Organization's Logo

Sterilization of Instruments Rounding Tool

Unannounced or Announced

Date:	**Time:**	**Site:**
Rounding Team:		

Sterilization of Instruments Tool	Yes	No	N/A	Not accessed	Comments
Environment					
Walls/ceiling tiles intact without staining					
Vents clean/no rust					
Floors intact					
All signs laminated					
Able to verify decontamination area negative pressure (at least 10 air exchanges) within the last year					
Able to verify clean area for packing/sterilization/storage positive pressure (4-10 air exchanges)					
Areas of soiled and clean are separated according to regulatory guidelines					
Doors and pass through windows to areas closed					
Temperature and humidity maintained in appropriate range					
Adequate lighting available					
Designated hand washing sink in decontamination and clean areas					
Eye wash station available for corrosive chemicals					
Workflow is unidirectional, area is generally clean and organized					
No food or drink in area (s)					
Areas are free of shipping containers and web-edged corrugated cardboard boxes					
All manufacturer instructions/manuals for cleaning supplies, instruments, and sterilizer in area and available					
Appropriate PPE available and worn with each step of instrument decontamination and sterilizing					
Hand hygiene performed after removal of PPE/gloves with each step of instrument decontamination and sterilizing					
Team members involved in sterilization aware of policies related to critical instruments					
Leader verifies team members have current competencies on file					

Point of Use					
Items labeled as single use or disposable are disposed of properly at end of procedure					
Gross material is removed from instruments at end of procedure					
Use of foam, gel, spray solution, or moist (water) lint free towel according to manufacturer IFU to keep instruments moist during transport					
Any unused items on procedure field are sent for reprocessing					
Instruments with lumens are flushed with sterile water (not saline)					
All hinged instruments are in open position when moistened					
Instruments contained properly during transport to decontamination area (In a rigid, leak proof, puncture proof, closed container)					
Transport containers marked with biohazard label					
Decontamination					
Instruments are outsourced in appropriate biohazard off site container and kept moist until pick up					
Instruments are sorted prior to cleaning					
Instruments disassembled as appropriate according to manufacturer IFU to be cleaned					
All hinged instruments opened for proper cleaning					
Approved, fresh enzymatic detergent used with appropriate dilution (Team member can speak to measurement of detergent and sink volume verified)					
Temperature of enzymatic detergent monitored					
Instruments are immersed and cleaned using appropriate contact time stated by manufacturer of detergent					
All lumens of instruments are flushed and brushed (appropriate size brush is used)					
Cleaning brushes disposable or manufacturer instructions followed for cleaning/disinfecting/sterilizing (stored clean and dry in-between HLD or sterilization)					
Cloths and/or sponges used are lint free and disposed of after use					
Instruments rinsed with fresh water per manufacturer IFU					
Mechanical cleaning equipment in place (i.e. ultrasonic cleaner, medical washers)					
Mechanical cleaning equipment is used and maintained according to manufacturer IFU					
Instruments are loaded properly into mechanical cleaners/washers					
Instruments are inspected for damage, debris, detergent residue, and completeness					
Cleaned instruments are passed to clean area or clean utility room					
Reusable transport containers and/or sterilize containers are cleaned between use and with proper detergent/disinfectant per the manufacturer IFU					

Preparation and Packaging					
Instruments are thoroughly dried with lint free cloth or instrument air					
Instruments are inspected again for damage, debris, detergent residue, and completeness					
Instruments are wrapped or placed in paper/plastic peel pouches based on what it is and manufacturer IFU					
Proper size pouch is used and no folding over of the inner paper/plastic peel pouch					
Tip protectors and/or protector cards used to keep instruments in the open position					
Vented metal trays are used					
Chemical indicator (Type 5) placed into wrapped and peel pouches					
Lot control label (Load/cycle Number/Date/Sterilizer/Initials) placed properly on all packages prior to sterilization					
Package labels are legible, non-toxic ink used, written on non-porous side of pouch or on indicator tape for wrapped packs					
Sterilization					
Instruments are loaded and positioned properly according to manufacturer IFU and organization/regulatory policies					
Steam sterilizer cycles selected in accordance with instrument IFUs					
Sterilizer cycle printout reviewed and initialed before load removal					
Sterilization package is verified to have an external and internal chemical indicator					
Biological indicators (BIs) used daily and appropriate for sterilizer					
Biological is activated and incubated properly, i.e. MFG's IFU and to organization/regulatory standards					
An unprocessed BI (Control) from the same lot being incubated daily in each incubator					
Team member verbalizes what to do with a failed biological and a failed cycle					
Sterilization records are legible, complete, accurate and retained according to policy					
Packaged instruments are identified as "ready" for sterilization or "sterilized, waiting for release"					
Any reusable container or cart is cleaned before used for transporting sterile instruments					
Routine care of sterilizer is maintained according to manufacturer IFU and documentation complete					
Team member verbalizes activities to be performed if sterilizer returns from repair					
Sterilizer repair records are retained					
Sterile Storage					
Sterile items located in a clean, separate and enclosed storage area					
Sterile items stored 8-10 inches above floor, at least 18 inches below ceiling, and at least 2 inches from outside walls					

