral medications (e.g., SQ, IM, and IV)? Examples could include reinforcing the requirement of "One Needle, One Syringe, Only One Time" and adhering to CDC's Safe Injection Checklist.			
	Do HCP perform hand hygiene prior to preparing or administering an injectable medication ?			
	Are injections prepared using aseptic technique in a clean area that is not adjacent to potential sources of contamination (e.g., splash guard or approximately one meter (36-40 inches) from sinks or other water sources depending on splash zone); free from items that could have come in contact with blood or body fluids?			
	Are needles and syringes used for only one patient/resident (this includes manufactured prefilled syringes and cartridge devices such as insulin pens)?			
Is the rubber septum on a medication vial disinfected prior to piercing?				

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Injection Safety	Are medication containers entered with a new needle and a new syringe , even when obtaining additional doses for the same patient/resident?			
	Are single dose medication vials, ampules, and bags or bottles of intravenous solution used for only one patient/resident?			
	Are medication administration tubing and connectors used for only one patient/resident?			
	Are multi-dose vials dated by HCP when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial? Note this is different than the expiration date.			
	Are multi-dose vials dedicated to individual patients whenever possible?			
	Are multi-dose vials that will be used for more than one patient/resident kept in a centralized medication area? <i>Or if not done, multi-dose vials that enter the immediate patient treatment area (e.g. operating room, patient room) should be dedicated only for use on that individual patient/resident and not returned or discarded immediately after use.</i>			
	Are safer needle devices and needleless devices supplied and used by HCP to reduce risk of needlestick or other sharps exposures? (e.g. safety needles)			
	Are all sharps disposed of in a puncture-resistant sharps container as soon as feasible immediately after use?			
Environmental Services	Do HCP wear a facemask (e.g., surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia)?			
	Does the facility provide necessary supplies for appropriate cleaning and disinfection? (e.g., EPA-registered disinfectants and supplies). Specify product, EPA #, contact time, and use (patient/resident room and/or non-critical reusable patient/resident care equipment).			
	Are cleaners and disinfectants, including disposable wipes, used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, precleaning if indicated)?			
	Is appropriate PPE worn by the individual who performs mixing or dilution of products for cleaning and disinfection?			
	Are clean containers used to prepare solutions when mixing or diluting?			
Are containers clearly labeled with contents and an expiration date based on manufacturer's instructions for stability?				

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Sterilization & Critical Device Reprocessing	If the facility ever uses single-use devices for more than one patient, can the facility provide documentation that prior to reuse they undergo the appropriate level of reprocessing (e.g. critical devices subjected to sterilization) by a third-party reprocessor that it is registered with the FDA and cleared by the FDA to reprocess the specific device in question?			
	Is sterilization performed onsite and/or offsite ?			
	Where is onsite sterilization, including immediate use steam sterilization (IUSS) performed? List all areas (e.g. central sterile processing department (SPD), operating room sub sterile area etc.).	see notes		
	For items to be sterilized along with equipment, products, chemicals, and accessories used in reprocessing ; does the facility assign responsibility for obtaining and reviewing the manufacturer's instructions for use (IFUs) to ensure they can be followed or resolves discrepancies with manufacturer(s) to ensure following approved processes prior to purchase or use?			
	Are policies, procedures, and manufacturer reprocessing instructions available in the reprocessing area or otherwise easily accessible for reprocessing staff?			
	Is there an appropriate supply of equipment for the volume of procedures performed to allow adequate time for all reprocessing steps, including drying, to be correctly performed?			
	Is routine maintenance for reprocessing equipment (e.g., automated washers, sterilizers) regularly performed?			
	Does the facility maintain records of preventative maintenance and repair ?			
	Is a precleaning step/point of use (POU) treatment performed immediately after a procedure (e.g. surgery) is completed, before bioburden has an opportunity to dry, and before comprehensive decontamination?			
	Are critical instruments and devices transported safely for reprocessing in fully enclosed, puncture resistant, leak-proof, and biohazard labeled containers according to OSHA standards as soon as possible after use?			
	Is reprocessing (other than immediate precleaning/point of use treatment) performed in a separate area, not in in the patient care area because of risk of patient exposure to contaminated surfaces and devices?			
	Is there clear separation between soiled and clean workspaces?			
	Do HCP have access to a handwashing sink that is not used for cleaning devices?			
	Do HCP have access to appropriate PPE to prevent exposure to infectious agents or chemicals; including but not limited to fluid resistant gowns, face / eye protection, and extended cuff puncture resistant gloves?			
	Do HCP engaged in sterilization activities wear appropriate PPE to prevent exposure to infectious agents or chemicals?			

