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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. Parameters  Logbook & 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