HEALTHCARE ISOLATION ROOM AUDIT TEMPLATE

Isolation Room Inspection Checklist

Inspect patient placement, precaution signage, room airflow, PPE, hand hygiene, dedicated equipment, cleaning, patient movement, exposure controls, terminal cleaning, and room release.

FACILITY / UNIT	AUDIT DATE	AUDITOR	APPROVER

Adapt to current regulations, facility IPC policy, patient precautions, engineering design, and approved room-monitoring requirements.

1. Audit setup, isolation scope, and governance

1 **Confirm the facility, unit, room number, audit date, operating status, auditor, IPC contact, clinical owner, facilities contact, and escalation contacts.** METADATA + SIGN-OFF

Compliant | Needs attention | Critical gap | N/A

Tip: Identify who can change the precaution level, move a patient, restrict room use, request engineering support, and authorize return to service.

2 **Define the isolation rooms, patient-care areas, transmission risks, precaution categories, shifts, support services, and engineering controls included in the inspection.** SCOPE CHECKLIST

Compliant | Needs attention | Critical gap | N/A

Tip: Record excluded rooms and confirm the sample covers active airborne, droplet, contact, or other facility-defined isolation workflows.

3 **Verify current isolation, Standard Precautions, Transmission-Based Precautions, PPE, cleaning, patient-transport, and exposure-response procedures are available to relevant staff.** CRITICAL DOCUMENT VERIFICATION

Compliant | Needs attention | Critical gap | N/A

Tip: Check the current approved version, issue date, accessibility, and alignment with the facility's current IPC programme.

4 **Confirm the room's intended isolation function and engineering classification are documented and match the precautions currently assigned to the patient or service.** CRITICAL ROOM CLASSIFICATION

Compliant | Needs attention | Critical gap | N/A

Tip: Do not assume every isolation room is an airborne infection isolation room; verify the intended function and required controls for the actual transmission risk.

5 **Review recent isolation breaches, room-pressure failures, PPE issues, exposure events, cleaning failures, complaints, and overdue corrective actions for the sampled area.** PREVIOUS FINDINGS REVIEW

Compliant | Needs attention | Critical gap | N/A

Tip: Use repeat failures to target specific rooms, shifts, patient flows, engineering systems, supply gaps, or staff competency issues.

6 **Capture the audit start time, room identifier, occupancy status, and approved reference evidence without including unnecessary patient identifiers.** TIMESTAMP + EVIDENCE

Compliant | Needs attention | Critical gap | N/A

Tip: Record enough context to verify the inspection while protecting patient privacy and following facility photography rules.

2. Patient placement, precaution selection, signage, and communication

7 **Verify the patient's suspected or confirmed transmission risk has been assessed and the required Standard and Transmission-Based Precautions are documented.**

CRITICAL | PRECAUTION SELECTION

Compliant | Needs attention | Critical gap | N/A

Tip: Match precautions to the current clinical risk and approved guidance rather than relying on a generic isolation label.

8 **Confirm the patient is placed in the correct room type or approved alternative location for the indicated transmission-based precautions.**

CRITICAL | PATIENT PLACEMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Prioritize room placement based on infectiousness, mode of transmission, patient needs, and available engineering controls.

9 **Check isolation signage is visible before entry and clearly communicates the required precautions, PPE, visitor controls, and any special room instructions.**

CRITICAL | ENTRY SIGNAGE

Compliant | Needs attention | Critical gap | N/A

Tip: Signage should be understandable to staff and visitors without disclosing unnecessary patient information.

10 **Verify precaution orders, care plans, handover notes, and electronic or paper alerts are consistent with the current isolation status.**

CRITICAL | ISOLATION STATUS CHECK

Compliant | Needs attention | Critical gap | N/A

Tip: Investigate any mismatch between bedside signage, the clinical record, handover information, and staff understanding.