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Sterilization & Critical Device Reprocessing	Is a compatible cleaning solution (e.g. enzymatic cleaner) prepared in a clean sink in accordance with the detergent manufacturer's IFU for temperature, concentration, and water quality?			
	Are instruments and other devices appropriately disassembled , as directed by the device manufacturer's instructions prior to cleaning?			
	Are all instruments and devices (including those that may not have been used during the surgical procedure) thoroughly cleaned according to manufacturer instructions and visually inspected for residual soil prior to sterilization? This includes ensuring instruments with lumens and any channels are cleaned with cleaning brushes of appropriate size.			
	Are instruments and other devices brushed below the surface of the water in order to reduce splashing and injury?			
	Is the enzymatic cleaner or detergent used for cleaning discarded according to manufacturer's instructions (typically after each use)?			
	Are disposable cleaning brushes discarded after use or, if reusable, cleaned and disinfected or sterilized (per manufacturer's instructions) after use?			
	If an ultrasonic cleaner machine is used, is it used according to manufacturer IFU with the lid closed and used only for devices that approve ultrasonic cleaning?			
	If an ultrasonic cleaner machine is used, washer fluid is prepared according to manufacturer's IFU?			
	If an ultrasonic cleaner machine is used, washer fluid is discarded and machine cleaned according to manufacturer's IFU?			
	If a washer disinfectant machine is used, is it quality tested according to manufacturer's IFU?			
	If a washer disinfectant machine is used, are the spray arms routinely inspected to assess proper function or need to descale?			
	For laparoscopic instruments, visual inspection and insulation testing is completed during assembly according to the device manufacturer's directions.			
	After cleaning, are instruments appropriately wrapped/packaged for sterilization? This includes compatible packaging, hinged instruments are not ratcheted and left open per IFU sterility validation, removable part disassembled per IFU etc.)			
	Is a chemical indicator (process indicator) placed correctly in the instrument packs in every load?			
Is a biological indicator , intended specifically for the type and cycle parameters of the sterilizer, used at least weekly for each sterilizer and with every load containing implantable items? Specify frequency.				

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Sterilization & Critical Device Reprocessing	For dynamic air removal-type sterilizers (e.g., prevacuum steam sterilizer), is an air removal test (Bowie-Dick test) performed in an empty dynamic-air removal sterilizer each day the sterilizer is used?			
	Are sterile packs labeled with a load number that indicates the sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date?			
	Are sterilization logs current and complete (include results from each load)? <i>*“For each sterilization cycle, record the type of sterilizer and cycle used; the load identification number; the load contents; the exposure parameters (e.g., time and temperature); the operator’s name or initials; and the results of mechanical, chemical, and biological monitoring. (CDC)</i>			
	Is immediate-use sterilization NOT performed on: Implants (except in documented emergency situations when no other option is available), post-procedure decontamination of instruments used on patients who may have Creutzfeldt-Jakob disease or similar disorders, devices that have not been validated with the specific cycle employed, or single-use devices that are sold sterile.			
	Is immediate-use steam sterilization (IUSS) only done in circumstances in which routine sterilization procedures cannot be performed?			
	Are instruments that undergo immediate-use steam sterilization (IUSS) used immediately and not stored?			
	After sterilization, are medical devices stored so that sterility is not compromised?			
	Are sterile packages inspected for integrity and compromised packages reprocessed prior to use?			
	If the facility uses devices (e.g. instruments / instrument trays) supplied by a vendor , prior to use do they undergo the appropriate level of reprocessing at the facility?			
	If any part of critical item reprocessing is performed offsite or through use of a contractor , has adherence to device reprocessing standards for the various reprocessing steps been validated? Includes acting as a contractor if devices are not fully reprocessed (e.g. cleaned and prepped by another entity or department with facility sterilizing).			
	In the event of a sterilization reprocessing error or failure, does the facility have policies and procedures that support traceability (e.g., maintaining records of sterilization along with records of daily surgical procedures or other general system to facilitate the process of identifying potentially contaminated devices and potential individual patient use)?			
	In the event of a sterilization reprocessing error or failure, does the facility have policies and procedures outlining facility response (i.e., risk assessment and recall of device)?			
	In the event of a sterilization reprocessing error or failure that was not detected until after patient use , does the facility have policies and procedures outlining facility response that includes a multi-disciplinary team including IP consultation?			

