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| **IPC Policy Compliance Checklist for Adult Social Care** | | | |
| **Service/ Name  of Setting:** |  | **Date of Assessment:** |  |
| **Name of Assessor:** |  | **Designation:** |  |

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| **Topic:** | | **Yes** | **No** | **Action Required/Comments:** | **Date Action Completed:** |
|  | *Aseptic technique* |  |  |  |  |
| *Care of the deceased* |  |  |  |  |
| *Clostridium difficile* |  |  |  |  |
| *Decontamination of*  *equipment/reusable medical*  *devices* |  |  |  |  |
| *Environmental*  *cleaning/cleanliness* |  |  |  |  |
| *Hand hygiene* |  |  |  |  |
| *Isolation of residents with an*  *infection* |  |  |  |  |
| *Immunisation of residents (include*  *staff)* |  |  |  |  |
| *Linen and laundry* |  |  |  |  |
| *Prevention & management of*  *occupational exposure to bloodborne viruses and post exposure prophylaxis* |  |  |  |  |
| *Multi-drug resistant organisms* |  |  |  |  |
| *MRSA* |  |  |  |  |
| *Outbreaks of communicable*  *disease/infection* |  |  |  |  |
| *Roles and responsibilities of staff in respect of the prevention and*  *control of infection* |  |  |  |  |
| *Personal Protective Equipment*  *(PPE)* |  |  |  |  |
| *Safe handling and disposal of*  *sharps* |  |  |  |  |
| *Safe handling and disposal of*  *waste* |  |  |  |  |
| *Safe management of blood and*  *body fluids* |  |  |  |  |
| *Single use medical devices* |  |  |  |  |
| *Uniform and workwear policy* |  |  |  |  |
| *Use and care of invasive devices* |  |  |  |  |
|  | |  |  | **Compliance (All criteria met in full?)** | |

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| **Assessor signature:** |  | **Date:** |  |