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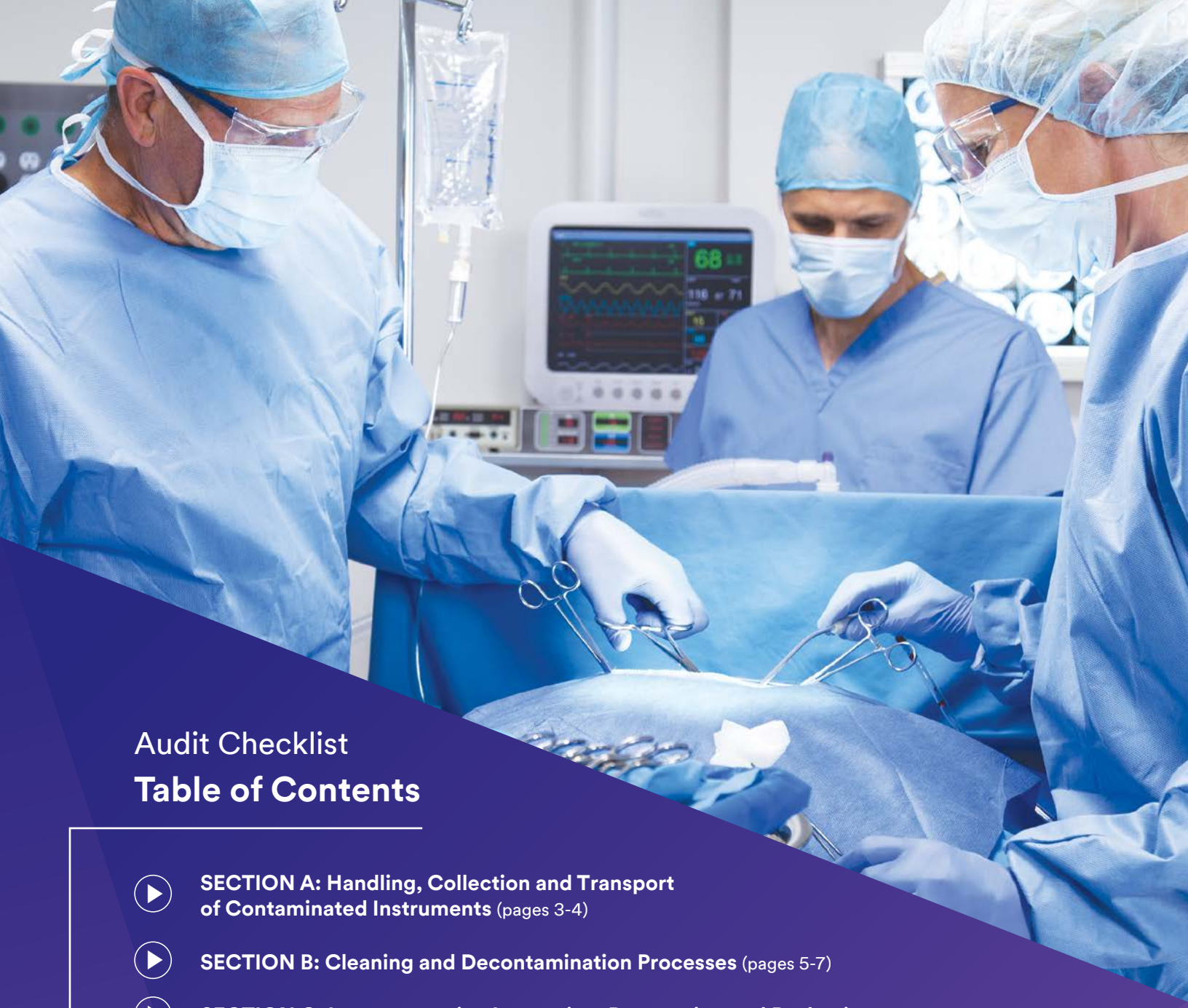
APSIC CSSD Center of Excellence Program

Audit Checklist

Please make sure to answer **ALL** questions to obtain a more accurate audit.

Highlighted questions are **MANDATORY** by **APSIC GUIDELINES**



Audit Checklist

Table of Contents

SECTION A:
Handling, Collection and Transport of Contaminated Instruments

Question 1:
Reusable items separated from waste at point of use

- ◯ Not separated
- ◯ Partial separation
- ◯ Clear separation

Question 2:
Contaminated disposable items are discarded appropriately (including sharps)

- ◯ Not discarded appropriately
- ◯ Partial compliance
- ◯ Discarded appropriately all the time

Question 3:
Gross soil is removed from instruments at point of use if immediate transportation not possible

- ◯ Not removed
- ◯ Removed sometimes
- ◯ Removed all the time

Question 4:
Soiled items should be kept moist (moist towel, enzyme foam or spray product)

- ◯ Items are dry
- ◯ Partially moist
- ◯ Moist all the time

Question 5:
Secured, dedicated containers are provided for soiled instruments

- ◯ Not available
- ◯ Sometimes
- ◯ All the time

Question 6:
Use of puncture resistant, leak-proof containers for soiled items

- ◯ Not available
- ◯ Sometimes
- ◯ All the time

Question 7:
Soiled items must be contained during transportation

- ◯ Not evident
- ◯ Attempts made
- ◯ Done all the time

SECTION A:
Handling, Collection and Transport of Contaminated Instruments (continued)

Question 8:
Transportation of soiled instruments avoids high (public) traffic areas

- ◯ Not evident
- ◯ Attempts made
- ◯ Done all the time

Question 9:
Transportation carts should be covered and should prevent items from falling over or off

- ◯ Not done
- ◯ Occasionally done
- ◯ Done all the time

Question 10:
Dedicated elevators (or lifts) with direct access to decontamination area

- ◯ Not available
- ◯ Dedicated but not used as planned all the time
- ◯ Dedicated and used as planned all the time

Question 11:
Policy and procedure in place for transportation of contaminated items between buildings, if applicable

- ◯ Not available
- ◯ Policy exists but not followed
- ◯ Policy exists and complied with all the time

SECTION A: Handling, Collection and Transport of Contaminated Instruments

TOTAL:
0 / 160 points

MANDATORY ITEMS MARKED:
0 / 100 (5 items)

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

SECTION B:
Cleaning and Decontamination Processes

Question 1:
Written policies and procedures in place for all cleaning and decontamination processes

- ◯ Both not available
- ◯ One is available
- ◯ Both are available

Question 2:
Instrumentation is disassembled (according to manufacturer's instructions) to expose all surfaces for cleaning

- ◯ Not done
- ◯ Done occasionally
- ◯ Done all the time

Question 3:
Rigid container systems disassembled according to manufacturer instructions (filters, valves and interior baskets)

- ◯ Not done
- ◯ Done occasionally
- ◯ Done all the time

Question 4:
Cleaning agents are used according to manufacturer's instructions (dilution and temperature, etc.)

- ◯ Not done
- ◯ Done occasionally
- ◯ Done all the time

Question 5:
Appropriate manual and mechanical cleaning methods are used according to manufacturer's instructions and IFU's are accessible to decontamination staff

- ◯ Not done
- ◯ Done occasionally
- ◯ Done all the time

Question 6:
Appropriate personal protective equipment (PPE) are used

- ◯ Not evident
- ◯ Occasionally practiced
- ◯ Done all the time

Question 7:
Appropriate brushes/cleaning implements designed for use on medical devices are used

- ◯ Not done
- ◯ Done occasionally
- ◯ Done all the time

SECTION B: *CLEANING AND DECONTAMINATION PROCESSES* *continues >>>*

SECTION B:
Cleaning and Decontamination Processes (continued)

Question 8:
Brushes/cleaning implements are either disposable or if reusable, are decontaminated at least daily

- ◯ Not evident
- ◯ Decontaminated irregularly
- ◯ Decontaminated at least daily

Question 9:
Monitoring of mechanical cleaning equipment should be done upon installation and then weekly (preferably daily) and recorded

- ◯ Not done
- ◯ Done on installation but not monitored subsequently
- ◯ Done on installation and monitored with documentation weekly/daily

Question 10:
Appropriate manual and mechanical rinsing methods are understood and are done according to manufacturer's instructions

- ◯ Staffs are unaware of these
- ◯ Some understood and complied
- ◯ All understood and complied

Question 11:
Cleaning agent (enzymatic cleaner) should be compatible with the medical device to be cleaned

- ◯ No evidence of compatibility
- ◯ Some are compatible
- ◯ All are compatible

Question 12:
Chemical for disinfectants and terminal sterilisation are used according to manufacturer's instructions

