

Infection Prevention Monthly Task List Instructions

Month/Year: _____

Monthly Tasks to Review	Issues Identified Yes / No	Action Taken/ Training Provided (note where documented)	RCA / PIP Initiated
Adverse events that were antibiotic related			
Delayed lab results and/or abnormal lab/culture results not addressed			
Observation of phlebotomist's infection control practices			
Antibiogram; include pharmacy consultant			
Radiological technician issues related to infection control			
Environmental cleaning and disinfecting procedures			
Appropriate cleaning solutions for any equipment that meet guidelines to kill <i>C. diff</i>			
Linen storage and handling			
Separation between clean and dirty supplies			
Cleaning of shower chairs, shower gurneys, wheelchairs, lifts, etc.			
Use and cleaning of point-of-care devices between residents, e.g., blood glucose meters, blood pressure cuffs, thermometers, etc.			
Safe use and disposal of used single-use devices, e.g., syringes, needles, insulin pens			
Skills to manage special populations: <ul style="list-style-type: none"> <input type="checkbox"/> Tracheostomy care <input type="checkbox"/> Ventilator care <input type="checkbox"/> Other: 			
Cleaning of special equipment: <ul style="list-style-type: none"> <input type="checkbox"/> CPAP machines <input type="checkbox"/> BIPAP machines <input type="checkbox"/> Nebulizer machines <input type="checkbox"/> Oxygen concentrators 			
Cleaning and infection control practices for: <ul style="list-style-type: none"> <input type="checkbox"/> Medication cart(s) and vial medication <input type="checkbox"/> Medication room(s) <input type="checkbox"/> Medication room refrigerator 			

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Infection control practices during procedures: <ul style="list-style-type: none"> <input type="checkbox"/> Dental <input type="checkbox"/> Podiatry <input type="checkbox"/> Wound care/debridement <input type="checkbox"/> Other: 			
Activities for staff infection control practices			
Cleaning and infection control practices for: <ul style="list-style-type: none"> <input type="checkbox"/> Activities room, equipment and supplies <input type="checkbox"/> Activities equipment/supplies used in residents' rooms/common areas 			
Rehabilitation staff infection control practices			
Cleaning and infection control practices for: <ul style="list-style-type: none"> <input type="checkbox"/> Therapy gym equipment <input type="checkbox"/> Therapy equipment used in resident rooms/common areas 			
Kitchen staff infection control practices			
Cleaning and infection control practices for: <ul style="list-style-type: none"> <input type="checkbox"/> Food prep/serving areas <input type="checkbox"/> Equipment (stove, sink, food preparation area and gadgets, refrigerators, freezers, ice machine, dishwasher) <input type="checkbox"/> Refrigerator temperatures <input type="checkbox"/> Garbage disposal 			
Isolation practices when applicable			
Pest control practices / Garbage and medical waste disposal practices			
CDC's NHSN data submission for the month completed, with reporting in module(s): <ul style="list-style-type: none"> <input type="checkbox"/> <i>C. diff</i> infection and multidrug-resistant organisms (MDRO) <input type="checkbox"/> Urinary tract infections (UTI) <input type="checkbox"/> Prevention process measures: hand hygiene, gloves and gown use adherence <input type="checkbox"/> Health care personnel vaccination <input type="checkbox"/> Other: <input type="checkbox"/> Facility has multiple individuals with credentials to report into NHSN? 			
Facility has multiple individuals with credentials to report into NHSN?			

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Number of infection control trainings provided during the month		# ___ for staff # ___ for residents/ visitors	
Infection preventionist's ongoing education via webinar, article review, website review, onsite session, etc.			
Other:			

Additional Comments: _____

Number of in-service forms attached: _____

Signature of nurse submitting form: _____ Date: _____

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