OpsAuditHub opsauditihub.com	DOC ID: **SAF-0165**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **CDC Guidelines for Infection Control in Healthcare Personnel & OSHA 29 CFR 1910.1030**	AUDIT FREQUENCY: **Monthly Audit**

Ambulatory Clinic Infection Control Sop Template

Operational Scope: Establishes standardized infection prevention protocols across all ambulatory clinic zones to mitigate pathogen transmission and safeguard patients and personnel. Compliance with this operational standard is mandatory for maintaining facility accreditation and regulatory standing.

MANDATORY PPE:	Nitrile Gloves (ASTM D6319), Disposable Fluid-Resistant Isolation Gown, FDA-Cleared Surgical Mask or N95 Respirator, ANSI Z87.1 Approved Eye Protection or Face Shield, Non-Slip Closed-Toe Fluid-Resistant Footwear
PREREQUISITES:	Verify completion of annual OSHA Bloodborne Pathogen and aseptic technique training for all evaluators. | Ensure calibrated EPA-registered hospital-grade disinfectant wipes and contact time charts are immediately accessible. | Inspect the staging area to confirm all designated biohazard waste receptacles and sharps containers are below the 75% fill line.

SECTION 1: ENVIRONMENTAL HYGIENE AND SURFACE DECONTAMINATION

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Exam Table and Patient Contact Surfaces**	Surfaces cleaned and disinfected with EPA-registered disinfectant using the correct wet contact time between every patient encounter; no visible organic residue or dust.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
2	**Waiting Room High-Touch Areas**	Door handles, armrests, check-in kiosks, and shared writing instruments sanitized at least twice daily and logged accordingly.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A
3	**Hand Hygiene Stations**	Alcohol-based hand rub dispensers (minimum 60% ethanol or 70% isopropanol) are fully operational, unexpired, and unobstructed in all corridors and exam rooms.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
4	**Flooring and Baseboards**	Floors free of sticky residue, visible debris, or pooling liquids; cleaned daily using approved hospital disinfectant solutions.	**Standard**	[ ] PASS [ ] FAIL [ ] N/A

SECTION 2: MEDICAL EQUIPMENT STERILIZATION AND SHARPS MANAGEMENT

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
5	**Sharps Disposal Containers**	Containers are permanently mounted below eye level, upright, leak-proof, puncture-resistant, and strictly unbreached below the fill line indicator.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
6	**Reusable Instrument Reprocessing**	Clean/sterile and contaminated workflows are physically segregated; enzymatic cleaner and autoclave biological indicator logs are current and verified.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
7	**Single-Use Device Compliance**	No evidence of single-use medical devices (e.g., speculums, biopsy punches) being reprocessed, washed, or reused.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
8	**Point-of-Care Testing Equipment**	Glucometers and diagnostic meters wiped down with manufacturer-recommended disinfectant wipes immediately after each patient use.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A

SECTION 3: STAFF COMPLIANCE, PPE USAGE, AND REGULATED WASTE

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
9	**PPE Donning and Doffing Station**	Correct sequential arrangement of PPE displayed visually; adequate stock of gowns, masks, and gloves maintained without stockouts.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A
10	**Regulated Medical Waste Segregation**	Red biohazard bags and infectious waste bins are properly lined, free of domestic trash, and securely closed during transport to holding areas.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
11	**Respiratory Hygiene Protocol**	Symptomatic patients presenting with cough or fever are immediately offered masks and isolated from the general waiting population within 15 minutes of arrival.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A

Infection Control Practitioner / Lead Auditor Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Clinic Medical Director / Operations Manager Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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