- ◯ Not done
- ◯ Partial compliance
- ◯ Full compliance

Question 13:
Ultrasonic cleaner solution is changed at specified frequency or sooner if needed

- ◯ No frequency set
- ◯ Frequency set but not complied
- ◯ Frequency set and complied

SECTION B: *CLEANING AND DECONTAMINATION PROCESSES continues >>>*

SECTION B:
Cleaning and Decontamination Processes (continued)

Question 14:
Final rinse in washer disinfector is done with treated water (deionized, distilled, or RO water)

- ◯ Final rinse with untreated water
- ◯ Final rinse with treated water

SECTION B: Cleaning and Decontamination Processes	**TOTAL:** 0 / 180 points **MANDATORY ITEMS MARKED:** 0 / 80 (4 items)

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

SECTION C:
Instrumentation Inspection, Preparation and Packaging

Instrument inspection

Question 1:
Ensure instruments are cleaned and dried before packaging

- ◯ Not evident
- ◯ Partial compliance
- ◯ Full compliance

Question 2:
Inspect instruments for flaws or damage. Check for rust, pitting, corrosion, burrs, nicks, cracks, chipping of plated surfaces. Lighted magnifying glass available for instrument inspection.

- ◯ Lighted magnifying glass not available
- ◯ Occasional inspection with lighted magnifying glass done
- ◯ Inspection done with lighted magnifying glass for all instruments

Question 3:
Cleaning verification by users should include visual inspection combined with other verification methods (ATP) that allow assessment of instrument surfaces and channel

- ◯ Only visual inspection
- ◯ Other verification methods included but without fixed schedule and plan
- ◯ Other verification method included with fixed schedule and plan

Question 4:
Instruments:
– Cutting edges are sharp
– Moving parts move freely, without sticking
– Instruments needing repair are taken out of service for repair or replacement

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 5:
Follow MDMs instructions for instruments requiring lubrication after cleaning or prior to sterilisation

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

SECTION C: *INSTRUMENTATION INSPECTION, PREPARATION AND PACKAGING* *continues >>>*

SECTION C:
Instrumentation Inspection, Preparation and Packaging (continued)

Preparation and assembly

Question 6:
Delicate/sharp instruments are protected while being handled/assembled for sterilisation *(may use special holders, tip guards, or foam sleeves)*
– Tip protectors should be sterilant-permeable

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 7:
Instruments that open (e.g. scissors, haemostats) are held in unlocked, open positions

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 8:
Multi-part instruments are disassembled prior to sterilisation, ensuring all parts are easily accessed for aseptic assembly

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 9:
Lumened devices:
– Remove stylets/plugs, such as catheters, needles, tubings
– Moistening of the lumen may be recommended; consult device manufacturer

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 10:
Complex instruments (eg, air-powered, endoscopes, having lumens or channels) are prepared according to written IFU from device manufacturer

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 11:
Non-linting absorbent material may be placed in trays to help facilitate drying. Tray liners or other absorbent materials may be used to alleviate drying problems.

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

SECTION C: *INSTRUMENTATION INSPECTION, PREPARATION AND PACKAGING:* ***Preparation and assembly*** *continues >>>*

SECTION C:
Instrumentation Inspection, Preparation and Packaging (continued)

Preparation and assembly (continued)

Question 12:
Basins:
- Graduated basins should differ in diameter by one inch
- Use non-linting absorbent material between nested basins
- Wrapped basin sets should not exceed 3kg (7 lbs)

◯ Not evident
◯ Done occasionally
◯ Done all the time

Question 13:
Containerized instrument sets do not exceed 11kg (25 lbs)

◯ Not evident
◯ Occasionally comply
◯ Full compliance all the time

Packaging

Question 14:
Packaging materials are held for a min. of 2 hrs. prior to use at room temp (21°F-24°F) and at a relative humidity ranging from 30-60%. [*This is needed to permit steam sterilisation and prevent superheating.*]

◯ Not evident
◯ One factor complied with
◯ Both factors complied with

Question 15:
Packaging materials are examined regularly for defects (i.e. holes, warn spots, stains)

◯ Not evident
◯ Done occasionally
◯ Done all the time

Question 16:
Wrappers should be kept snug, but not wrapped too tightly or strike-through could occur