Bottom of any wire shelving is solid					
Sterile wrapped packages placed flat on storage shelves and not stacked					
Sterile instruments are rotated when stored (first in - first out)					
Team member verbalizes how to respond if an “event-related” sterility issue happens (i.e. error, recall, equipment failure)					
					Total (add up each column)
					Compliance (# of yes / (# of yes + # of no) x 100)

Overall Compliance

Goal: 90% or greater
•Annual audit

<90%
• Implement monthly rounding until score 90% or greater
• Initiate improvement plan.

Organization's Logo

High Level Disinfection of Endocavitary Probe Rounding Tool

Unannounced or Announced

Date:	**Time:**	**Site:**
Rounding Team:		

High Level Disinfection	**Yes**	**NO**	**N/A**	**Not Accessed**	**Comments**
Environment					
Walls/ceiling tiles intact without staining					
Vents clean/no rust					
Floors intact					
No under sink storage					
All signs laminated					
Able to verify Decontamination area negative pressure (at least 10 air exchanges) annually (N/A if cleaning & reprocessing in procedure room)					
Able to verify clean area for storage is positive pressure					
Areas of soiled and clean are separated according to regulatory guidelines (if 1 room, 4 ft. separation)					
Doors and pass through windows to areas closed					
Adequate lighting available for cleaning and inspecting probe					
Designated hand washing sink in decontamination and clean areas					
Workflow is unidirectional, area is generally clean and organized					
No food or drink in area (s)					
Areas are free of shipping containers and web-edged corrugated cardboard boxes					
All manufacturers IFUs/manuals for cleaning supplies, cleaning instruments, probes, and HLD systems (manual or AER) in area and available					
Safety data sheets readily available					
Team member verbalize how to obtain SDS					
Appropriate PPE available and worn with each step of probe cleaning and HLD					
Hand hygiene performed after doffing of PPE/gloves with each step of probe cleaning and HLD					
Team members involved in HLD aware of policies related to semi-critical devices					
Spill kit available with written communication plan					
Team members verbalize how to handle a spill					
Team members verbalize how to dispose of HLD solution					

Leader verifies team members have current competencies on file					
Point of Use/Probe Cleaning					
Items labeled as single use or disposable are disposed of properly at end of procedure					
Ultrasound gel is removed from probe with lint free cloth prior to cleaning					
Probe is immediately wiped down following IFU and approved process at end of procedure					
Probe is rinsed in fresh potable water if applicable					
Probe is dried with lint free cloth					
Probe is inspected for damage, debris, detergent/disinfectant residue and completeness					
Probe contained properly during transport to decontamination area for cleaning (in leak proof, closed container) if applicable					
Transport containers marked with biohazard label					
Probe is passed to clean area or clean utility room if applicable					
Reusable transport containers are cleaned between use with proper disinfectant wipe per IFU					
High Level Disinfection Manual System					
HLD solution is compatible with device, accessories and prepared according to IFU					
HLD solution is within expiration date and open solution bottle marked with open and expiration date					
Secondary HLD solution container is marked with name of solution, open & expiration date, if applicable					
HLD test strips are dated when opened with open and expiration dates					
QC test completed on testing strips and documented on day of opening new bottle					
Test strip used to test HLD solution (MEC) prior to each probe HLD cycle and documented					
Team member verbalizes the process if HLD solution does not test for effectiveness for MEC					
Timer available to ensure proper soak time					
Team member verbalize appropriate soak time for HLD solution used					
Thermometer available and team member verbalize and documents appropriate temperature range					
Probe is submerged into HLD solution per manufacturer IFU					
Probe rinsed in fresh potable water or sterile water according to HLD manufacturer IFU					
Probe is dried using lint free cloth					
High Level Disinfection AER System					
AER and HLD solution is compatible with device and prepared according to IFU					
HLD solution is within expiration date and open solution bottle marked with open and expiration date if applicable					
HLD test strips are dated when opened with open and expiration dates					
QC test completed on testing strips and documented on day of opening new bottle					

