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| IPC staff Name:  | Floor/Area: |
| Week: From: To:  | Shift :  |
| PRACTICES | COMMENT | ACTION TAKEN/ RECOMMENDATION |
| ARIs\* SCORE for HCWs and PATIENTS |  |  |
| SOCIAL DISTANCING   |  |  |
| UNIVERSAL MASKING  |  |  |
| HAND HYGIENE  |  |  |
| PPE USE |  |  |
| EQUIPMENT CLEANING  |  |  |
| ENVIROMENT CLEANING & LINEN  |  |  |
| WASTE MANGMENT  |  |  |
| No. of REPORTED MALPRACTICE  |  |  |
|  ISOLATION ROOMS: Eng. ParametersLogbook & Signage  |  |  |
| General Notes:  |

 ARIs\*: Acute Respiratory Illness.

One form for each area/ floor per week. To be discussed daily with your coordinator and follow up daily with Head Nurse