◯ Not evident
◯ Done occasionally
◯ Done all the time

Question 17:
Paper/plastic pouches:
- Labeling is done on plastic side only
- Double peel pouch only if pouch is validated for this use

◯ No labeling
◯ Labeling but not on plastic side
◯ Labeling on plastic side

SECTION C:
Instrumentation Inspection, Preparation and Packaging (continued)

Packaging (continued)

Question 18:
Wrapped packs:
– Write only on indicator tape or affixed labels

- ◯ No labeling
- ◯ Labeling done inappropriately
- ◯ Labeling on indicator tape or affixed labels

Question 19:
Perforated, wire-mesh-bottom trays, and rigid organizing trays are inspected prior to each use to ensure there are no sharp edges, nicks, or loose wire-mesh

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 20:
Tape (other than sterilisation indicator tape) should not be used to secure packages, nor should safety pins, ropes, paper clips, staples, or other sharp objects

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 21:
Validation test to be done for heat sealer at set frequency

- ◯ Not done
- ◯ Frequency set but not followed
- ◯ Frequency set and followed

SECTION C: Instrumentation Inspection, Preparation and Packaging

TOTAL:
0 / 260 points

MANDATORY ITEMS MARKED:
0 / 100 (5 items)

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

SECTION D:
Sterilisation and Monitoring

Follow manufacturers' guidelines

Question 1:
Steriliser manufacturers:
– Written instructions for cycle parameters are available

- ◯ Not available
- ◯ Some are available
- ◯ Available for all sterilisers

Question 2:
Rigid container manufacturers:
– Instructions for cycle parameters are followed

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 3:
Medical device manufacturers:
– Written instructions for sterilisation cycle parameters are available/accessible for items to be sterilised, including loaner sets

- ◯ Not available
- ◯ Available but not easily accessible
- ◯ Available and easily accessible

Loading the steriliser (follow steriliser manufacturers' written instructions)

Question 4:
Group together similar items requiring same cycle parameters

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 5:
Steriliser cart:
– Allow space between packs
– Do not overload
– Packages should not touch chamber walls

- ◯ Not evident
- ◯ Overloading seen occasionally
- ◯ Complied with all the time

SECTION D: *STERILISATION AND MONITORING:* ***Loading the steriliser*** *continues* **>>>**

SECTION D:
Sterilisation and Monitoring (continued)

Loading the sterilizer (continued)

Question 6:
Mixed loads:
– Place metal items on the loading cart below textiles and paper-plastic pouches (to prevent condensate from dripping onto lower packs)

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 7:
Solid-bottom pans, bowls, and trays are tilted on edge and oriented in the same direction

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 8:
Paper-plastic pouches:
– Use baskets to facilitate placing pouches on edge

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 9:
Rigid containers:
– Stacking could interfere with air evacuation; follow container's manufacturer's instructions

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Unloading the steriliser

Question 10:
Open steriliser door properly
– Door may be opened slightly at the end of the cycle (for some time) prior to removing the load

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 11:
Load contents:
– There should be no visible signs of liquid, or water droplets. (Wet items are considered contaminated even if not touched.)

- ◯ Not evident
- ◯ Wetness seen occasionally
- ◯ Dry for all items

SECTION D: *STERILISATION AND MONITORING:* ***Unloading the steriliser*** *continues >>>*

SECTION D:
Sterilisation and Monitoring (continued)

Unloading the sterilizer (continued)

Question 12:
Sterilised items remain on the cart to cool for a minimum of 30 minutes, and are not touched during the cooling process

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done all the time

Question 13:
Place cart in a low traffic area without proximity to air-conditioning or cold-air vents

- ◯ Carts placed in close proximity to vents
- ◯ Some carts are placed in close proximity to vents
- ◯ Complied with always

Question 14:
Immediate use "Flash" items:
– Are used immediately and not stored for later use (assume condensate will be present)

- ◯ Not used immediately
- ◯ Occasionally used immediately
- ◯ Used immediately always

Physical monitors, chemical indicators and biological indicators

Question 15:
Verify parameters of the cycle have been met by reviewing cycle printout tapes. Circle minimum temperature and exposure time, initial/sign, and date.

- ◯ Not evident
- ◯ Reviewed but not documented regularly
- ◯ Reviewed and documented all the time

Question 16:
Bowie-Dick Testing is done daily in pre-vacuum sterilisers before first processed load. Process Bowie-Dick at 132°-134°C for 3.5 to 4 minutes. One pack per load in an empty chamber. Record results.

