

**INFECTION PREVENTION AND CONTROL AUDIT for
General IPAC Practices in Ambulatory Clinic or Physician's Office**

Name of Facility: _____

Location: _____ Date: YYYY_____ MM_____ DD_____

Time: _____hours / _____AM _____PM Manager: _____

Auditor (print): _____ Signature: _____

NOTE: This audit tool does not include audit elements related to reprocessing medical devices. Refer to the 'Medical Device Reprocessing in Ambulatory Clinic or Physician's Office' audit tool for these items and to the 'Endoscopy' audit tool for reprocessing endoscopes.

Abbreviations:

ABHR	Alcohol-Based Hand Rub
IPAC	Infection Prevention and Control
N/A	Not Applicable
PPE	Personal Protective Equipment
RP	Routine Practices

Revised April 16, 2015

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Glossary:

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g. ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

Cold Chain: The process used to maintain optimal conditions during the transport, storage and handling of vaccines.

Dedicated Hand Washing Sink: A sink for cleaning soiled hands that is not used for any other purpose (e.g., cleaning of equipment, emptying of solutions).

Double-Dipping: The practice of putting a used item (e.g., cloth, spatula, sponge) back into a clean solution (e.g., disinfectant, lotion, cream).

FDA-Approved 3rd Party Reprocessor: An establishment (outside of a health care facility) that reprocesses single-use medical devices according to guidelines established by the U.S. Food and Drug Administration. There are currently no approved 3rd party reprocessors in Canada.

Hand Hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub. Hand hygiene includes surgical hand antisepsis.

Hand Washing: The physical removal of microorganisms from the hands using soap (plain or antimicrobial) and running water.

Personal Protective Equipment (PPE): Clothing or equipment worn by staff for protection against hazards.

Respiratory Etiquette: Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., coughing or sneezing into a tissue or into one's sleeve or elbow, care when disposing of tissues and the performance of hand hygiene). This is also referred to as '*respiratory hygiene*' or '*cough etiquette*'.

Routine Practices (RP): The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

Single-Use/Disposable: Medical device designated by the manufacturer for single-use only. Single-use devices must not be reprocessed except by an approved and FDA cleared 3rd party reprocessor.

Topping-up: Refilling a partially filled container with fresh solution.

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NOTE: See the [Table of Contents](#) for additional audit tools that expand on individual elements of these audit tools (e.g., Hand Hygiene, PPE, Routine Practices, Occupational Health, Foot Care)

Element	Compliance			Deficiency Noted	
	Yes	No	N/A		
1.0 Policies and Procedures					
1.1	The clinic/office facility maintains written infection prevention and control (IPAC) policies and procedures that are dated and reviewed every three years and as necessary to remain current				
1.2	There is a policy that requires scheduled cleaning and maintenance of non-critical medical equipment, including:				
1.3	• written cleaning instructions				
1.4	• documentation that cleaning has occurred				
1.5	• assigned responsibility for cleaning				
1.5	There is a policy prohibiting the reuse of single-use devices unless reprocessed by an approved and FDA cleared 3 rd party reprocessor				
1.6	There is a policy and procedure for managing exposures to blood and body fluids				
1.7	Staff receive immunizations according to the Canadian Immunization Guide and annual influenza immunization is emphasized				
1.8	There is a process requiring that an IPAC risk assessment be done before each task that is applicable to the task				
1.9	There is a process to triage clients/patients/residents with a communicable disease, e.g.: <ul style="list-style-type: none"> • screening takes place when booking appointments • scheduled at end of day • a segregated waiting area or private room is provided 				
1.10	Risk reduction strategies to reduce exposure to communicable diseases are in place: <ul style="list-style-type: none"> • Reception staff can maintain a two metre distance with clients/patients 				
1.11	• There is signage relating to hand hygiene and respiratory screening				
1.12	• Alcohol-based hand rub (ABHR) is available to clients/patients and staff				
1.13	• Personal protective equipment (PPE) is available for staff				

