Vehicle cleaning and disinfection checklist

Form | PTR-FRM-005

Document type	Form
Title	Vehicle cleaning and disinfection checklist
Document ID	{{facility.code}}-PTR-FRM-005
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S6 (Patient transfers and referrals), criterion S6.36
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the cleaning and disinfection of the vehicle between patients.

1. How to complete

- Clean and disinfect after each patient, not only at the end of the shift.
- Tick each item as it is done.
- Sign at the end of the cleaning.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Stretcher and surfaces cleaned	Yes	[ ]	[ ]	[ ]	Action and who to tell
2	Handles and touch points disinfected	Yes	[ ]	[ ]	[ ]	Action and who to tell
3	Floor and bench cleaned	Yes	[ ]	[ ]	[ ]	Action and who to tell
4	Used linen and waste removed	Yes	[ ]	[ ]	[ ]	Action and who to tell
5	Cleaned by and time	Yes	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.

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E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval