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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:** |  |