Aged care infection control checklist

CHECKLIST TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Business _____ Location _____ Date _____

Daily check

At the start of the morning shift

TASK	TIME	INITIALS
Hand hygiene		
☐ Check hand rub is full at every entrance, room and nurses' station		
☐ Check soap and paper towels are stocked at every basin		
Protective equipment		
☐ Check gloves, gowns, masks and eye protection are stocked		
☐ Check PPE is set up outside any room on isolation		
Cleaning		
☐ Check high-touch surfaces in shared areas were cleaned — Door handles, rails, call bells, lift buttons and tables.		
☐ Check shared equipment is cleaned between residents — Hoists, wheelchairs, blood pressure cuffs and thermometers.		
☐ Check rooms on isolation are cleaned last, with their own equipment		
Laundry and waste		
☐ Check soiled linen goes in the right bags and is kept apart from clean linen		
☐ Check clinical waste and sharps bins are not overfull		
Outbreak watch		
☐ Ask each team if any resident has new fever, cough, vomiting or diarrhoea — Two or more residents with the same symptoms may mean an outbreak. Tell the nurse in charge.		
☐ Check visitor signs and screening are in place		
☐ Check any staff member with symptoms has stayed home		

Completed by _____ Checked by (manager) _____ Date _____ Notes _____