IPAC AUDIT TOOL

Health Care Offices and Clinics

Companion resource to the Health Care Offices and Clinics Infection Prevention and Control Guideline

PURPOSE

Use this tool to support routine self-assessment and quality improvement of infection prevention and control practices in health care offices and clinics. Use findings to identify strengths and gaps and to guide corrective and improvement actions. This tool is not a regulatory inspection instrument.

Clinic/Department	Date	Auditor

Scoring

2	1	0	N/A
Compliant	Partially Compliant	Non-Compliant	Not Applicable

Overall Score = Points Achieved ÷ Total Applicable Points × 100. Exclude N/A criteria from the total possible points.

Important: A percentage score should not be used alone to determine IPAC risk or priority for action. A single significant finding may require prompt action regardless of the overall score.

Use the Comments / Actions column to document observations, evidence, follow-up needs or corrective actions.

1. Reception, Screening & Symptomatic Patients

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Appropriate IPAC, hand hygiene and respiratory etiquette information is available for patients and visitors.	☐	☐	☐	☐	
Hand hygiene supplies, tissues and masks when indicated are readily accessible.	☐	☐	☐	☐	
A process is in place to identify patients with symptoms of potentially transmissible infection.	☐	☐	☐	☐	
Symptomatic patients are managed promptly to reduce exposure to others, including appropriate placement or separation where feasible.	☐	☐	☐	☐	

2. Hand Hygiene

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Staff perform hand hygiene according to the Four Moments for Hand Hygiene.	☐	☐	☐	☐	
Alcohol-based hand rub is readily accessible at the point of care; soap and water are available where required.	☐	☐	☐	☐	
Hand hygiene sinks are appropriately supplied and used for their intended purpose.	☐	☐	☐	☐	
Practices that interfere with effective hand hygiene are avoided, and hand hygiene products are appropriately maintained.	☐	☐	☐	☐	

3. PCRA & Personal Protective Equipment

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Staff perform a Point-of-Care Risk Assessment (PCRA) before each patient interaction.	☐	☐	☐	☐	

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Appropriate PPE is readily accessible in required types and sizes.	☐	☐	☐	☐	
PPE is selected based on the PCRA and anticipated exposure.	☐	☐	☐	☐	
PPE is put on, used, removed and discarded or reprocessed in a manner that prevents contamination.	☐	☐	☐	☐	

4. Environmental Cleaning & Disinfection

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Responsibilities, procedures and schedules for environmental cleaning and disinfection are established.	☐	☐	☐	☐	
Surfaces, furnishings and finishes in patient-care areas are cleanable and maintained in good condition.	☐	☐	☐	☐	
High-touch surfaces and patient-care areas are cleaned and disinfected at the required frequency.	☐	☐	☐	☐	
Surfaces and equipment contaminated with blood or body fluids are promptly cleaned and disinfected.	☐	☐	☐	☐	
Cleaning and disinfecting products are appropriate for healthcare use and used according to the manufacturer's instructions, including contact time.	☐	☐	☐	☐	

5. Patient-Care Equipment & Reprocessing

If reusable critical or semi-critical medical devices requiring reprocessing are not used or reprocessed in the clinic, mark the applicable criteria N/A.

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Non-critical reusable equipment is cleaned and disinfected between patients or uses as indicated.	☐	☐	☐	☐	

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Reusable equipment and devices are classified and reprocessed according to intended use, manufacturer's instructions and facility procedures.	☐	☐	☐	☐	
Cleaning occurs before disinfection or sterilization when reprocessing is required.	☐	☐	☐	☐	
Reprocessing workflow prevents cross-contamination between contaminated and clean items.	☐	☐	☐	☐	
Reprocessed equipment is appropriately inspected, stored and documented where required.	☐	☐	☐	☐	

6. Medication Preparation & Injection Safety

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Medications are prepared in a designated clean area separated from potential sources of contamination.	☐	☐	☐	☐	
Hand hygiene and aseptic technique are used during medication preparation and administration.	☐	☐	☐	☐	
Single-dose medications and vials are used for one patient and discarded appropriately after use.	☐	☐	☐	☐	
Vial access, medication preparation, storage and expiry practices follow manufacturer instructions and safe injection practices.	☐	☐	☐	☐	
Multidose vials, when used, are handled, labelled, stored and accessed according to current safe medication practices.	☐	☐	☐	☐	