Surgical Site Infection (SSI) Prevention	QUESTION AND/OR PRACTICE TO OBSERVE	ANSWER	OBSERVED	SPECIFICS & NOTES
	Are surgical services provided in accordance with accepted standards of practice that include maintaining compliance with applicable laws, regulations and guidelines for surgical services, as well as, any standards and recommendations promoted by or established by nationally recognized professional organizations (e.g., SHEA, ACS, AORN, AMA, APIC, CDC etc.) deemed appropriate for the surgical population? Specify:			
	PLANNING SURGERY: Are patients provided information and instructions describing potential factors to modify for reducing surgical site infection risks? Describe in general: <input type="checkbox"/> Screening or testing for promote blood glucose control <input type="checkbox"/> Promoting a healthy diet and body mass index (BMI) (e.g. decreasing obesity) <input type="checkbox"/> Education on smoking cessation			
	BEFORE SURGERY: Are patients provided information and instructions describing strategies for reducing surgical site infection risks? Describe in general: <input type="checkbox"/> At home showering/bathing frequency (e.g. night prior, morning of, sequential days) <input type="checkbox"/> At home showering/bathing product (e.g. CHG, antibacterial soap and water) <input type="checkbox"/> Don't remove hair			
	BEFORE SURGERY: In the day prior to elective colorectal surgery; after any mechanical bowel preparation (if instructed), are oral antibiotics prescribed?			
	BEFORE SURGERY &/or PRE-OP: For orthopedic and cardiothoracic surgeries, are patients decolonized with an anti-staphylococcal agent? Select all that apply: <input type="checkbox"/> Intranasal mupirocin for 5 days given twice daily with daily CHG bathing <input type="checkbox"/> Intranasal povidone-iodine administered immediately prior to surgery <input type="checkbox"/> Intranasal alcohol-based antiseptic administered immediately prior to surgery			
	BEFORE SURGERY &/or PRE-OP: For other high-risk surgeries, are patients decolonized with an anti-staphylococcal agent? Describe if universally for all surgical patients or what surgical types or patient populations and method: <input type="checkbox"/> Intranasal mupirocin for 5 days given twice daily with daily CHG bathing <input type="checkbox"/> Intranasal povidone-iodine administered immediately prior to surgery <input type="checkbox"/> Intranasal alcohol-based antiseptic administered immediately prior to surgery			
	PRE-OP: Are both of the below hair interventions followed to reduce SSI risk? <input type="checkbox"/> Do not remove hair at the operative site unless will interfere <input type="checkbox"/> If hair must be removed, clippers are used and outside of the OR (in pre-op) whenever possible			
	PRE-OP: Are other measures practiced to reduce SSI risk? <input type="checkbox"/> Pre-op bathing (e.g. CHG wipes "nose to toes", CHG shower) <input type="checkbox"/> Patient pre-warming for normothermia			
	PRE-OP: Is antimicrobial surgical prophylaxis administered as appropriate based on surgical procedure and published evidenced-based recommendations?			