- ◯ Not evident
- ◯ Done occasionally
- ◯ Done daily

Question 17:
External process indicators (indicator tape, labels) are affixed to hospital-sterilised packages and containers

- ◯ Not evident
- ◯ Affixed on some
- ◯ Affixed on all items

SECTION D: *STERILISATION AND MONITORING:* ***Physical monitors, chemical indicators and biological indicators*** *continues >>>*

SECTION D:
Sterilisation and Monitoring (continued)

Physical monitors, chemical indicators and biological indicators (continued)

Question 18:
Internal chemical indicator(s) (Type 4, 5, 6) are placed inside every package in the most challenging location for sterilant to reach (refer to Rigid Container Manufacturers' Instructions for CI placement)

- ◯ Not evident
- ◯ Placed in some items/not in most challenging location
- ◯ Complied with for all items

Question 19:
Implant loads:
– Monitor with a BI PCD containing a Type 5 Integrating Indicator. Implants should be quarantined until BI results are known, except in emergency situations.

- ◯ Not evident
- ◯ Monitored but not quarantined
- ◯ Monitored and quarantined

Question 20:
Non-implant loads:
– *Optional* monitoring with a PCD containing either: a BI, a BI and Type 5, a Type 5 integrating indicator, or a Type 6 emulating indicator

- ◯ Not used immediately
- ◯ Done for some loads
- ◯ Done for all loads

Question 21:
Routine steriliser efficacy testing with a BI PCD is done daily (if steriliser run daily):
Sterilisers larger than 60 liter:
– Place BI PCD in first load of items to be sterilised, on bottom shelf of steriliser cart over drain
Table top sterilisers:
– BI PCD is run with first load of the day and generally placed in centre of load

- ◯ Not evident
- ◯ Done sometimes
- ◯ Done daily when used

Use appropriate BI PCD depending on type of steriliser

Question 22:
Steam:
– Daily (each day the steriliser is used)

- ◯ Used weekly
- ◯ Used daily
- ◯ Used every load

SECTION D:
Sterilisation and Monitoring (continued)

Use appropriate BI PCD depending on type of steriliser (continued)

Question 23:
Gaseous sterilization (e.g. EO, H2O2):
– BI should be used every load

- ◯ Not evident
- ◯ Done but no regular recording
- ◯ Done with good recording always

Question 24:
Sterilisers larger than 60 liter:
– Use commercially available FDA-cleared BI PCD or AAMI 16-towel pack (M)

- ◯ Used weekly
- ◯ Used daily
- ◯ Used every load

Question 25:
Table top sterilisers:
– BI PCD is a user assembled challenge test pack, which creates the greatest challenge (e.g., BI in peel pouch, BI in wrapped set) and contains items normally processed

- ◯ Used weekly
- ◯ Used daily
- ◯ Used every load

BI test/control and results

Question 26:
Control BI:
– Incubate a positive BI control each day a test vial is incubated and in each auto-reader or incubator. The Control BI needs to be from the same lot number as the Test BI. Record results.

- ◯ Not evident
- ◯ Done but no regular recording
- ◯ Done with good recording always

Question 27:
Test BI:
– Incubate Test BI according to BI Manufacturers' Instructions. Record results.

- ◯ Not evident
- ◯ Done but no regular recording
- ◯ Done with good recording always

SECTION D: *STERILISATION AND MONITORING* *continues >>>*

SECTION D:
Sterilisation and Monitoring (continued)

Qualification testing

Question 28:
For sterilisation process failures where the cause is not immediately identifiable, and after major steam or steriliser repairs, run 3 empty cycles with a BI PCD followed by 3 empty cycles with a Bowie-Dick test if prevacuum steriliser

- ◯ Not evident
- ◯ Done but not as full procedure
- ◯ Done as in standard

Steriliser maintenance

Question 29:
Steriliser "drain strainers" are inspected daily for debris

- ◯ Not evident
- ◯ Occasionally done
- ◯ Inspected daily

Question 30:
Steriliser external and internal surfaces are routinely cleaned

- ◯ Not evident
- ◯ Occasionally cleaned/ some parts cleaned only
- ◯ Routinely cleaned for external and internal surfaces

