

The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the Office of Environmental Health and Safety.

(28) INFECTION CONTROL

Name: _____ Date : _____

Location of Inspection: _____

1. Are employees potentially exposed to infectious agents in body fluids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
2. Have occasions of potential occupational exposure been identified and documented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
3. Has a training and information program been provided for employees exposed to or potentially exposed to blood and/or body fluids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
4. Have infection control procedures been instituted where appropriate, such as ventilation, universal precautions, workplace practices, and personal protective equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____ _____
5. Are employees aware of specific workplace practices to follow when appropriate? (Hand washing, handling sharp instruments, handling of laundry, disposal of contaminated materials, reusable equipment.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____ _____
6. Is personal protective equipment provided to employees, and in all appropriate locations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____

7. Is the necessary equipment (i.e. mouthpieces, resuscitation bags, other ventilation devices) provided for administering mouth-to-mouth resuscitation on potentially infected patients?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
8. Are facilities/equipment to comply with workplace practices available, such as hand-washing sinks, biohazard tags and labels, needle containers, detergents/disinfectants to clean up spills?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
9. Are all equipment and environmental and working surfaces cleaned and disinfected after contact with blood or potentially infectious materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
10. Is infectious waste placed in closable, leak proof containers, bags or puncture-resistant holders with proper labels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
11. Has medical surveillance including HBV evaluation, antibody testing and vaccination been made available to potentially exposed employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
12. Training on universal precautions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
13. Training on personal protective equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
14. Training on workplace practices that should include blood drawing, room cleaning, laundry handling, clean up of blood spills?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____

15. Training on blood borne pathogen exposure/management?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
16. Hepatitis B vaccinations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____