**Environment of Care Rounding Tool for Local and Tribal Health Departments**

Use this tool when rounding at your local or Tribal health department to monitor and audit areas for infection prevention and control gaps. It is recommended to perform rounding at least annually.

|  |  |
| --- | --- |
| **Location:** |  |
| **Observer:** |  |
| **Date:** |  |

Acceptable (A); Needs improvement (NI); Not applicable (NA);

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Assessment** | | | **Comments or follow-up actions taken** |
| **A** | **NI** | **NA** |
| **Reception area** | | | | |
| Respiratory hygiene or cough etiquette signage is in place |  |  |  |  |
| Alcohol-based hand rub is available |  |  |  |  |
| Tissues and waste receptacles are accessible |  |  |  |  |
| Masks are available |  |  |  |  |
| Furniture is wipeable and free of tears |  |  |  |  |
| Floor and walls are clean |  |  |  |  |
| Toys are cleaned and disinfected between each use |  |  |  |  |
| **Exam rooms** | | | | |
| Ceiling is in good condition |  |  |  |  |
| Hand hygiene sink with soap and paper towel is accessible |  |  |  |  |
| Furniture and exam table is clean and free of tears |  |  |  |  |
| No supplies are stored within splash zone of sink (3 feet) or a splash guard is in place |  |  |  |  |
| Personal protective equipment (PPE) is available per policy |  |  |  |  |
| Curtains are visibly clean, and a policy for routine laundering is in place |  |  |  |  |
| No staff food or drinks are present |  |  |  |  |
| Medical supplies are stored appropriately |  |  |  |  |
| Patient care devices and equipment are cleaned and disinfected between uses, per instructions for use (IFU) |  |  |  |  |
| **Airborne infection isolation room** | | | | |
| Appropriate sign(s) are posted |  |  |  |  |
| Respiratory protection is available |  |  |  |  |
| Door closed as appropriate |  |  |  |  |
| An Occupational Safety and Health Administration (OSHA) respiratory protection program, including respirator fit testing, is in place |  |  |  |  |
| **Clean storage rooms** | | | | |
| No soiled equipment or materials are present |  |  |  |  |
| Floors and walls are clean |  |  |  |  |
| No supplies are stored on floor |  |  |  |  |
| Storage units and shelving have solid bottom shelves |  |  |  |  |
| Supplies are stored away from windows and vents |  |  |  |  |
| Shelving, drawers, and cabinets are clean |  |  |  |  |
| No expired supplies are stored |  |  |  |  |
| Sterile patient care supplies are free of dust and unopened |  |  |  |  |
| No corrugated carboard boxes or shipping boxes are present |  |  |  |  |
| **Soiled utility rooms** | | | | |
| Floors and walls appear clean |  |  |  |  |
| Free of clean equipment and supplies |  |  |  |  |
| Soiled linen is bagged appropriately |  |  |  |  |
| **Equipment and non-critical patient care items** | | | | |
| Equipment in patient use is clean |  |  |  |  |
| Stored equipment is clean |  |  |  |  |
| Equipment is handled per policy |  |  |  |  |
| **Linen** | | | | |
| Clean and dirty linen are stored separately |  |  |  |  |
| Clean linen is stored in a manner that prevents contamination |  |  |  |  |
| Clean linen is covered during transport |  |  |  |  |
| **Waste management** | | | | |
| Waste containers are clean, operational, and in good condition |  |  |  |  |
| Containers are labeled as required |  |  |  |  |
| Regulated medical waste is discarded appropriately |  |  |  |  |
| Sharps containers are available, secured appropriately, and not overfilled |  |  |  |  |
| **Refrigerators and freezers** |  |  |  |  |
| Temperature logs are present and being filled out |  |  |  |  |
| Corrective actions are documented for out-of-range temperatures |  |  |  |  |
| Only medications are stored in the medication refrigerator |  |  |  |  |
| Only lab specimens are stored in the lab specimen refrigerator |  |  |  |  |
| Refrigerators are clean |  |  |  |  |
| Preventative maintenance is performed as required |  |  |  |  |
| Items are labeled per policy |  |  |  |  |
| **Medications** | | | | |
| No outdated medications |  |  |  |  |
| Opened multi-dose vials are dated (expiration date 28 days after opening, unless otherwise specified by the manufacturer) |  |  |  |  |
| Medication preparation areas and carts are clean and uncluttered |  |  |  |  |
| Single dose vials are used one time only and for one patient only |  |  |  |  |
| No supplies are stored within splash zone of sink (3 feet) or a splash guard is in place |  |  |  |  |
| **Laboratory** | | | | |
| Areas are uncluttered |  |  |  |  |
| Hand hygiene sink is used for hand hygiene only |  |  |  |  |
| Sink for discarding specimens is available |  |  |  |  |
| PPE is available |  |  |  |  |
| Equipment is cleaned and disinfected per IFUs |  |  |  |  |
| **Environmental services** | | | | |
| Disinfectants that are used are Environmental Protection Agency (EPA) registered |  |  |  |  |
| Staff follow disinfectant contact times |  |  |  |  |
| **Other** | | | | |
| There is no evidence of water intrusion or leaks |  |  |  |  |
| No patient care devices or supplies are stored under sinks |  |  |  |  |
| Sharps safety devices are available |  |  |  |  |
| Sharps safety devices are used appropriately |  |  |  |  |
| PPE is readily accessible |  |  |  |  |
| Eye wash stations are maintained per policy |  |  |  |  |

For more information on infection prevention and control for local and Tribal health departments, visit the Wisconsin Healthcare-Associated Infections (HAI) Prevention Program website (<https://www.dhs.wisconsin.gov/hai/lthd-education.htm>).