SECTION D: Sterilisation and Monitoring

TOTAL:
0 / 460 points

MANDATORY ITEMS MARKED:
0 / 320 (16 items)

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

SECTION E:
Sterile Storage and Distribution

Sterile storage

Question 1:
Written policies and procedures are available for storage, handling, rotation, and labelling of sterile packs

- ◯ Not available
- ◯ Some are available
- ◯ All are available

Question 2:
Traffic in the sterile storage area is controlled to limit access to sterile items

- ◯ Not controlled
- ◯ Controlled but not fully complied by staffs
- ◯ Controlled and full compliance

Question 3:
Outside shipping containers and corrugated cartons are not used as containers in sterile storage areas

- ◯ Not using appropriate containers
- ◯ Partial compliance
- ◯ Full compliance

Question 4:
Storage area temperature is generally less than 24°C and relative humidity should not exceed 70%

- ◯ Both not complied with
- ◯ One of them is complied with
- ◯ Both complied with

Question 5:
Sterile items are stored at least 20-25cm (8-10") above the floor, at least 45cm (18") below the ceiling or sprinkler heads, and at least 5cm (2") from outside walls

- ◯ Non-compliance
- ◯ One of them is compliant
- ◯ Full compliance

Question 6:
Shelving and storage carts have a physical barrier between the bottom shelf and the floor

- ◯ No barrier
- ◯ Partial barrier
- ◯ Full physical barrier

SECTION E: *STERILE STORAGE AND DISTRIBUTION:* ***Sterile storage*** *continues >>>*

SECTION E:
Sterile Storage and Distribution (continued)

Sterile storage (continued)

Question 7:
Medical/surgical items, including rigid containers, are not stored next to or under sinks, under exposed water/sewer pipes, or in any location where they may become wet

- ◯ Non-compliant throughout area
- ◯ Partial compliance
- ◯ Full compliance in all areas

Question 8:
Supplies are stored only on designated shelving, counters, and carts (not on windowsills, floors, etc.)

- ◯ Non-compliant throughout area
- ◯ Partial compliance
- ◯ Full compliance in all areas

Question 9:
When stacking container systems, ensure they are firmly seated on one another

- ◯ Non-compliant throughout area
- ◯ Partial compliance
- ◯ Full compliance in all areas

Distribution

Question 10:
Supplies are distributed on a First In First Out (FIFO) basis

- ◯ Not done
- ◯ Occasionally done
- ◯ All the time

Question 11:
Packaging is inspected visually for integrity, and labelling, prior to using items

- ◯ Both not complied with
- ◯ One of them is complied with
- ◯ Coth complied with

Question 12:
Transport carts should have a physical barrier between the bottom shelf and the floor
– Reusable covers should be cleaned after each use

- ◯ Both not complied with
- ◯ One of them is complied with
- ◯ Both complied with

SECTION E: *STERILE STORAGE AND DISTRIBUTION:* ***Distribution*** *continues >>>*

SECTION E:
Sterile Storage and Distribution (continued)

Distribution (continued)

Question 13:
Carts are decontaminated/dried before reused for transporting sterile supplies

- ◯ Not done
- ◯ Occasionally done
- ◯ Done all the time

SECTION E: Sterile Storage and Distribution	**TOTAL:** **0 / 140 points**
	MANDATORY ITEMS MARKED: **0 / 20 (1 item)**

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

SECTION F: Documentation

Equipment and cycling documentation

Question 1:
Documentation for each mechanical washer is maintained:
– Monitor and verify cleaning processes (e.g. digital readouts, and cycle printouts)

- ◯ Not done
- ◯ Some are monitored and documented
- ◯ All are monitored and documented

Question 2:
Documentation for each steriliser is maintained, and includes results from each load (e.g. monitoring results; steriliser repair records)

- ◯ Not done
- ◯ Documentation done occasionally
- ◯ Documentation done always

Question 3:
For each cycle printout tape:
– Verify cycle start was initiated
– Ensure cycle selected was appropriate for load contents
– Verify correct Time & Temp. was met
– Ensure there were no cycle aborts or warnings

- ◯ Not evident
- ◯ Printout tape done occasionally
- ◯ Printout tape done for each cycle

