IPC Water Safety Checklist for *Pseudomonas aeruginosa*

Date	Name of auditor	Ward	Hospital

Critical Control Point 3: Preventing Direct Water Usage Colonising / Infecting Vulnerable Patients	Requirement met Yes/No	Actions required/ completed
1.1 **Washing Babies and high risk patients:** Patients are washed (inc. face, body wash, top & tail, bed bath, nappy change and immersion bath) using clean, fresh tap water/ commercial wipes.		
1.2 **Defrosting Breast Milk:** Breast milk is defrosted either: • in a designated milk fridge • outside fridge at room temperature OR • using a warming/ defrosting device designed to ensure no direct contact with the bottle/ syringe with non-sterile water. • Using sterile water warmed in a warming cabinet NB: Discard any milk not used once defrosted DO NOT USE WARM TAP WATER		
1.3 **Warming Breast/ Formula Milk:** • Milk is taken out of fridge one hour prior to use OR • Milk is warmed using a warming device designed to ensure no direct contact with the bottle/ syringe with non-sterile water. • Use warmed (in warming cabinet), sterile water		
1.4 **Use of Ice:** • Ice is not used for direct baby care in NNUs (all levels). • Ice for consumption by severely immune-compromised patients should be made with sterile water and not taken from an ice machine.		

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Critical Control Point 4: Preventing Indirect Contact with *P. aeruginosa* from Colonised/ Infected Patients	**Requirement met Yes/No**	
2.1	**Hand Wash Stations:** • Clinical hand wash sinks are used for hand washing only. • Clinical Hand wash sinks are cleaned at least daily as per National Cleaning Specification. • Hand hygiene product bottles are never topped up • Hand hygiene should be undertaken as per National Infection Prevention and Control Manual (NIPCM) • Clinical hand wash sinks are cleaned daily as per National Cleaning Specification		
2.2	**Aseptic Procedures:** • Aseptic procedures are prepared and/ or performed in an area where there are no concurrent procedures being undertaken that generate splashing which could contaminate a sterile surface. • Decontaminate all surfaces aseptic procedure surfaces with a detergent or alcohol wipe		
2.3	**Aerosol Generating Procedures:** Existing guidance in the NIPCM for aerosol generating procedures is followed.		
2.4	**Discarding Potentially Contaminated Fluids:** • Small volumes of fluid, e.g. ET/ ventilator condensate, are discarded into clinical waste bags. • Larger volumes, e.g. bath water etc, are safely transported to a sink (not a hand wash sink) or sluice.		

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Critical Control Point 4: Preventing Indirect Contact with *P. aeruginosa* from Colonised/ Infected Patients		Requirement met Yes/No	
2.5	**Suction/ Chest Drain Bottles:** Disposable suction container liners are sealed and discarded in a suitable container or solidifying gel is used prior to discarding in healthcare waste.		
2.6	**Equipment Decontamination: Incubators** All re-usable equipment is thoroughly dried including mattress and all other parts, following decontamination.		
2.7	**Humidifiers:** • Humidifiers on incubators: Only sterile or distilled water is used to fill and top up. • Re-usable humidifiers are decontaminated in a Central Decontamination unit (CDU). If not able to withstand reprocessing in a CDU, then manufacturer's instructions must be followed.		
2.8	**Storage of Equipment:** Patient equipment is not stored where they may be exposed to splash contamination.		
2.9	**Non-Clinical Procedures that Create a Spray:** • No fluid containers are topped up • Spray bottles are not used for cleaning solutions. • Spray bottles are not used in areas where aseptic procedures are being prepared or are ongoing. • Avoid use of spray bottles where possible		

Feedback given to: Date: