



### Equipment Cleaning / Storage Audit Tool

| Item  | Y | N | N/A | Comments |
|---|---|---|-----|----------|
| <b>1.0 Policies and Procedures</b>  |   |   |     |          |
| 1.1 Environmental cleaning procedures are based on best practices for cleaning and disinfection of care areas and reusable patient care equipment                     |   |   |     |          |
| 1.2 There are <b>documented procedures</b> for patient care equipment cleaning:   |   |   |     |          |
| 1.2.1 Bathtubs/showers  |   |   |     |          |
| 1.2.2 wheelchairs   |   |   |     |          |
| 1.2.3 B/P machines  |   |   |     |          |
| 1.2.4 B/P cuffs   |   |   |     |          |
| 1.2.5 Medication carts  |   |   |     |          |
| 1.2.6 Computers in p/r/c care areas   |   |   |     |          |
| 1.2.7 Sliders   |   |   |     |          |
| 1.2.8 Slings  |   |   |     |          |
| 1.2.9 Transfer belts  |   |   |     |          |
| 1.2.10 other – area specific _____  |   |   |     |          |
| 1.3 There are <b>documented schedules</b> stating specific tasks assigned to specific disciplines, ensuring items are cleaned between p/r/c, and when visibly soiled: |   |   |     |          |
| 1.3.1 bathtubs  |   |   |     |          |
| 1.3.2 wheelchairs   |   |   |     |          |
| 1.3.3 B/P machine   |   |   |     |          |
| 1.3.4 B/P cuffs   |   |   |     |          |
| 1.3.5 medication carts  |   |   |     |          |
| 1.3.6 computers in p/r/c care areas   |   |   |     |          |
| 1.3.7 other – area specific _____   |   |   |     |          |
| <b>2.0 General Practices in all Common Areas</b>  |   |   |     |          |
| 2.1 Clean and soiled linen are transported and stored separately  |   |   |     |          |
| 2.2 IV stands and pumps are visibly clean and free of tape  |   |   |     |          |
| 2.3 Feeding pumps are visibly clean and free of tape  |   |   |     |          |
| 2.4 Glucometers are visibly clean   |   |   |     |          |
| 2.5 B/P cuffs are visibly clean   |   |   |     |          |
| 2.6 B/P machines, both manual and electronic, are visibly clean   |   |   |     |          |
| 2.7 Non-mercury thermometer handles and probes are  |   |   |     |          |



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| visibly clean   |   |   |     |          |
| 2.8 Transport equipment (e.g., wheelchairs, strollers, stretchers) are visibly clean  |   |   |     |          |
| 2.9 Commode chairs, including the underside, are visibly clean  |   |   |     |          |
| 2.10 The urine measuring/discard container for each p/r/c is visibly clean  |   |   |     |          |
| 2.11 Computers in p/r/c care areas are visibly clean  |   |   |     |          |
| 2.12 Display screens in p/r/c care areas are visibly clean  |   |   |     |          |
| 2.13 Transfer/lift equipment:   |   |   |     |          |
| 2.13.1 base (hydraulic) unit is visibly clean   |   |   |     |          |
| 2.13.2 slings are visibly clean   |   |   |     |          |
| 2.13.3 sliders are visibly clean  |   |   |     |          |
| 2.13.4 transfer belts are visibly clean   |   |   |     |          |
| 2.14 Carts are visibly clean  |   |   |     |          |
| 2.14.1 medication carts   |   |   |     |          |
| 2.14.2 isolation carts  |   |   |     |          |
| 2.14.3 code carts   |   |   |     |          |
| 2.14.4 treatment carts  |   |   |     |          |
| 2.14.5 other _____  |   |   |     |          |
| 2.15 Any shared patient equipment not mentioned above appear(s) visibly clean   |   |   |     |          |
| <b>3.0 Nursing Station</b>  |   |   |     |          |
| 3.1 There is a schedule for cleaning the area, including high-touch surfaces (e.g., keyboards, phones, charts)                              |   |   |     |          |
| <b>4.0 Medication Preparation Areas</b>   |   |   |     |          |
| 4.1 Open containers of sterile solutions are dated and discarded within 24 hours of opening and/or according to manufacturer's instructions |   |   |     |          |
| 4.2 There is a dedicated medication refrigerator which is clean   |   |   |     |          |
| 4.3 There is evidence the medication refrigerator temperature is monitored  |   |   |     |          |
| 4.4 Medication carts are routinely cleaned  |   |   |     |          |
| <b>5.0 Patient/Resident/Client Rooms (including patient bathroom)</b>   |   |   |     |          |