Test strip used to test HLD solution (MEC) prior to each probe HLD cycle and documented					
Team member verbalizes the process if HLD solution does not test for effectiveness for MEC					
Probe is dried using a lint free cloth					
High Level Disinfection Trophon System					
Trophon system is compatible with device & prepared according to IFU					
Trophon Sonex (chemical) is within expiration date					
Chemical indicator is inserted into Trophon prior to probe disinfection and results documented					
Probe is properly placed into Trophon					
Probe is dried with lint free cloth					
Probe Storage					
Probes are located in a clean area					
Probe is stored vertically in proper storage holster (e.g. wall mounted rack, US machine, cabinet)					
Probe is stored with protective storage cover					
Probe cabinet is cleaned on a regular basis and bottom of cabinet remains free of other items (including towel or chux)					
Documentation					
Approved documentation log is completed in full					
Print out of AER/Trophon is verified and initialed by team member					
Print out of AER/Trophon is kept on log with patient information					
Team members verbalize how long logs are retained					
Team member verbalizes how to respond if an "event related" high level disinfection issue happens (i.e. error, recall, equipment failure					
Equipment Maintenance					
Routine care & maintenance of Trophon or GUS is maintained according to IFU					
Routine preventative maintenance of Trophon is performed by Clinical Engineering					
Manual system (e.g. GUS) filter changed at scheduled intervals and documented					
Maintenance records on equipment kept and readily available					
					Total (add up each column)
					Compliance (# of yes / (# of yes + # of no) x 100)

Overall Compliance

Goal: 90% or greater
•Annual audit

<90%
• Implement monthly rounding until score 90% or greater
• Initiate improvement plan.

Organization's Logo

High Level Disinfection of Endoscope Rounding Tool

Unannounced or Announced

Date:	**Time:**	**Site:**
Rounding Team:		

High Level Disinfection	**Yes**	**No**	**N/A**	**Not accessed**	**Comments**
Environment					
Walls/ceiling tiles intact without staining					
Vents clean/no rust					
Floors intact					
No under sink storage					
All signs laminated					
Able to verify decontamination area negative pressure (at least 10 air exchanges) annually					
Able to verify air exchanges for clean area for HLD and storage within last year					
Areas of soiled and clean are separated according to regulatory guidelines					
Sink(s) or containers to clean and rinse scopes is of adequate size					
Doors and pass through windows to areas closed					
Temperature/humidity maintained for team member comfort in reprocessing area: T=60-73°F, H=30-60% (AAMI ST91)					
Adequate lighting available for cleaning and inspecting scope or device					
Designated hand washing sink in decontamination and clean areas					
Eye wash station available for corrosive chemicals					
Eye wash stations checked and documented on weekly with date and initials					
Workflow is unidirectional, area is generally clean and organized					
No food or drink in area (s)					
Areas are free of shipping containers and web-edged corrugated cardboard boxes					
All manufacturers IFUs/manuals for cleaning supplies, instruments, scopes, and HLD systems (manual or AER) in area and available					
SDS readily available					
Team members verbalize how to obtain SDS					

Appropriate PPE available and worn with each step of scope reprocessing					
Hand hygiene performed after doffing of PPE/gloves with each step of reprocessing					
Team members involved in HLD aware of policies related to semi-critical devices					
Spill kit available with written communication plan					
Team members verbalize how to handle a spill					
Team members verbalize how to dispose of HLD solution					
Leader verifies team members have current competencies on file					
Point of Use					
Items labeled as single use or disposable are disposed of					
Scope is immediately wiped down with enzyme detergent after use					
Scopes with channels are flushed with enzyme detergent, water and air according to IFU					
Any scope accessories accompany scope for manual cleaning and HLD					
Scope contained properly during transport to decontamination area (in leak proof, closed container)					
Transport containers marked with biohazard label					
Manual Cleaning					
Scopes that are outsourced are in appropriate biohazard off site container and transported immediately to reprocessing area					
Team members verbalize the interval time the scope must be reprocessed and actions necessary if delay in manual cleaning and reprocessing occurs					
Scope is leak tested prior to cleaning in fresh clean water, no detergent added (scope manipulated for at least 30 seconds while completely submerged)					
Team members verbalize and identifies that leak tester is working					
Scope is pressurized and depressurized with leak tester out of water					
Team members verbalize process if scope has a leak					
Approved, fresh, within expiration date enzymatic detergent used with appropriate dilution (team member can verbalize measurement of detergent and sink volume verified)					
Temperature of enzymatic solution monitored					
Scope is immersed and cleaned using appropriate contact time stated by manufacturer of detergent					
All channels of scopes are brushed and flushed (appropriate size brush used)					
Scope's reusable accessories (e.g. valves, biopsy cap) are manually cleaned					
Cleaning brushes are disposed of after each use. Reusable brushes follow IFU for cleaning/disinfecting/sterilizing					
Scope irrigator (e.g. scope buddy) is used according to IFU					
Clothes and or sponges used are lint free and disposed of after each use					