Question 4:
Record for each cycle:
– Lot number
– Load contents
– Exposure time/temp; *Name/initials of steriliser operator
– Results of BI testing, if applicable
– Results of Bowie-Dick testing, if applicable
– Results of CIs in test packs; reports of non-conclusive or non-responsive CIs found in the load

- ◯ Not evident
- ◯ Records done occasionally
- ◯ Records available for each cycle

Question 5:
An instrument tracking system or other type of computer system is used

- ◯ No system available
- ◯ Manual
- ◯ Electronic

SECTION F: *DOCUMENTATION* *continues >>>*

SECTION F: Documentation (continued)

Product recalls

Question 6:
- Policies & Procedures are clear and concise
- Records are maintained
- Lot control labels are used, to include: Steriliser ID, lot number, sterilisation date, expiration date, name of pack and initials

◯ No product recall policy

◯ Policy exists but records not maintained regularly

◯ Policy exists and records available for all items

Question 7:

Sterilisation Process Failure:
- When cannot immediately identify cause of failure (e.g. selected incorrect cycle setting), reprocess the load and recall/reprocess all items dating back to last load in steriliser with negative BI results

◯ Not done

◯ Occasionally done

◯ Done all the time

SECTION F: Documentation

TOTAL: 0 / 120 points

MANDATORY ITEMS MARKED: 0 / 100 (5 items)

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

SECTION G: Facility Design

Question 1:
All instrumentation reprocessing is centralized

- ◯ Not centralized
- ◯ Centralized

Question 2:
If centralized reprocessing is not possible, consistent policies and procedures between locations are in place

- ◯ No policy
- ◯ Inadequate policy
- ◯ Clear comprehensive policy

Question 3:
CSSD department size is appropriately designed with regard to anticipated volume

- ◯ Not done
- ◯ Attempts to do so and has clear plans to modify and improve
- ◯ Yes

Question 4:
Decontamination area facilitates proper workflow and provides adequate space for necessary equipment

- ◯ Poor workflow and inadequate space
- ◯ Inadequate space but good workflow
- ◯ Proper workflow and adequate space

Question 5:
Decontamination area has space dedicated to donning and removal of PPE

- ◯ No dedicated space
- ◯ Dedicated space but inadequate
- ◯ Good adequate dedicated area

Question 6:
Decontamination sink is of adequate size and has three compartments (for soaking, cleaning and rinsing)

- ◯ Inappropriate design
- ◯ Adequate size but < 3 compartments
- ◯ Adequate size with 3 compartments and connectors

Question 7:
Handwashing sinks/hand hygiene facilities are appropriately located in department

- ◯ No sinks/hand hygiene facilities
- ◯ Inappropriately located
- ◯ Appropriately located

SECTION G: *FACILITY DESIGN* *continues >>>*

SECTION G:
Facility Design (continued)

Question 8:
Emergency eyewash stations (required by OSHA) located within 10 seconds travel time of all chemical usage locations, with a continuous flush for at least 15 minutes (e.g. decontamination area)

- ◯ Not available
- ◯ Inappropriately located
- ◯ Appropriately located

Question 9:
Functional workflow pattern:
– Clear distinction (i.e. physical wall) between dirty and clean

- ◯ No distinction
- ◯ Unclear distinction
- ◯ Clear distinction

Question 10:
Functional workflow pattern:
– Pass–through window available to avoid hallways, and is not propped open

- ◯ Not available
- ◯ Available but open
- ◯ Available and not propped open

Question 11:
Temperature and humidity monitoring controls in decontamination and clean areas

- ◯ Not available
- ◯ Only one monitor
- ◯ Monitors present for both

Question 12:
Temperature and humidity monitoring is recorded daily

- ◯ Not done
- ◯ Irregular monitoring
- ◯ Daily documented monitoring

Question 13:
Appropriate traffic control. Written policy and procedure in place for authorized entry and movement and attire.

