

CLOSTRIDIUM DIFFICILE DAILY ENVIRONMENTAL CLEANING AND DISINFECTION
AUDIT TOOL FOR INFECTION PREVENTION & CONTROL

Instructions:

DATE (WK): _____

1. Perform this audit once per week
2. Record resident info/room
3. Check **YES (Y)** **NO (N)** or **Not applicable (NA)**
4. Tally the responses, then total them together
5. Divide the new total by the number of residents audited

	Res/Rm							
EVS don PPE before entering room, doff before exiting								
Isolation room cleaned as last room of the day								
High-touch surfaces cleaned and disinfected:								
a. Bedrail and handrails (including bathroom)								
b. Bed sheets								
c. Bedside Commode/ Toilet (lever/flush and seat)								
d. Bedside table								
e. Call buttons								
f. Countertop and other horizontal surfaces								
g. Door knobs/handles (including bathroom)								
h. Floor (including bathroom)								
i. Furniture surfaces								
j. Light switches								
k. Resident chair/wheelchair								
l. Telephones								
m. TV Controls								
n. Wall (spot clean as needed)								
o. Windowsill								
p. Bathroom mirror								
q. Tub/Shower (including faucets)								
r. Sink (including faucets)								
Medical equipment cleaned and disinfected:								
a. Blood pressure cuff								
b. Electric thermometer								
c. Glucometer								
d. IVs								
e. Tube feeding								
Sodium hypochlorite used								
a. Solution was correctly diluted/ correct strength								
b. Solution was mixed that day or within shelf life								
c. Correct contact time was observed (10 minutes)								
Solution, cloths, mop, bucket, etc. changed after cleaning								
Mop heads and cloths discarded or laundered								
Cleaning supplies (spray bottles, bucket) disinfected								
Total Yes (Y) Responses								

Grand Total of Audit: _____ Total Resident Rooms Reviewed: _____ *Average: _____

DATE: _____ SIGNATURE: _____

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