

ROCHESTER PATIENT SAFETY COLLABORATIVE - *C. difficile* Collaborative **ATP Bioluminescence Checklist**

Hospital: ☐ HH ☐ RGH ☐ SMH ☐ Unity Unit/Room No.: _____

Date ____/____/____ Time ____:____ AM/PM

EVS Initials _____ Evaluator Initials _____

Discharge clean [] Daily Clean []

C difficile Contact Precautions [] Non-*C difficile* Contact Precautions [] No Precautions []

Infection Preventionist Present? [] Yes [] No If yes, IP Initials _____

INSTRUCTIONS: Swab approximately 2 x 2 inch square on each surface indicated by white box for the 5 surfaces listed below. Perform 15 observations per month (after EVS cleaning observation). Return completed forms to Christina Felsen by e-mail or fax (Christina_Felsen@urmc.rochester.edu, 442-7936).

SURFACES (Refer to pictures below)	ATP MEASUREMENT (RLU)
1. Overbed Table - swab lower edge/drawer	
2. Bed Rail - swab midway, near controls	
3. Toilet Flush Handle - swab around the handle	
4. TV Remote/Call Bell - swab over control buttons	
5. Inside bathroom door knob - swab side portion	

ALTERNATE SURFACES*	ATP MEASUREMENT (RLU)
Bed Control	
Patient Phone	

***ONLY SWAB THESE SURFACES IF YOU ARE UNABLE TO SWAB ALL 5 SURFACES LISTED ABOVE.**

1.



2.



3.



4.



5.

