**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)
 |  |  |  |  |