SUPERIOR HEALTH **Quality Alliance**

Infection Prevention and Control

Mechanical Lift Disinfecting Audit Tool

| Date/Time of Observation | | | |
|--|--|--|--|
| Initials of Observer | | | |
| Name/Title of Caregiver | | | |
| Staff state reason(s) for disinfection of mechanical lifts. Yes or No | | | |
| Lift is disinfected prior to use according to the manufacturer's guidelines, policies and procedures (P/P). Yes or No | | | |
| Staff perform hand hygiene (HH) and wear gloves prior to disinfecting (follow directions for use of disinfectant). Yes or No | | | |

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|---|--|--|---|
| Appropriate disinfectant is used. Yes or No | | | |
| Staff clean boom, sling bar, control, handles (touch surfaces). Yes or No | | | |
| Staff demonstrate waiting appropriate dry time before use (2 minutes). Yes or No | | | |
| Staff disinfect lift after each resident use and when obtaining a lift from storage (HH, gloves). Yes or No | | | |
| Staff state process for refill of disinfectant wipes (where extra wipes are located, replacing if empty). Yes or No | | | |
| Notes: | | | |