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Element	Compliance			Deficiency Noted
	Yes	No	N/A	
1.14	<ul style="list-style-type: none"> • Masks are available for individuals with a respiratory infection 			
1.15	<ul style="list-style-type: none"> • Respiratory etiquette is promoted 			
1.16	<ul style="list-style-type: none"> • Tissue boxes are available in the waiting room 			
	<ul style="list-style-type: none"> • There is a written procedure for cleaning toys (if present in the clinic/office) that includes: 			
1.17	<ul style="list-style-type: none"> ○ Toys are cleanable 			
1.18	<ul style="list-style-type: none"> ○ Toys are cleaned when soiled and on an assigned, scheduled basis 			
1.19	<ul style="list-style-type: none"> ○ Toy cleaning and disinfection is documented 			
2.0 Education				
	Staff receive annual IPAC education that includes:			
2.1	<ul style="list-style-type: none"> • hand hygiene with soap and water and ABHR 			
2.2	<ul style="list-style-type: none"> • correct and consistent use of Routine Practices (RP) 			
2.3	<ul style="list-style-type: none"> • appropriate use of personal protective equipment 			
2.4	<ul style="list-style-type: none"> • prevention of blood and body fluid exposure, including sharps safety and waste handling 			
2.5	<ul style="list-style-type: none"> • management of accidental exposure to blood/ body fluids 			
2.6	<ul style="list-style-type: none"> • cold chain management for vaccines 			
2.7	All staff training and education is documented and evaluated			
3.0 Routine Practices				
3.1	There is a dedicated hand washing sink located at least one metre from where sterile or clean supplies are stored			
3.2	Liquid soap is available for hand washing			
3.3	Soap and ABHR containers are disposable and are not topped-up			
3.4	Hand towels (cloth or paper) are single-use			
3.5	Hands are washed with soap and water if visibly soiled			
3.6	ABHR may be used if hands are not visibly soiled or if a hand washing sink is not available			

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Element		Compliance			Deficiency Noted
		Yes	No	N/A	
3.7	Hand hygiene is performed:				
	• before entering the client/patient/resident room or cubicle				
3.8	• before performing a sterile/aseptic procedure				
3.9	• after glove removal				
3.10	• after contact with blood, body fluids, secretions and excretions				
3.11	PPE supplies are readily available and easily accessible in appropriate sizes				
3.12	Sterile medical gloves are worn for procedures involving contact with sterile body sites				
3.13	Gloves are changed between procedures on the same client/patient/resident				
3.14	Gloves are removed immediately after completion of the procedure before touching clean items and surfaces				
3.15	Single-use disposable gloves are not re-used or washed				
3.16	Face protection (well-fitted mask and eye protection) is worn for procedures that are likely to result in sprays or splashes of blood or other body fluids. Prescription eyeglasses are not acceptable as eye protection.				
3.17	If N95 respirators are used, previous fit-testing has occurred				
3.18	Masks/respirators are discarded after use and are not re-used				
3.19	There is a puncture-resistant sharps container accessible at point-of-use				
3.20	Sharps containers are not over-filled				
4.0 Storage					
4.1	Sterile items are stored in their sterile packaging until time of use				
4.2	Sterile items are handled in a manner that prevents contamination of the item				
4.3	Packaged, sterilized instruments are stored securely in a manner that keeps them clean, dry and prevents contamination (e.g., drawer, upper cupboard)				
5.0 Environment					
5.1	Work surfaces (e.g., chairs, tables, equipment trays) used in the delivery of care are cleaned thoroughly and then disinfected between clients/patients/residents				

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Element	Compliance			Deficiency Noted
	Yes	No	N/A	
5.2	Single-use covers (e.g., paper table covers) are discarded after each client/patient/resident			
5.3	There is a documented schedule to clean floors, walls, cupboards, shelving and other surfaces that are not routinely contacted during care delivery, and when visibly soiled			
5.4	Reusable linen is laundered after each use (i.e., single client/patient/resident use)			
5.5	Soiled linen is contained in leak-proof bags that are not over-filled			
5.6	Products (e.g., creams, lotions, cotton balls, swabs) are single-use or are dispensed in a manner that does not contaminate the remaining portion (i.e., no double-dipping)			
5.7	If bulk products are decanted into smaller containers for use, the containers are cleaned, disinfected and dried between uses (i.e., not topped-up)			
5.8	Waste containers are covered and are not over-filled			

Compliance Score (see calculation below)

Total number of 'Yes'				Compliance Score:
Total number of 'No'				
Total number of items ('Yes' and 'No', exclude 'N/A')				

Scoring:

Total number of 'yes' _____ x 100 = % compliance (compliance score)

Total number of 'yes' and 'no'

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Feedback on Compliance:

There is a process in place to address audit deficiencies and to provide timely feedback, on a priority basis (e.g., safety issues would be addressed immediately).

Additional Comments:

DISCLAIMER:

These audit tools are based on infection prevention and control best practices current at the time of publication. The individual elements provided in these tools are not intended to take the place of either the written law or regulations.

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