

# Part D - Infection Prevention and Control

## CHECKLIST

Name of HPU: \_\_\_\_\_ (Print and complete one per HPU)

Agreed Role Delineation Level: \_\_\_\_\_

No	Item	Yes	No
<b>1.0</b>	<b>Handwashing Facilities:</b>		
1.1	Are the handbasin types specified appropriate for the room usage?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Are sufficient numbers of handbasins provided?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0</b>	<b>Isolation Rooms</b>		
2.1	Are sufficient numbers of Isolation Rooms of the appropriate type provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Do the Isolation Rooms meet the minimum requirements for the class specified?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0</b>	<b>Physical Environment</b>		
3.1	Do operating areas sufficiently separate clean and contaminated areas?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Do cleaning and clean-up areas sufficiently separate clean and contaminated areas?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Are staff eating and recreational areas sufficiently separate from work areas and patient treatment areas?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0</b>	<b>Surfaces and Finishes</b>		
4.1	Are the following finishes appropriate for the room usage? <ul style="list-style-type: none"> <li>• Floors</li> <li>• Skirtings</li> <li>• Walls</li> <li>• Ceilings</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Checked and certified by:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_