INFECTION PREVENTION AND CONTROL AUDIT TEMPLATE

Infection-Control Audit Checklist

Audit Standard Precautions, hand hygiene, PPE, triage, isolation, environmental cleaning, aseptic practice, sharps, reusable equipment, staff competency, surveillance, and corrective-action closure.

FACILITY / LOCATION	AUDIT DATE	AUDITOR	IPC OWNER

General infection-control audit template. Adapt to current facility policies, national and local requirements, manufacturer instructions, occupational-health requirements, and applicable public-health guidance.

1. Audit setup, IPC scope, and governance

1 **Confirm the facility, unit or department, audit date, operating status, auditor, IPC lead, and escalation contacts.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Start with accountable owners so urgent infection risks can be contained and escalated without delay.

2 **Define the patient-care areas, support areas, shifts, patient populations, procedures, isolation capacity, and infection-control processes included in the audit sample.** IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Record excluded areas and use a risk-based sample that covers active clinical and support workflows.

3 **Verify current infection-prevention policies, Standard Precautions, Transmission-Based Precautions, cleaning, PPE, exposure-response, and device-reprocessing procedures are accessible to relevant teams.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check version, approval, review date, facility adaptation, and staff access to the current procedure.

4 **Review recent healthcare-associated infection concerns, outbreaks, exposure incidents, audit failures, repeat findings, and overdue corrective actions.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use recent events and repeat findings to focus sampling on higher-risk units, tasks, and transmission routes.

5 **Confirm infection-prevention leadership has defined authority, adequate resources, and a process to remove or mitigate infection risks promptly.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Verify IPC responsibilities, supply support, escalation authority, and management review rather than relying only on policy statements.

6 **Capture the audit start time, sampled zones, and approved reference evidence for the areas included in the infection-control audit.** IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use time-stamped evidence without including unnecessary patient-identifying information.

2. Standard Precautions and hand hygiene

7 **Observe whether hand hygiene is performed immediately before touching a patient and before aseptic tasks or handling invasive devices.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Sample different roles, shifts, and care moments rather than relying only on self-reported compliance.

8 **Observe whether hand hygiene is performed after body-fluid exposure risk, after touching a patient or patient surroundings, and immediately after glove removal.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Look for missed transitions between contaminated and clean tasks on the same patient.

9 **Verify alcohol-based hand rub is readily accessible at the point of care and handwashing facilities have running water, soap, and single-use drying supplies where required.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check actual availability during busy periods, not only stock held in storage.

10 **Confirm staff use soap and water when hands are visibly soiled and follow the facility's approved hand-hygiene technique and indications.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe technique and product use directly; do not score only the presence of dispensers.

11 **Verify respiratory-hygiene and cough-etiquette supplies, instructions, tissues, masks where used, and waste bins are available at entry, waiting, and triage points.** IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check that patients and visitors can act on the instructions without having to search for supplies.

12 **Confirm patient-care practices apply Standard Precautions to every patient regardless of known or suspected infection status.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Test staff understanding with a common care scenario involving blood, body fluids, mucous membranes, or contaminated equipment.

3. PPE selection, donning, doffing, and availability

13 Verify PPE selection is based on the task, anticipated exposure, and route of transmission rather than diagnosis alone.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Compare observed PPE with the facility risk assessment for the procedure being performed.

14 Confirm gloves, gowns, masks or respirators, eye protection, and face protection are available in appropriate sizes at or near the point of use.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check accessibility on nights, weekends, and high-demand shifts as well as normal daytime stock.

15 Observe staff donning PPE in the correct sequence without contaminating clean clothing, equipment, or the patient-care area.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use direct observation for high-risk tasks and verify hand hygiene at the required points.

16 Observe staff doffing PPE without touching contaminated surfaces and with hand hygiene completed at the required points.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Doffing errors can create exposure even when the correct PPE was selected.

17 Confirm disposable gloves and gowns are changed between patients and tasks as required and are not washed for reuse.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Look for cross-patient use, contaminated glove contact with clean surfaces, and inappropriate reuse.

18 Where respirators are required, verify staff follow the facility's respiratory-protection requirements for selection, fit, use, removal, and storage or disposal.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Apply the facility's occupational-health and respiratory-protection programme rather than a generic fit rule.

4. Triage, respiratory hygiene, and patient placement

19 Verify systems are in place to identify patients with potentially transmissible symptoms at the earliest point of encounter.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Review reception, triage, emergency, outpatient, and admission workflows for delays in recognition.

