

# Infection Control Audit Form

Interior Health - Mock Audit Tool

## Audit Information

Site Name: \_\_\_\_\_

Unit/Department: \_\_\_\_\_

Date of Audit: \_\_\_\_\_

Auditor Name(s): \_\_\_\_\_

Staff Present: \_\_\_\_\_

## Section: Hand Hygiene Compliance

Audit Item	Compliant	Non-Compliant	N/A	Comments
ABHR available at point of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene before patient contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene after patient contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene after glove removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand hygiene access for patients/visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Section: Personal Protective Equipment (PPE)

Audit Item	Compliant	Non-Compliant	N/A	Comments
PPE is available (gloves, gowns, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE used as per isolation precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper donning and doffing technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Used PPE disposed of correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Section: Environmental Cleaning

Audit Item	Compliant	Non-Compliant	N/A	Comments
High-touch surfaces cleaned frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning logs are complete and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shared equipment cleaned between use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning staff use approved disinfectants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## Section: Isolation & Signage

Audit Item	Compliant	Non-Compliant	N/A	Comments
Isolation signage is clear and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Precautions are followed (Contact/Droplet/etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff understand isolation protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Section: Linen, Waste & Sharps

Audit Item	Compliant	Non-Compliant	N/A	Comments
Soiled linen handled and stored correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper waste disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps containers available and not overfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps disposed of immediately after use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Section: Staff Knowledge & Practice

Audit Item	Compliant	Non-Compliant	N/A	Comments
Staff identify symptoms of infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff know when to report risks/outbreaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training up to date (Routine/Additional Precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Summary of Findings & Recommendations

Strengths: \_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

Immediate Action Required? (Yes/No): \_\_\_\_\_

If Yes, Describe: \_\_\_\_\_

## Follow-Up Plan

Next Audit Date: \_\_\_\_\_

Responsible Person(s): \_\_\_\_\_

Additional Notes: \_\_\_\_\_