



# Dialysis Facility Cleanliness Checklist as Viewed by the Patient

Dialysis Facility Staff, please answer the following environmental cleanliness related Questions by checking Yes, No or N/A :

In your dialysis facility have you observed :	Yes	No	N/A
1. Facility entrance clean and well lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Parking lot well lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceiling tiles and/or floor tiles missing or dirty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unlit or dark areas inside, light bulbs not functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Chairs are worn/ripped/torn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Blood or stains on chairs (check backs, sides)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Open or used needles/syringes and broken equipment visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Food and drink at nursing stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Boxes or cartons - stacked on the floor? Empty boxes visible/lying on the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cabinet doors missing? Broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Blood or other stains on floor, equipment, walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Needle boxes/sharps container full or running over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Bio-hazardous waste containers full, running over or uncovered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Bloodlines not removed and disposable equipment not discarded in bio-hazard bins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Trash bins overstuffed or uncovered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Machine tops, front and side surfaces not clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Dialysate hoses, Hansen connectors, and outside surfaces of concentrate jugs not clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Torn or faded signs or posters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Cloths/wipes not discarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Unusual or unpleasant odors detected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Mold present on surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Soap dispensers messy, empty or dirty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gnats, mosquitoes, bugs, ants &/or other insects or rodents present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Positive air flow out of the building maintained so bugs cannot fly in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Hand sanitizers located at each doorway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Hand washing sinks designated and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Staff sanitizes hands and puts on clean gloves before touching patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff changes gloves and sanitizes stethoscope between patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Staff wearing gloves, gown, shield when starting/stopping treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Staff changes bloody gloves ASAP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Staff wears gloves when touching machine during treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Employee washes hands on entering and leaving treatment areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Patient waiting room tidy – chairs clean and comfortable, magazines neat, and has an area designated for wheelchair storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Between patients, all potentially contaminated items are disinfected, e.g. machine, prime bucket, chair, TV Controls, BP cuff & tubing, O <sub>2</sub> concentrator i.e. (anything that touches patient & is reused?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Supplies organized and stored neatly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Dialysis center well laid out, organized and not cluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Do all patient bathrooms have toilet seat liners, paper towels & antibacterial soap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Toilets clean and working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Floor of patient bathroom clean – no paper and other matter on floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Are patient bathrooms located away from the main treatment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Are IV poles covered when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Smoking policies enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>