**Checklist for negative pressure rooms:**

In the en-suite toilet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Yes/No | Sign | Date | Comment |
| 1. Flush working |  |  |  |  |
| 1. Toilet paper |  |  |  |  |
| 1. Light working |  |  |  |  |
| 1. Tap/Sink working |  |  |  |  |
| 1. Soap |  |  |  |  |
| 1. Paper towels |  |  |  |  |
| 1. Shower working |  |  |  |  |
| 1. Cotton towel |  |  |  |  |

In the room

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Yes/No | Sign | Date | Comment |
| 1. Negative pressure |  |  |  |  |
| 1. Light |  |  |  |  |
| 1. Call alarm |  |  |  |  |
| 1. Intercom |  |  |  |  |
| 1. Video |  |  |  |  |
| 1. Bedding |  |  |  |  |
| 1. Water (4 L) |  |  |  |  |
| 1. Stethoscope |  |  |  |  |
| 1. BP machine |  |  |  |  |
| 1. Sats probe |  |  |  |  |
| 1. Blood sugar meter + strips x 2 |  |  |  |  |
| 1. Mask (surgical) x2 |  |  |  |  |
| 1. Alcohol rub |  |  |  |  |
| 1. Phone chargers |  |  |  |  |

In the anteroom

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Yes/No | Sign | Date | Comment |
| 1. Tap and sink working |  |  |  |  |
| 1. Soap |  |  |  |  |
| 1. Paper towels |  |  |  |  |
| 1. Alcohol rub |  |  |  |  |
| 1. Bin working (handsfree) |  |  |  |  |
| 1. Bin liner in bin |  |  |  |  |
| 1. Box of gloves |  |  |  |  |
| 1. PPE removal chart |  |  |  |  |
| 1. Venous access pack |  |  |  |  |
| 1. Alcohol rub |  |  |  |  |
| 1. 10% bleach spray |  |  |  |  |
| 1. Plain sticky labels for sample tubes |  |  |  |  |
| 1. Permanent marker (eg sharpy) |  |  |  |  |

Outside room

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Yes/No | Sign | Date | Comment |
| 1. Log book - cleaning |  |  |  |  |
| 1. Log book (in/out) |  |  |  |  |
| 1. Pen-on-a-string |  |  |  |  |
| 1. Working sink with soap, water, towels |  |  |  |  |
| 1. 10% bleach spray |  |  |  |  |
| 1. Permanent marker (eg sharpy) |  |  |  |  |