11 **Confirm receiving departments and transport staff are informed of required precautions before the patient leaves the room for an essential transfer or procedure.**

CRITICAL | TRANSFER COMMUNICATION

Compliant | Needs attention | Critical gap | N/A

Tip: Communicate the transmission risk, source-control needs, PPE expectations, and destination readiness before movement begins.

12 **Verify visitors receive appropriate instruction on entry, PPE, hand hygiene, movement restrictions, and whom to contact for help.**

VISITOR INSTRUCTION

Compliant | Needs attention | Critical gap | N/A

Tip: Use simple instructions and provide assistance when visitors are unfamiliar with PPE or isolation practices.

3. Room engineering controls, airflow, doors, and monitoring

13 **For rooms designated as airborne infection isolation rooms, verify negative pressure relative to adjacent spaces is functioning and the room is being used only when the required engineering controls are available.**

CRITICAL | AIIR NEGATIVE PRESSURE

Compliant | Needs attention | Critical gap | N/A

Tip: Air should flow from the corridor or adjacent clean area into the AIIR; escalate any loss of negative pressure immediately.

14 **Verify the room pressure indicator, monitor, alarm, or approved visual airflow check is functioning and the required monitoring result is documented at the facility-defined frequency.**

CRITICAL | PRESSURE MONITORING

Compliant | Needs attention | Critical gap | N/A

Tip: CDC guidance recommends periodic monitoring, preferably daily, for AII airflow direction; follow the facility's approved monitoring method and frequency.

15 **For airborne isolation rooms, confirm ventilation meets the applicable facility standard, including at least 6 air changes per hour for qualifying existing rooms and at least 12 for new or renovated rooms where those CDC criteria apply.**

CRITICAL | AIR-CHANGE VERIFICATION

Compliant | Needs attention | Critical gap | N/A

Tip: Use current engineering records rather than estimating air changes from supply or exhaust noise.

16 **Verify AIIR exhaust is discharged directly outdoors away from air intakes and occupied areas, or is appropriately HEPA-filtered before recirculation when recirculation is permitted.**

CRITICAL | AIIR EXHAUST CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Check the documented design and maintenance record; do not infer exhaust routing from room appearance.

17 **Confirm doors, seals, ceiling penetrations, windows, supply and exhaust grilles, and other room-envelope components are intact and do not compromise required airflow control.**

CRITICAL | ROOM ENVELOPE CHECK

Compliant | Needs attention | Critical gap | N/A

Tip: Report damaged door closers, wedged doors, open windows, unsealed penetrations, or other conditions that undermine directional airflow.

18 **Verify the isolation-room door remains closed when required, self-closing or controlled hardware functions as intended, and entry or anteroom practices do not defeat the room's pressure relationship.**

CRITICAL | DOOR + ANTEROOM CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Observe real entry and exit rather than checking the door only while the room is unoccupied.

4. PPE availability, selection, donning, and doffing

19 **Verify the required gloves, gowns, medical masks, respirators, eye or face protection, and other task-specific PPE are available at the point of entry in appropriate sizes.**

CRITICAL | PPE AVAILABILITY

Compliant | Needs attention | Critical gap | N/A

Tip: Check both stock availability and practical access during routine care, emergencies, and after-hours shifts.

20 **Confirm staff select PPE according to the patient's transmission precautions and the anticipated exposure to blood, body fluids, secretions, excretions, or respiratory particles.**

CRITICAL | PPE SELECTION

Compliant | Needs attention | Critical gap | N/A

Tip: Observe task-based selection rather than relying only on posted instructions.

21 **Verify staff perform hand hygiene at the required points before donning PPE and after removing PPE, including after glove removal.**

CRITICAL | HAND HYGIENE + PPE

Compliant | Needs attention | Critical gap | N/A

Tip: Gloves do not replace hand hygiene; observe the transition between PPE removal and hand hygiene.

22 **Observe donning technique for correct sequence, fit, coverage, respirator use where required, and avoidance of contamination before patient contact.**

CRITICAL | DONNING OBSERVATION

Compliant | Needs attention | Critical gap | N/A

Tip: Include a practical observation in the actual isolation workflow, not only a verbal competency check.

