

**INFECTION CONTROL "QUALITY" SCAVENGER HUNT**

**Assignment:** The student will independently participate in a quality assurance review of charts by monitoring for appropriateness and compliance of precautions for all patients who are currently in isolation. Be sure to print a copy of this scavenger hunt and take it with you to be completed during the Infection Control clinical. Following clinical, this assignment will be submitted electronically (in typed format) to the Infection Control Signature Form and Scavenger Hunt dropbox located in Edvance360 by Saturday at 2200 following the experience. The faculty will review for completion and forward to the Firelands Infection Preventionist, Sydney Cmar, RN, MPH.

*4 boxes for COVID*

**Instructions:** Under the direction of Sydney Cmar or Sandie Beal, you will go to various inpatient units and complete this assignment. You will make rounds on the nursing unit to determine which patients are in isolation precautions (all patients in isolation will be assessed). Utilizing the patient chart in Meditech, you will then review and record the information included on the checklist. Sydney Cmar will review this process with you during your Infection Control clinical.

Name: Brittany Rodisei

Date: 2-7-25

**Concurrent Quality & Infection Control Precautions Monitoring**

Criteria	Isolation Pt. #1 Unit: <u>3T</u> Room# <u>2</u>	Isolation Pt. #2 Unit: <u>3T</u> Room# <u>11</u>	Isolation Pt. #3 Unit: <u>3T</u> Room# <u>10</u>	Isolation Pt. #4 Unit: <u>3T</u> Room# <u>30</u>
Reason for Isolation	Influenza (Flu) Droplet	ESBL contact	PERTUSSIS Droplet	Flu Droplet
Precautions Posted	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Appropriate Precautions	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Cart Stocked	<del>Y/N</del>	<input checked="" type="checkbox"/> Y/N	<del>Y/N</del>	<input checked="" type="checkbox"/> Y/N -
Precaution Use (any healthcare provider entering room)	Y/N Dept: <del>PHYSICIAN</del>	Y/N Dept: PCT	Y/N Dept: NURSE	Y/N Dept:
	Y/N Dept: <del>NURSE</del>	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept: <del>PHYSICIAN</del>	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N

*at least 10 observations*

*↑ Nurse allied health safety falls History today or 2*

*Diagnostic 1*

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Criteria	Isolation Pt. #5 Unit: <u>3T</u> Room <u>32</u>	Isolation Pt. #6 Unit: <u>ICU</u> Room <u>5-</u>	Isolation Pt. #7 Unit: <u>ICU</u> Room <u>11-</u>	Isolation Pt. #8 Unit: <u>4N</u> Room <u>4</u>
Reason for Isolation	Flu Droplet	COVID droplet plus	ESBL Contact	MDRO Contact
Precautions Posted	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Appropriate Precautions	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Cart Stocked	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Precaution Use (any healthcare provider entering room)	Y/N Dept:	<input checked="" type="checkbox"/> Y/N Dept: <u>NURSE</u>	Y/N Dept:	<input checked="" type="checkbox"/> Y/N Dept: <u>Dietary</u>
	Y/N Dept:	Y/N Dept: <u>Resident</u>	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept: <u>Resident</u>	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N ↔	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N

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Criteria	Isolation Pt. #9 Unit: <u>4N</u> Room <u>15</u>	Isolation Pt. #10 Unit: <u>4P (4P)</u> Room <u>26</u>	Isolation Pt. #11 Unit: <u>4P</u> Room <u>35</u>	Isolation Pt. #12 Unit: _____ Room _____
Reason for Isolation	Flu Droplet	ESBL Contact	MDRO Contact	
Precautions Posted	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N
Appropriate Precautions	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N
Cart Stocked	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N
Precaution Use (any healthcare provider entering room)	<input checked="" type="checkbox"/> Y/N Dept: <u>NURSE</u>	Y/N Dept:	<input checked="" type="checkbox"/> Y/N Dept: <u>Phlebotomy</u>	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
	Y/N Dept:	Y/N Dept:	Y/N Dept:	Y/N Dept:
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	<input checked="" type="checkbox"/> Y/N don't have the "why" Flu	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N

Criteria	Isolation Pt. #5 Unit: <u>3T</u> Room <u>32</u>	Isolation Pt. #6 Unit: <u>ICU</u> Room <u>5-</u>	Isolation Pt. #7 Unit: <u>ICU</u> Room <u>11-</u>	Isolation Pt. #8 Unit: <u>4N</u> Room <u>4</u>
Reason for Isolation	Flu droplet	COVID droplet plus	ESBL contact	MDRO contact
Precautions Posted	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Appropriate Precautions	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Cart Stocked	<input checked="" type="checkbox"/> Y/N <i>not in isolation</i>	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N
Precaution Use (any healthcare provider entering room)	Y/N Dept: _____	<input checked="" type="checkbox"/> Y/N Dept: <u>NURSE</u>	Y/N Dept: _____	<input checked="" type="checkbox"/> Y/N Dept: <u>Dietary</u>
	Y/N Dept: _____	Y/N Dept: <u>Resident</u>	Y/N Dept: _____	Y/N Dept: _____
	Y/N Dept: _____	Y/N Dept: <u>NURSE</u>	Y/N Dept: _____	Y/N Dept: _____
	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N ↔	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N

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Criteria	Isolation Pt. #9 Unit: <u>4N</u> Room <u>15</u>	Isolation Pt. #10 Unit: <u>4P (4P)</u> Room <u>26</u>	Isolation Pt. #11 Unit: <u>4P</u> Room <u>35</u>	Isolation Pt. #12 Unit: _____ Room _____
Reason for Isolation	Flu droplet	ESBL contact	MDRO contact	
Precautions Posted	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N
Appropriate Precautions	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N
Cart Stocked	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N
Precaution Use (any healthcare provider entering room)	<input checked="" type="checkbox"/> Y/N Dept: <u>NURSE</u>	Y/N Dept: _____	<input checked="" type="checkbox"/> Y/N Dept: <u>Phlebotomy</u>	Y/N Dept: _____
	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____
	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____
	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____	Y/N Dept: _____
Consistent and Accurate Documentation of Precautions Over the Last 24 hours	<input checked="" type="checkbox"/> Y/N <i>Don't have the flu</i>	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N