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| 5.1 Cleaning schedules for shared patient equipment are accessible to staff.  |   |   |     |          |
| 5.2 Staff who complete the above 5.1 scheduled cleaning, perform sign-off   |   |   |     |          |
| 5.3 Rooms have a clean, orderly appearance with minimal supplies (e.g., no stockpiling)   |   |   |     |          |
| 5.4 Personal care items (e.g., creams, razors) are patient dedicated, labeled and stored separately                             |   |   |     |          |
| 5.5 IV stands and pumps are visibly clean, and free of tape and/or residue  |   |   |     |          |
| 5.6 Feeding pumps are visibly clean, and free of tape and/or residue  |   |   |     |          |
| 5.7 B/P cuffs are visibly clean   |   |   |     |          |
| 5.8 Transport equipment (e.g., wheelchairs, strollers, stretchers) are visibly clean  |   |   |     |          |
| 5.9 Commode chairs, including the underside, are visibly clean  |   |   |     |          |
| 5.10 There is a dedicated, labeled urine container and/or bedpan for each p/r/c if required. The container(s) are visibly clean |   |   |     |          |
| 5.11 There is storage that avoids contamination for dedicated p/r/c urine containers/bedpans in bathrooms                       |   |   |     |          |
| 5.12 If disposable equipment is used, it is single-use  |   |   |     |          |
| 5.13 Bath basins are visibly clean and dry  |   |   |     |          |
| 5.14 Call bell and light switch cords are able to be cleaned and disinfected (e.g., free of tape) or are disposable             |   |   |     |          |
| <b>6.0 Respiratory Equipment</b>  |   |   |     |          |
| 6.1 Suction equipment is visibly clean and dry  |   |   |     |          |
| 6.2 Disposable suction liners are changed according to manufacturer's recommendations   |   |   |     |          |
| 6.3 Reusable suction containers are reprocessed between p/r/c or according to manufacturer's recommendations                    |   |   |     |          |
| 6.4 Suction equipment is changed according to manufacturer's recommendations  |   |   |     |          |
| 6.5 If suction catheter is attached to the suction clean cover is in place  |   |   |     |          |
| 6.6 Portable oxygen therapy equipment is visibly clean (communal)   |   |   |     |          |
| 6.7 Oximeters are visibly clean   |   |   |     |          |



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| <b>7.0 Tub/Shower Room</b>   |   |   |     |          |
| 7.1 The area has a clean, orderly appearance with minimal supplies (e.g., no stockpiling)  |   |   |     |          |
| 7.2 P/R/C dedicated items (e.g., razors, shampoo, lotions, soaps, mouthwash, deodorant or nail care items) are stored and/or labeled for personal use only |   |   |     |          |
| 7.3 There is a posted protocol for cleaning after each use for:  |   |   |     |          |
| 7.3.1 tubs and showers   |   |   |     |          |
| 7.3.2 associated lifting devices (e.g., slings)  |   |   |     |          |
| 7.4 There is a regular cleaning schedule for the room with signoff   |   |   |     |          |
| <b>8.0 Clean Utility Room</b>  |   |   |     |          |
| 8.1 Clean and sterile devices are stored on shelving (whether fixed or mobile) that are:   |   |   |     |          |
| 8.1.1 made of non-porous materials on all surfaces   |   |   |     |          |
| 8.1.2 free of peeling paint  |   |   |     |          |
| 8.1.3 in good repair   |   |   |     |          |
| 8.1.4 easily cleanable   |   |   |     |          |
| 8.1.5 free of sharp/rough edges  |   |   |     |          |
| 8.1.6 solid on both top and bottom shelves   |   |   |     |          |
| 8.2 All <b>medical devices on shelves are stored</b> at least:   |   |   |     |          |
| 8.2.1 10 inches (25 cm) off the floor  |   |   |     |          |
| 8.2.2 18 inches (45 cm) from the ceiling   |   |   |     |          |
| 8.2.3 2 inches (5 cm) from outside walls   |   |   |     |          |
| 8.3 Soiled/used items are not stored in the clean utility room:  |   |   |     |          |
| 8.3.1 There is adequate shelving/storage available for clean and sterile supplies  |   |   |     |          |
| 8.3.2 There is a schedule for cleaning the room  |   |   |     |          |
| 8.3.3 Shelves, counter tops and cupboards are clean (inside and out) and free of clutter   |   |   |     |          |
| <b>9.0 Soiled Utility Room</b>   |   |   |     |          |
| 9.1 Dirty service area is free of clean supplies   |   |   |     |          |
| 9.2 Soiled utility rooms/workrooms should not be used to store unused equipment.   |   |   |     |          |