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Surgical Site Infection (SSI) Prevention	PRE-OP: Is antimicrobial surgical prophylaxis infused within 1 hour of incision time to maximize tissue concentration? Vancomycin and fluoroquinolones can be given 2 hours prior to incision.			
	PRE-OP: Does the facility have recommended ventilation parameters outlined in policies and procedures with temperature and humidity assessed for compliance with process for resolving variances and documented at least daily? Ventilation requirements for various areas can vary based upon when systems were designed and installed. ANSI/ASHRAE/ASHE Standard 170-2021 is frequently referenced, operating room recommendations are for positive pressure, at least 20 air changes per hour with at least 4 from fresh air, temperature 68-75 F (20-24 C), and relative humidity within 20-60% ideally 30-60%. Advanced filtration of air (at least 90% with HEPA optional) is recommended along with regular assessment and replacement including maintaining clean and dry air vents and grills with self-closing OR doors.			
	PRE-OP: After verifying prior terminal clean, are all horizontal surfaces (e.g., furniture, surgical lights, booms, equipment) damp dusted before the first procedure of the day using a clean, lint-free cloth and EPA-registered hospital detergent/disinfectant?			
	PRE-OP: Is portable equipment not stored in the OR cleaned and disinfected before being brought into the OR?			
	PRE-OP & INTRA-OP: Is surgical attire (e.g., facility laundered scrubs) and hair coverings worn by all HCP and visitors in semi-restricted and restricted areas?			
	PRE-OP & INTRA-OP: Are surgical masks worn that fully cover the mouth and nose worn for all personnel in restricted areas where open sterile supplies or scrubbed personnel are located?			
	PRE-OP & INTRA-OP: Is a fresh, clean surgical mask worn for every procedure?			
	PRE-OP & INTRA-OP: Do HCP perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using either an antimicrobial surgical scrub agent or an FDA-approved alcohol based antiseptic surgical hand rub?			
	PRE-OP & INTRA-OP: After surgical scrub, are washed hands and arms dried with a sterile towel, and sterile surgical gown and gloves are donned in the OR?			
	PRE-OP & INTRA-OP: Are sterile drapes used to establish a sterile field?			
	PRE-OP & INTRA-OP: Is a sterile field maintained and monitored constantly? <input type="checkbox"/> Items used within sterile field are sterile. <input type="checkbox"/> Items introduced into sterile field are opened, dispensed, and transferred in a manner to maintain sterility. <input type="checkbox"/> Sterile field is prepared in the location where it will be used and as close as possible to time of use. <input type="checkbox"/> Movement in or around sterile field is done in a manner to maintain sterility including attention to back table			

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Surgical Site Infection (SSI) Prevention	INTRA-OP: For cesarean sections , is an antiseptic-containing vaginal prep used?			
	INTRA-OP: For hysterectomies , is an antiseptic-containing vaginal prep used?			
	INTRA-OP: Does the preoperative skin prep agent contain both alcohol and an antiseptic ? Skin antiseptic is applied per manufacturer recommendations to the surgical site (i.e., scrub vs. paint, appropriate applicator size for prep area, and appropriate dry time).			
	INTRA-OP: Is traffic in and out of OR kept at minimum , limited to essential HCP?			
	INTRA-OP: For gastrointestinal and biliary tract surgeries, are impervious wound protectors used?			
	INTRA-OP: For surgeries requiring wound lavage , is an antiseptic used?			
	INTRA-OP: Is the antimicrobial surgical prophylaxis re-dosed for lengthy procedures and with excessive blood loss during the procedure (i.e., >1,500 mL)?			
	INTRA-OP & IMMEDIATELY POST-OP: Are measures taken to maintain normothermia with patient temperature greater than 35.5°C (96 °F)?			
	INTRA-OP & IMMEDIATELY POST-OP: Is inserting an indwelling urinary catheter avoided unless necessary for the surgery and needed then removed as soon as no longer needed?			
	IMMEDIATELY POST-OP: Are measures taken to control blood glucose for all surgical patients? Specify for all patients or certain patients (e.g. known diabetics, cardiothoracic patients) and target ranges (e.g. 110-150 mg/dL)?			
	IMMEDIATELY POST-OP (BETWEEN CASES): Is trash, waste, and linen contained and removed between patients?			
	IMMEDIATELY POST-OP (BETWEEN CASES): Are high touch environmental surfaces cleaned and disinfected between patients ?			
	IMMEDIATELY POST-OP (BETWEEN CASES): Are anesthesia equipment surfaces that are touched by personnel while providing patient care or while handling contaminated items, are they cleaned and low-level disinfected between use on patients , according to manufacturers' instructions?			
	IMMEDIATELY POST-OP (BETWEEN CASES): Are all items touched or used such as reusable noncritical items (e.g., blood pressure cuffs, ECG leads, tourniquets, oximeter probes) cleaned and disinfected between patients including before removal from the OR ?			
	IMMEDIATELY POST-OP (BETWEEN CASES): Are surfaces and noncritical equipment inside the surgical field cleaned and disinfected between patients ?			
IMMEDIATELY POST-OP (BETWEEN CASES): Are any surfaces that are visibly soiled cleaned and disinfected between patients (e.g. walls) ?				
IMMEDIATELY POST-OP (BETWEEN CASES): Is the floor cleaned and disinfected with a mop after each surgical or invasive procedure when visibly soiled or potentially soiled by blood or body fluids (e.g., splash, splatter, dropped item)?				