20 Confirm respiratory symptoms, fever with rash, vomiting, diarrhoea, draining lesions, or other relevant syndromes trigger prompt infection-control assessment.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use the facility's current syndrome and escalation criteria; avoid relying on laboratory confirmation before taking initial precautions.

21 Verify symptomatic patients are separated from others as soon as feasible and provided source-control measures according to facility policy and current risk assessment.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Assess waiting areas, queueing, seating, and temporary holding spaces during peak activity.

22 Confirm patients requiring additional precautions are placed in the most appropriate room or care space available for the transmission risk.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Document any delay or placement limitation and the interim controls used to reduce transmission risk.

23 Verify transfer and receiving teams are informed of required infection-control precautions before a patient is moved between departments or facilities.

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check handoff documentation and whether transport staff received the information before movement began.

24 Confirm patient and visitor instructions are understandable, available in appropriate formats, and reinforced by staff when additional precautions apply.

IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Sample the actual instructions used at the bedside or point of entry, not only master copies in policy folders.

5. Transmission-Based Precautions and isolation controls

25 **Verify Contact, Droplet, Airborne, or combined Transmission-Based Precautions are initiated promptly when indicated by the patient's clinical presentation or confirmed infection.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Precautions should supplement Standard Precautions and be adjusted as better clinical information becomes available.

26 **Confirm isolation signage clearly communicates required entry precautions without exposing unnecessary confidential patient information.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check visibility before room entry and consistency with the current precaution order.

27 **Verify required PPE and hand-hygiene supplies are positioned to support safe entry and exit from the isolation area.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe actual workflow around the doorway to identify cross-traffic and supply-access problems.

28 **Where airborne isolation or other engineered controls are used, confirm the room and ventilation controls are operating and monitored according to facility requirements.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use the facility's engineering and maintenance records; do not infer airflow performance from room appearance.

29 **Confirm dedicated or disposable patient-care equipment is used where required, and shared equipment is cleaned and disinfected before use on another patient.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Trace at least one high-touch device such as a blood-pressure cuff, thermometer, or mobility aid.

30 **Verify criteria for discontinuing additional precautions, terminal cleaning, and room release are documented and followed before the space returns to routine use.** CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Confirm who authorizes discontinuation and what cleaning or engineering checks are required before release.

6. Environmental cleaning and disinfection

31 Verify routine and targeted cleaning schedules prioritize high-touch and near-patient surfaces according to risk, contact frequency, and degree of soiling. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe whether the actual cleaning frequency matches the documented schedule during busy periods.

32 Confirm cleaning and disinfecting products are approved for the intended surface and used according to facility policy and manufacturer instructions, including dilution and contact time. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check prepared solution labels, expiry or in-use life, contact time, and material compatibility.

33 Verify blood and body-fluid spills are contained and decontaminated promptly using appropriate PPE and the approved spill procedure. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Review both immediate response and final disinfection rather than only whether a spill kit exists.

34 Observe cleaning workflow for separation of clean and dirty materials, movement from lower-risk to higher-risk contamination, and prevention of cross-contamination. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Look at cloth, mop, bucket, trolley, and glove handling between rooms and zones.

35 Confirm discharge or terminal cleaning is completed and verified for rooms requiring enhanced cleaning before reuse. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use the facility's defined verification method and retain evidence of completion where required.

36 Verify environmental-services equipment is cleaned, decontaminated, dried, and stored in a manner that prevents contamination of clean supplies. IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Inspect storage areas as well as patient-care areas; mixed clean and dirty storage is a common hidden gap.

7. Aseptic practice, injections, sharps, and reusable equipment

37 Observe aseptic tasks to confirm clean or sterile items are protected from contamination and key parts or sites are not touched unnecessarily. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Sample a real procedure or simulated workflow relevant to the audited unit.

38 Verify injections and medication preparation are performed in a clean area with single-use needles and syringes used for one patient only. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check preparation space, hand hygiene, vial handling, and disposal from start to finish.

39 Confirm sharps are disposed of immediately at the point of use in suitable containers that are correctly positioned, secured, and not overfilled. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Inspect fill level, temporary placement, and whether staff carry used sharps unnecessarily.

40 Verify reusable patient-care equipment is cleaned and disinfected or sterilized between patients and when soiled according to its intended use and manufacturer instructions. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Trace one reusable item from use through cleaning, disinfection or sterilization, storage, and release.