23 **Observe doffing technique for safe removal, disposal or reprocessing, hand hygiene, and avoidance of self-contamination or contamination of the clean environment.**

CRITICAL | DOFFING OBSERVATION

Compliant | Needs attention | Critical gap | N/A

Tip: Doffing is a high-risk step; ensure clean and contaminated zones are clear and supplies are within reach.

24 **Where respirators are required, verify the user is in the facility's respiratory-protection programme and performs the required user seal check for the selected respirator.**

CRITICAL | RESPIRATOR CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Confirm the specific respirator is appropriate for the task and facility programme; escalate failed fit or seal immediately.

5. Hand hygiene, point-of-care supplies, and room readiness

25 **Verify alcohol-based hand rub or other approved hand-hygiene facilities are available at the point of care and room entry or exit as required by facility policy.** CRITICAL HAND HYGIENE ACCESS

Compliant | Needs attention | Critical gap | N/A

Tip: Check dispenser function, refill status, placement, and unobstructed access during real care activities.

26 **Confirm soap, running water, disposable towels, and waste disposal are available where handwashing is required or expected.** CRITICAL HANDWASHING FACILITIES

Compliant | Needs attention | Critical gap | N/A

Tip: Check sink function, cleanliness, splash risk, and whether supplies can be used without contaminating clean hands.

27 **Verify the room has the required PPE station, waste receptacles, sharps container, linen handling supplies, tissues, source-control masks, and other isolation-specific consumables.** ROOM SUPPLY READINESS

Compliant | Needs attention | Critical gap | N/A

Tip: Stock to the approved par level without creating clutter that interferes with cleaning or safe movement.

28 **Confirm clean supplies are protected from contamination and are not stored in locations exposed to splash, dirty equipment, used PPE, or waste.** CRITICAL CLEAN SUPPLY PROTECTION

Compliant | Needs attention | Critical gap | N/A

Tip: Remove exposed or contaminated supplies according to facility policy rather than returning them to general stock.

29 **Verify dedicated or single-patient equipment is available when required and reusable items have a defined cleaning and disinfection process before reuse.** CRITICAL DEDICATED EQUIPMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Label dedicated equipment clearly and prevent it from circulating to other patients until appropriately processed.

30 **Check the room layout supports safe staff movement, patient care, PPE use, hand hygiene, cleaning access, and separation of clean and contaminated items.** ROOM WORKFLOW

Compliant | Needs attention | Critical gap | N/A

Tip: Look for overcrowding, blocked dispensers, equipment congestion, or storage practices that increase contamination risk.

6. Patient care, dedicated equipment, procedures, and movement

31 **Verify Standard Precautions are applied during all care in addition to the transmission-based precautions assigned to the patient.** CRITICAL STANDARD PRECAUTIONS

Compliant | Needs attention | Critical gap | N/A

Tip: Transmission-Based Precautions supplement, rather than replace, Standard Precautions.

32 **Confirm reusable patient-care equipment is dedicated to the room when indicated or cleaned and disinfected with an approved process before use on another patient.** CRITICAL EQUIPMENT CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Trace one commonly shared item such as a blood-pressure cuff, stethoscope, commode, or mobile device through its cleaning process.

33 **Verify respiratory hygiene and source-control measures are used as indicated for the patient's symptoms, transport, and close-contact interactions.** CRITICAL RESPIRATORY HYGIENE

Compliant | Needs attention | Critical gap | N/A

Tip: Provide tissues or masks as appropriate and reinforce cough etiquette and hand hygiene.

34 **For aerosol-generating or other high-risk procedures, confirm room selection, PPE, staffing, door control, and post-procedure room-management requirements are followed.** CRITICAL HIGH-RISK PROCEDURE CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Use the facility's procedure-specific IPC risk assessment and room clearance requirements.

