

## **Infection Prevention and Control- ICU assessment checklist**

## State Prevention of Epidemic and Infectious Disease (SPEID) Cell



## Govt. Medical College Hospital, Thiruvananthapuram

Inspe	ected by	Date						
Instructions: *Write the score in space provided			ICU visited					
	Max score	Criteria (Score- Yes=2, No=0)						
1	Max 2	Signage stating restriction of visitors at the entrance of ICU						
2	Staff (Max: 14)	Nurse Patient ratio 2:1						
3		At least one staff nurse trained in critical care						
4		Attended in at least one IPC program in last 3 months						
5		Clean well-fitting footwear use by all						
6	Š	Hand Hygiene is strictly observed						
7		Change gloves between patients						
8	Environment (Max: 24)	Bed rails, all equipments around bed, IV stands, privacy curtain, food trolley are clean						
9		Number of beds in ICU is optimum (8-12) with minimum one meter between beds						
10		Medication cart free of opened single dose vials						
11		Open multi dose vials labeled with date and time						
12		Sharp containers available in injection trolley						
13		All items are stored above floor level						
14		Opened sterile solutions are labeled with date and time						
15		Clean laundry store is clean and tidy						
16		Disinfection solution available for all procedures						
17		Nurses station and desk are clean and tidy						
18		Properly working air conditioner						
19		All beds have 24x7 hand rub solution						
20	Patient care Max: 10)	Bed linen/ Patient's gown changed daily						
21		Bed linen is clean, untorn not stained						
22		Both eyes clean						
23		Terminal cleaning done after patient transfer or discharge						
24		BP cuff, ECG lead wire, SpO2 probe disinfected between Patients						

25					
26		Closed type of suction in place			
	Ventilator (Max: 16)	Suction bottle- clean, empty or emptied recently			
27		Head end of bed elevated at 30-45 degree contraindication			
28		Ventilator tubing date and time marked			
29		Ventilator tubing clear of condensation			
30		Supplies needed for oral care set including saline pledgets available			
31		The ventilator cleaned and disinfected after every patient			
32	Urine drains (Max: 10)	Unused ventilator stored properly			
33		Secure catheter to prevent movement in urethra			
34		Unobstructed flow from the catheter ensured			
35		Closed drainage system used			
36		Drainage bag kept above the floor and below bladder level			
37	CVC (Max: 10)	Use separate canister to collect urine from each bag			
38		Central line set (Cap, Mask, Sterile Gloves, Sterile Gown and sterile full body drape) available			
39		Intact transparent dressing used/ daily change of dressing			
40		Single lumen catheter used or inactive ports capped			
41		Date and time noted in the adhesive dressing			
42	C	No visible signs of inflammation at insertion site /dressing not soiled			
43		Nebulizers - Sterilize or disinfect between patients			
44	Equipment's (Max:16)	Humidifiers- Sterilize or disinfect between patients			
45		Tube feeding equipment is cleaned and adequately disinfected			
46		Suction equipment is clean			
47		Oxygen equipment is clean			
48	uipn	Ambu bag is cleaned and adequately disinfected			
49	Equ	Nasogastric tube is clean, clear and secured properly			
50		Laryngoscope is clean and adequately disinfected			
T O T A L	(Maximum : 100)				