Scope is rinsed in fresh water, followed with air per IFU					
Exterior of scope is dried with lint free cloth					
Scope is inspected for damage, debris, detergent residue and completeness					
Scope is passed to clean area or clean utility room					
Reusable transport containers and/or sterile containers are cleaned between use with proper disinfectant wipe per IFU					
Validates manual cleaning process by quality measures (examples: ATP, protein, heme, carb check)					
Endosheaths					
Team members identifies if endosheath has a leak and verbalizes process (HLD or sterilization)					
Approved enzymatic detergent sponge is used to wipe exterior of scope					
Scope is rinsed with fresh water					
Scope is dried with lint-free cloth					
Scope is wiped with 70% alcohol lint-free cloth					
Sheath number is documented on log with patient information					
TEE Probe Leak Testing					
TEE probes are leak tested after pre-cleaning and rinsing, documents on log					
High Level Disinfection Manual System					
HLD solution is compatible with device, accessories and prepared according to IFU					
HLD solution is within expiration date and open solution bottle marked with open and expiration date					
Secondary HLD solution container is marked with name, open and expiration date, if applicable					
HLD test strips are dated with open and expiration dates					
QC test completed on testing strips and documented on day of opening new bottle					
Test strip used to test HLD solution (MEC) with each scope cycle and documented					
Team member verbalizes the process if HLD solution does not test effective for MEC					
Timer available to ensure proper soak time					
Team members verbalize appropriate soak time for HLD solution used					
Thermometer available and team member verbalize and document appropriate temperature range					
Fills interior channels of scope with HLD, scope and reusable accessories is submerged into HLD solution per scope IFU					
Scope (including channels if applicable) and reusable accessories is rinsed with fresh potable or sterile water according to HLD IFU					
Exterior of scope and channels if applicable are dried using alcohol/air filled syringes, lint free cloths or moisture free instrument air, according to IFU					

High Level Disinfection AER System					
AER and HLD solution are compatible with device and prepared according to IFU					
HLD solution is within expiration date and open solution bottle marked with open and expiration date					
HLD test strips are dated with open and expiration dates					
QC test completed on testing strips and documented on day of opening new bottle					
Test strip used to test HLD solution (MEC) with each scope cycle and documented					
Team member verbalizes the process if HLD solution does not test for effectiveness for MEC					
Scope and reusable accessories is placed properly into AER					
Exterior of scope and channels if applicable are dried using alcohol/air filled syringes, lint free cloths or moisture free instrument air, according to IFU					
Scope Storage					
Scopes are stored in a clean separate location					
Scope is stored vertically in a well-ventilated cabinet and door remains closed					
Scope cabinet is cleaned on a regular basis and bottom of cabinet remains free of other items (including towel or chux)					
Team members verbalize 7 day hang policy and identifies process					
Team member verbalizes storage of sterilized scopes if applicable					
Documentation					
Approved documentation log is completed in full					
Print out of AER is verified with team members initials					
Print out of AER is kept in binder or other system					
Team members verbalize how long logs are retained					
Team member verbalizes how to respond if an "event related" high level disinfection issue happens (i.e. error, recall, equipment failure)					
Equipment Maintenance					
Routine disinfection of cleaning equipment completed according to manufacturer IFU (e.g. scope buddy) daily or monthly					
Reusable and disposable water bottles used in procedures for irrigation are changed daily and labeled with date, time, and initialed by staff (reusable water bottles are reprocessed daily according to IFU)					
A single use backflow prevention method is in place if irrigation is used for multiple patients and used according to the manufacturer's IFU.					
Routine preventative maintenance performed for all equipment involved in scope cleaning and HLD					
Manual systems and AER filters are changed at scheduled intervals and documented on log					
If GUS system used, system is turned on continuously when HLD chemical is in container					

Maintenance records on equipment are kept and readily available					
					Total (add up each column)
					Compliance (# of yes / (# of yes + # of no) x 100)

Overall Compliance

Goal: 90% or greater
•Annual audit

<90%
• Implement monthly rounding until score 90% or greater
• Initiate improvement plan.

Plan of Improvement (POI)

Date Created:	Due Date:	Infection Preventionist:
Location:		Dept Leader Responsible for POI:

The Plan of Improvement (POI) should provide a step-by-step description of the methods to correct each deficient practice to prevent reoccurrence and information that ensures the intent of the regulation is met.

OBSERVATION	**WHAT**	**WHO**	**HOW**	**WHEN**
Describe the observation made that needs improvement to meet best practice for patient care.	*What* is expected for best practice for patient care.	*Who* will implement the plan and monitor for future compliance.	*How* the correction will be accomplished and monitored.	*When* the improvement is instituted or completed.
(Infection Prevention Completes)	(Infection Prevention Completes)	(Site Leader Completes)	(Site Leader Completes)	(Site Leader Completes)