



INFECTION CONTROL ROUND FORM

Ward: _____

Date of round: _____

INSPECTION	ACTION TO IMPROVEMENT

NOSOCOMIAL CASES:

INFECTION CONTROL MEASURES		
AIRBORNE / DROPLET / CONTACT PRECAUTION: _____		
1.	Hand Hygiene / 5 Moment Hand Hygiene	
2.	Appropriate of PPE	
3.	Signage	
4.	Disinfectants	
5.	Linen	
6.	Segregation of Waste	
7.	Housekeeping & Spillage	

ICN NAME:

WARD MANAGER/ WARD STAFF NAME:

FOLLOW UP INFECTION CONTROL ROUND:

Name of ICN :		ACTION OF IMPROVEMENT
Name of staff/ward manager:		
Date of Infection Control round:		
Date of improvement:		