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| 9.3 There is a schedule for cleaning the room  |   |   |     |                   |
| 9.4 Shelves, counter tops and cupboards are clean (inside and out) and free of clutter |   |   |     |                   |
| <b>Compliance Score (see calculation below)</b>  |   |   |     |                   |
| Total number of 'Yes'  |   |   |     |                   |
| Total number of 'No'   |   |   |     |                   |
| Total number of items ('Yes' and 'No', exclude 'N/A')                                  |   |   |     |                   |
| <b>Total</b>   |   |   |     |                   |
|  |   |   |     | Compliance Score: |
|  |   |   |     |                   |
|  |   |   |     |                   |
|  |   |   |     |                   |
|  |   |   |     |                   |

Scoring: Compliance Rate = #Yes / # YES + No X 100

Audit completed by: \_\_\_\_\_

Audit completion date: \_\_\_\_\_

Facility/Unit: \_\_\_\_\_

|                                 |
|---------------------------------|
| <b>Legend</b>                   |
| p/r/c = patient/resident/client |

## Equipment Cleaning / Storage Audit

### Infection Prevention & Control Equipment Cleaning Audit Instructions

#### Purpose:

- This audit is to be conducted collaboratively between unit/area staff and IP & C. It is a *one time* “snap shot”, and is **not** an audit of Housekeeping practices.
- The equipment listed on the audit is not exhaustive, and may differ from unit to unit. Audit results are intended to help determine areas for improvement.
- In order to monitor compliance with IP & C policies, as per **Accreditation Canada Standards**, this audit should be performed at regular intervals to ensure appropriate actions towards improvement are taken.

#### How to Complete the Audit:

1. Complete the audit, documenting exactly what you see at the time of the audit.
2. Check off N/A (not applicable) if an item listed is not applicable to the area you are auditing.
  - Example: If IVs aren't used in the area being audited check N/A beside the question about IV pumps
3. When multiples of the same item are assessed and not all meet the criteria, answer 'No' and specify details in the comment section.

#### Site IP & C Instructions:

1. Total the score when the audit tool is completed.
2. Send completed audit tool to unit/area manager, highlighting areas of concern/deficit.
3. Assess audit reports after one year to determine the frequency of further audits.
4. Collaborate with area/unit manager to resolve issues as required.

***Thank you for completing the Infection Prevention & Control Equipment Cleaning Audit!***

#### References

1. CSA standard Z314.15.10 (2015, October Specific Requirements - Warehouses & Storerooms.
2. Infection Prevention and Control Canada. Infection Prevention and Control Audit for Client/Patient/Resident Service Unit Environment 2014. Available at:  
<https://ipac-canada.org/tools-toolstoc.php>.
3. Ontario. Provincial Infectious Diseases Advisory Committee. Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings. December 8, 2009; revised May 2012 [cited December 2, 2012]; 1-151. Available at:  
[http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC\\_Documents.aspx](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)
4. Qmentum Program Infection Prevention & Control Standards. Accreditation Canada. Version 12. 2017