35 **Confirm patient movement outside the room is limited to essential purposes and that required source control, covering of infectious sites, hand hygiene, and clean transport equipment are used.** CRITICAL PATIENT MOVEMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Plan the route and destination to reduce avoidable exposure to other patients, visitors, and staff.

36 **Verify specimens, medications, meals, devices, records, and other items crossing the room boundary are handled without contaminating clean work areas or transport containers.** CRITICAL BOUNDARY TRANSFER CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Observe actual handoffs at the doorway and correct unsafe clean-to-dirty crossovers.

7. Environmental cleaning, disinfection, linen, waste, and sharps

37 **Verify the room has a risk-based routine cleaning schedule with defined responsibilities, frequency, products, contact times, and high-touch surfaces.**

CRITICAL | ROUTINE CLEANING PLAN

Compliant | Needs attention | Critical gap | N/A

Tip: Check the current room-specific schedule and observe whether cleaning frequency reflects the actual transmission risk and activity level.

38 **Confirm approved disinfectants are prepared, labeled, stored, and used according to manufacturer instructions, including concentration, wet contact time, and compatibility.**

CRITICAL | DISINFECTANT CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Do not shorten contact time or substitute unapproved products because the room is busy.

39 **Observe cleaning of high-touch surfaces, bed rails, call controls, door handles, bathroom surfaces, and frequently used equipment for complete coverage and correct sequence.**

CRITICAL | HIGH-TOUCH CLEANING

Compliant | Needs attention | Critical gap | N/A

Tip: Sample surfaces that are touched during real care rather than inspecting only visibly clean areas.

40 **Verify cleaning tools and cloths are managed to prevent transfer of contamination between zones or patient rooms and are reprocessed or discarded as required.**

CRITICAL | CLEANING TOOL CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Separate clean and used tools and follow the facility's room-to-room change or reprocessing rules.

41 **Confirm linen and waste are contained at the point of use, handled with minimal agitation, and transported in the approved bags or containers without leakage or cross-contamination.**

CRITICAL | LINEN + WASTE HANDLING

Compliant | Needs attention | Critical gap | N/A

Tip: Do not overfill bags or place contaminated linen or waste on the floor or clean surfaces.

42 **Verify sharps are discarded immediately into correctly located, intact, closable sharps containers that are not overfilled and can be removed safely.**

CRITICAL | SHARPS SAFETY

Compliant | Needs attention | Critical gap | N/A

Tip: Check container fill level, accessibility, stability, and whether staff must carry exposed sharps across the room.

8. Staff competency, visitor control, records, and exposure response

43 **Verify staff assigned to isolation care have current competency or training appropriate to Standard Precautions, transmission-based precautions, PPE, room controls, and exposure response.** STAFF COMPETENCY

Compliant | Needs attention | Critical gap | N/A

Tip: Use observation and practical questioning to confirm staff can apply the requirements during real care.

44 **Confirm environmental services, transport, diagnostic, maintenance, catering, and other support staff understand the isolation controls relevant to their tasks.** CRITICAL SUPPORT-SERVICE CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Include contractors and after-hours teams that may enter the room without routine ward supervision.

45 **Verify isolation room-entry logs or other required records are complete when the facility or specific risk requires them.** ENTRY RECORD

Compliant | Needs attention | Critical gap | N/A

Tip: Use entry records only where required and ensure they support exposure assessment without creating unnecessary patient-identifying data.

46 **Confirm pressure alarms, PPE shortages, cleaning failures, exposure events, spills, equipment issues, and other isolation breaches are reported through the approved escalation route.** CRITICAL BREACH REPORTING

Compliant | Needs attention | Critical gap | N/A

Tip: Test staff knowledge using a realistic scenario and confirm who must be contacted immediately.

47 **Review recent occupational or patient exposure events and verify source assessment, first aid, reporting, follow-up, and corrective actions were completed according to policy.** CRITICAL EXPOSURE RESPONSE

Compliant | Needs attention | Critical gap | N/A

Tip: Trace one event from first report through evaluation, follow-up, and prevention action.