41 Confirm clean and sterile supplies are protected from moisture, dust, damage, expiry, and mixing with used or contaminated items. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Inspect both point-of-care storage and central or utility storage areas.

42 Verify shared point-of-care devices are dedicated to one patient where required or cleaned and disinfected between patients using the approved process. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Include devices with frequent hand contact such as glucometers, thermometers, keyboards, and monitoring accessories.

8. Linen, waste, specimens, and contamination control

43 **Confirm used linen is handled with minimal agitation, contained at the point of use, and transported without contaminating staff, patients, or clean areas.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Observe collection and transport rather than only the laundry-room process.

44 **Verify healthcare waste is segregated at the point of generation using the facility's approved categories, containers, labels, and transport process.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use local waste rules and facility policy for color coding and treatment requirements.

45 **Confirm sharps containers are accessible, correctly assembled, secured, closed at the approved fill level, and moved safely for final handling.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check temporary overfill workarounds and containers placed where children, visitors, or patients can reach them.

46 **Verify specimens are correctly identified, contained in leak-resistant packaging, and transported in a way that protects staff and prevents environmental contamination.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Inspect collection, secondary containment, handoff, and spill-response readiness.

47 **Confirm contaminated spills, waste, and reusable containers are handled with the PPE, cleaning, and decontamination controls required by the exposure risk.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Look for the point where contaminated material crosses into corridors, lifts, utility rooms, or transport routes.

48 **Verify clean and contaminated flows are separated for linen, waste, specimens, equipment, and supplies to reduce cross-contamination.**

IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Map physical and timing flows where space constraints make separation difficult.

9. Workforce competency, exposure response, surveillance, and outbreaks

49 **Verify role-specific infection-prevention education is completed before staff perform relevant duties and refreshed at least as required by facility policy.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Include clinical staff, environmental services, temporary staff, contractors, and volunteers with exposure potential.

50 **Confirm competency is assessed for high-risk practices such as hand hygiene, PPE, aseptic technique, cleaning, sharps handling, and isolation workflows.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Training attendance alone does not demonstrate competent performance.

51 **Verify healthcare personnel can report occupational exposures, symptoms, and diagnosed infectious illness promptly and can access post-exposure assessment when needed.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Review after-hours reporting and confidentiality as well as normal occupational-health access.

52 **Confirm staff immunization, immunity, work-restriction, and return-to-work processes follow current facility policy and applicable occupational-health requirements.**

IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Audit process compliance without displaying unnecessary personal health information.

53 **Verify adherence to infection-control practices and healthcare-associated infection indicators is monitored using standardized definitions, with feedback provided to staff and leadership.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Check whether monitoring data results in timely action rather than being collected only for reporting.

54 **Confirm suspected clusters or outbreaks trigger case-finding, enhanced precautions, communication, environmental or equipment review, and escalation according to the facility response plan.**

CRITICAL | IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Trace a recent event or run a tabletop scenario to verify roles, notification routes, and decision authority.

10. Findings, corrective actions, verification, and sign-off

55 Calculate the overall infection-control audit result and summarize critical failures, repeated gaps, affected units, and the most important patient or staff transmission risks. IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Separate immediate transmission risk from underlying process, training, staffing, supply, facility, or equipment causes.

56 Create immediate containment for every critical infection-control failure that could expose patients, staff, visitors, equipment, or care environments. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Record what was stopped, isolated, cleaned, replaced, restricted, or communicated before normal work continued.

57 Assign each finding an owner, priority, due date, root-cause requirement where appropriate, corrective action, and objective closure-evidence rule. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Use short deadlines for active transmission risk and realistic deadlines for permanent prevention.

58 Escalate overdue, repeated, multi-unit, outbreak-related, or severe infection-control findings to the management and IPC level required by the facility. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Track acknowledgement, interim controls, revised due dates, and the responsible approver.

59 Verify closure through re-observation, cleaning or supply evidence, training or competency proof, engineering or maintenance records, surveillance trends, or a repeat audit. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Do not close an IPC action based only on a written comment from the assigned owner.

60 Record the final audit decision, remaining restrictions, next review date, auditor, IPC approval, date, time, and sign-off. CRITICAL IPC CHECK

Compliant | Needs attention | Critical gap | N/A

◇ **Execution tip:** Keep affected areas, equipment, or processes under control until every release condition has been verified.