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Surgical Site Infection (SSI) Prevention	END OF DAY (TERMINAL CLEAN): Is all trash, waste, and linen removed?			
	END OF DAY (TERMINAL CLEAN): Are all exposed surfaces (high-touch & low-touch) and fixed equipment in the room, including booms and wheels and casters of any equipment (e.g., carts) cleaned and disinfected?			
	END OF DAY (TERMINAL CLEAN): Are exterior surfaces of anesthesia equipment terminally low - level disinfected at the end of the day, according to manufacturers' instructions?			
	END OF DAY (TERMINAL CLEAN): Is all portable patient care equipment that is not stored within the OR thoroughly cleaned and disinfected before removal from the OR?			
	END OF DAY (TERMINAL CLEAN): Are sinks cleaned and disinfected (i.e. handwashing sinks, scrub and utility areas/sinks)?			
	END OF DAY (TERMINAL CLEAN): Is the entire floor cleaned and disinfected using a wet vacuum or mop, including baseboards taking care to move the operating table and any mobile equipment to make sure to reach the floor areas underneath?			
	SCHEDULED: Are internal components of the anesthesia machine breathing circuit cleaned per hospital policy or manufacturer's instructions?			
	SCHEDULED: Are inside of cupboards, ceilings, and walls scheduled for cleaning and disinfection on a scheduled or routine basis (e.g. weekly)? Specify frequency.			
	PROCESSES OF SURGICAL CARE Does the facility use a surgical checklist and/or have a bundle of processes of surgical care expected to be followed for all or targeted surgical patients (as deemed appropriate) to promote adherence with best practices to reduce the risk of surgical site infections (SSIs)?			
	COMPLIANCE WITH PROCESS MEASURES Does the facility have a program to improve surgical care that includes measuring or monitoring compliance with selected or targeted processes of care (process measures)?			
	OBSERVING OPERATING ROOM PERSONNEL Are direct observation audits of personnel (i.e., surgeons, surgical technologists, anesthesiologists, circulating nurses, residents, medical students, trainees, device representatives etc.) periodically performed to assess operating-room processes and practices to identify infection control lapses?			
	OBSERVING ENVIRONMENT OF CARE Is the environment of surgical care periodically observed, which could include but is not limited to direct observation audits of environmental cleaning and disinfection practices, integrity of environmental surfaces and equipment , and review of adherence to temperature, humidity, and positive air pressure parameters?			

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SSI Prevention	<u>FEEDBACK ON PROCESSES</u> Does the facility have a program to improve surgical care that includes providing feedback on compliance with processes to applicable perioperative personnel including surgeons?		.	
	<u>SURVEILLANCE PLAN FOR SSI</u> Does the facility perform surveillance for SSI as required by regulation (e.g. COLO, HYST), program participation , and for targeted surgeries based on assessment of risk (e.g. high-risk, high-volume) using NHSN case definitions or similar?		.	
	<u>SSI DATA & OUTCOME MEASURES</u> Does the facility use surveillance data to track and review applicable SSIs ? Review might include risk factors, adherence to surgical care processes, known outcomes associated with the SSI, review of NHSN SIR or SSI rate data, and consideration of local epidemiology to help guide prevention and response activities ?		.	
	<u>FEEDBACK ON SSIs</u> Does the facility provide feedback on SSI outcomes to surgeons, perioperative personnel, and leadership along with essential prevention measures?		.	