48 **Verify precaution changes, room restrictions, and critical IPC information are communicated at shift handover and when responsibility transfers between teams.** CRITICAL HANDOVER CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Check that the handover reflects the current status rather than an outdated precaution order.

9. Discontinuation, terminal cleaning, room release, and maintenance

49 **Verify isolation precautions are discontinued only when the approved clinical and IPC criteria are met and the change is authorized and documented.**

CRITICAL | PRECAUTION DISCONTINUATION

Compliant | Needs attention | Critical gap | N/A

Tip: Do not remove signage or relax controls before the approved discontinuation decision is recorded.

50 **Confirm the room remains under the required precautions until patient departure, transfer, or discontinuation activities are complete.**

CRITICAL | END-OF-STAY CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Maintain the appropriate controls during packing, final care, transport preparation, and staff exit.

51 **Verify terminal cleaning includes all required room and bathroom surfaces, patient-care equipment, high-touch points, furnishings, and other items defined by the facility procedure.**

CRITICAL | TERMINAL CLEANING

Compliant | Needs attention | Critical gap | N/A

Tip: Use a room-release checklist so hidden or infrequently touched surfaces are not missed.

52 **Confirm curtains, privacy screens, linen, disposable supplies, reusable equipment, and other room contents are changed, discarded, reprocessed, or retained according to the approved terminal-cleaning process.**

CRITICAL | ROOM CONTENTS RESET

Compliant | Needs attention | Critical gap | N/A

Tip: Do not automatically discard unused supplies; follow the facility's contamination-risk assessment and policy.

53 **For rooms with engineered pressure control, verify maintenance or monitoring concerns are resolved and the room meets required pressure or airflow criteria before release for the next indicated use.**

CRITICAL | ENGINEERING RELEASE

Compliant | Needs attention | Critical gap | N/A

Tip: Record the objective verification result and responsible reviewer before removing a room restriction.

54 **Document terminal-cleaning completion, engineering status where applicable, outstanding defects, room-release approval, date, time, and responsible person.**

ROOM RELEASE RECORD

Compliant | Needs attention | Critical gap | N/A

Tip: Do not reopen the room if a critical cleaning, airflow, equipment, or safety condition remains unresolved.

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

55 **Calculate the overall isolation-room inspection result and summarize critical gaps, repeat failures, affected rooms, and immediate risk controls.** AUDIT SCORE + SUMMARY

Compliant | Needs attention | Critical gap | N/A

Tip: Separate immediate patient or staff exposure risk from underlying process, supply, training, or engineering causes.

56 **Create immediate containment for every critical failure involving precaution selection, room pressure, PPE, hand hygiene, cleaning, sharps, or exposure control.** CRITICAL IMMEDIATE CONTAINMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Record what was stopped, restricted, supplied, cleaned, repaired, relocated, or escalated before normal work continued.

57 **Assign each finding an owner, priority, due date, root-cause requirement, corrective action, and objective closure-evidence rule.** CRITICAL CORRECTIVE ACTION ASSIGNMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Use short deadlines for immediate risk and realistic deadlines for permanent prevention.

58 **Escalate overdue, repeated, exposure-related, engineering, or high-consequence isolation failures to the required management and IPC level.** CRITICAL ESCALATION WORKFLOW

Compliant | Needs attention | Critical gap | N/A

Tip: Track acknowledgment, interim controls, revised due dates, and the responsible approver.

59 **Verify closure through repeat observation, pressure or airflow evidence, maintenance records, cleaning verification, supply checks, competency assessment, or repeat audit as appropriate.** CRITICAL CLOSURE VERIFICATION

Compliant | Needs attention | Critical gap | N/A

Tip: Do not close a critical action based only on a written comment from the assigned owner.

60 **Record the final audit decision, remaining room restrictions, next review date, auditor, IPC or manager approval, date, time, and signature.** CRITICAL APPROVAL + SIGNATURE

Compliant | Needs attention | Critical gap | N/A

Tip: Keep the room restricted when release conditions have not been met or objective verification is still pending.