- ◯ No policy
- ◯ Policy available but not complied with
- ◯ Policy available with full compliance

Question 14:
Floors and walls are constructed from materials that can withstand frequent cleaning

- ◯ Poor materials
- ◯ One of them can withstand frequent cleaning
- ◯ Both items fulfilled

SECTION G: *FACILITY DESIGN* *continues >>>*

SECTION G:
Facility Design (continued)

Question 15:
Ceilings are flush surfaces and not of materials that are of a particulate or fibre-shedding composition

- ◯ Did not meet standard
- ◯ Only fulfill one criteria
- ◯ Meet both criteria

Question 16:
Doors close freely and do not have thresholds

- ◯ No doors
- ◯ Doors have thresholds/don't close freely
- ◯ Meet both standards

Question 17:
Appropriate positive (clean areas) and negative (soiled areas) pressure ventilation systems in place

- ◯ No clear pressure differences
- ◯ Only one area meets standard
- ◯ Both areas are of appropriate pressure ventilation

Question 18:
Appropriate air-change in decontamination and storage area

- ◯ Both area does not meet
- ◯ Only one area meets standard
- ◯ Both areas are of appropriate meet standard

Question 19:
Lighting adequate for all work areas

- ◯ Poor lighting throughout
- ◯ Some have adequate lighting
- ◯ Adequate lighting in all work areas

SECTION G:
Facility Design

TOTAL:
0 / 200 points

MANDATORY ITEMS MARKED:
0 / 20 (1 item)

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

SECTION H: Considerations

Question 1:
CS supervisory personnel meet minimum recommended qualifications

- ◯ No recognized qualifications
- ◯ Local training only
- ◯ Trained with relevant regional/ international qualifications

Question 2:
CS supervisory personnel maintain competency and participate in departmental continuing education

- ◯ Not done
- ◯ Sporadically done
- ◯ Regular documented programs

Question 3:
CS technicians meet minimum recommended qualifications

- ◯ No recognized qualifications
- ◯ Local training only
- ◯ Has recognized training regionally/ internationally

Question 4:
All new CS personnel receive initial and comprehensive facility and department orientation

- ◯ Not done
- ◯ Some received it
- ◯ All received it and documented

Question 5:
All CS personnel receive a minimum annual training on department policies and procedures All CS personnel demonstrate competency annually

- ◯ Not done
- ◯ Not regularly done
- ◯ All received it and documented

Question 6:
Written policy on personal hygiene

- ◯ No policy
- ◯ Inadequate policy
- ◯ Clear comprehensive policy

SECTION H: *CONSIDERATIONS* *continues >>>*

SECTION H: Considerations (continued)

Question 7:
Written policy and adherence to appropriate CS personnel attire

- ◯ No policy
- ◯ Inadequate policy/partial compliance
- ◯ Clear comprehensive policy with full compliance

Question 8:
Written policy and adherence to appropriate PPE in decontamination area

- ◯ No policy
- ◯ Inadequate policy/partial compliance
- ◯ Clear comprehensive policy with full compliance

Question 9:
Written policy and schedule for housekeeping

- ◯ No police or schedule
- ◯ Has police but no schedule
- ◯ Has police and schedule

Question 10:
Written policy and schedule for instrument and sterilizer machine maintenance

- ◯ No policy
- ◯ Inadequate policy/partial compliance
- ◯ Clear comprehensive policy with full compliance

Question 11:
Products used for any/all stages in reprocessing (cleaning, disinfection, sterilization) must be approved by the committee responsible for product selection, by an individual with reprocessing expertise and by an individual with infection prevention and control expertise

- ◯ No collaboration
- ◯ Partial collaboration
- ◯ Full collaboration

SECTION H: Considerations

TOTAL:
0 / 120 points

MANDATORY ITEMS MARKED:
0 / 20 (1 item)

I completed all questions in this section especially the **MANDATORY** (highlighted) items.

◯ Yes ◯ No

Expert Feedback

Comments:

Impressive elements:

Areas for improvement:

Expert 1 name: _____

Expert 2 name: _____

Date: _____

Summary Scores

Facility name: _____

Country: _____

Section	Item	Score	MANDATORY items
A	Handling, Collection and Transport of Contaminated Instruments	0 / 160	0 / 100 (5 items)
B	Cleaning and Decontamination Processes	0 / 180	0 / 80 (4 items)
C	Instrumentation Inspection, Preparation and Packaging	0 / 260	0 / 100 (5 items)
D	Sterilisation and Monitoring	0 / 460	0 / 320 (16 items)
E	Sterile Storage and Distribution	0 / 140	0 / 20 (1 item)
F	Documentation	0 / 120	0 / 100 (5 items)
G	Facility Design	0 / 200	0 / 20 (1 item)
H	Considerations	0 / 120	0 / 20 (1 item)
	Grand total	0 / 1640	0 / 760 (38 items)

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