7. Sharps Safety & Blood/Body Fluid Exposure

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Safety-engineered sharps are used where appropriate and available.	☐	☐	☐	☐	

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Sharps are disposed of immediately after use in an approved puncture-resistant sharps container.	☐	☐	☐	☐	
Sharps containers are appropriately located, securely managed and replaced before overfilling.	☐	☐	☐	☐	
Used needles are not routinely recapped, bent, broken or otherwise manipulated.	☐	☐	☐	☐	
A process is in place for immediate first aid, reporting, medical assessment and follow-up of occupational blood and body fluid exposures.	☐	☐	☐	☐	

8. Specimen Collection & Handling

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Specimens are collected using practices that prevent contamination and exposure.	☐	☐	☐	☐	
Specimen containers are appropriately closed, labelled and handled.	☐	☐	☐	☐	
Specimens are stored and transported in a manner that prevents leakage and exposure.	☐	☐	☐	☐	
Reusable blood collection or testing devices, if used, are appropriately cleaned and disinfected between patients.	☐	☐	☐	☐	

9. Waste, Linen & Supply Storage

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Waste is segregated at the point of use into the appropriate waste stream.	☐	☐	☐	☐	
Biomedical waste and sharps are handled, stored, transported and disposed of according to applicable requirements.	☐	☐	☐	☐	

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Soiled linen is handled in a manner that minimizes contamination and exposure.	☐	☐	☐	☐	
Clean supplies and equipment are stored in a manner that protects them from contamination.	☐	☐	☐	☐	
Clean medical supplies and equipment are not stored under sinks or immediately adjacent to sources of splash or contamination.	☐	☐	☐	☐	

10. IPAC Policies, Education & Competency

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Current IPAC policies and procedures are readily accessible and reflect services provided by the clinic.	☐	☐	☐	☐	
Staff receive IPAC orientation and ongoing education appropriate to their role.	☐	☐	☐	☐	
Staff competency is assessed for applicable IPAC practices.	☐	☐	☐	☐	
IPAC concerns, incidents and identified practice deficiencies are documented, addressed and followed up.	☐	☐	☐	☐	

11. Occupational Health & Staff Safety

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Staff are offered or recommended occupational immunizations appropriate to their role and applicable guidance.	☐	☐	☐	☐	
Processes are in place for staff to report illness and follow work-restriction or exclusion recommendations when indicated.	☐	☐	☐	☐	
Occupational exposures and injuries are promptly reported, assessed and managed.	☐	☐	☐	☐	

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Staff know how and where to access occupational health support when required.	☐	☐	☐	☐	

12. Physical Environment & Clinic Infrastructure

Audit Criterion	2	1	0	N/A	Findings / Actions Required
Clinic layout and workflow support separation of clean and contaminated activities.	☐	☐	☐	☐	
Hand hygiene facilities are appropriately located for the services provided.	☐	☐	☐	☐	
Patient-care, medication-preparation, storage and reprocessing areas are appropriate for their intended functions.	☐	☐	☐	☐	
Known ventilation or indoor-air-quality concerns that may affect infection transmission are reported and addressed through the appropriate process.	☐	☐	☐	☐	
Changes in services, procedures, equipment or clinic design are assessed for potential IPAC implications.	☐	☐	☐	☐	

AUDIT SUMMARY & ACTION PLAN

Page/Section Points Achieved	Total Applicable Points	Overall Score

Strengths - What are we doing well?

Areas for Improvement - What needs attention?

Critical / Significant Findings Requiring Prompt Action

Priority Actions

Priority Action	Responsible Person	Target Date	Completed
1.			☐
2.			☐
3.			☐

Re-audit Date	Auditor/Reviewer

Significant findings should be evaluated and prioritized through the clinic's organizational IPAC risk-assessment process.