

## Infection Prevention Compliance Checklist

S = Satisfactory    NI = Needs Improvement    N/A = Not Applicable    N/O = Not Observed

<b>Eye Wash Stations, Medication Rooms, Therapy Services Area</b>
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Observation	S	NI	N/A or NI	Action Needed
Eyewash stations are checked weekly (availability of wash solution and not expired or water lines flushed; sink/basin clean) and checks are documented.				
Door to Med Room properly labeled				
Medications are not expired				
Medications are properly labeled and stored				
Medication refrigerator is at correct temperature and temperature is documented daily.				
Medication refrigerator is clean and in working order				
Medication refrigerator is properly labeled and no other items are stored in this refrigerator				
Controlled Medications are properly secured.				
Hand hygiene supplies are readily available in the therapy services area				
Disinfecting wipes/supplies to disinfect equipment are available and therapy staff can verbalize where disinfecting wipes/supplies are located				
PPE available and therapy staff can verbalize where located				
Equipment is wiped down with disinfectant between each use				
Hydro Collator water levels maintained and temperature checked and documented daily				
Hydro Collator drained and cleaned (i.e. all water deposits removed) every 2 weeks or as per manufacturer's instructions				
Sink splash areas are clean and free of clutter				

Name of Person Making Observation	Date of Observation	Date of Follow-up	Action Needed Completed