



# 3D Discharge Checklist

Please use cleaning/ disinfection products such as **Green** Clinell Universal wipes  
or a combined detergent/ chlorine releasing agent

**KEY - B - Both Nursing & Domesticics    N - Nursing staff    D - Domestic**

## Process Information -

Person requesting: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date: \_\_\_\_\_

Area being decontaminated:  
\_\_\_\_\_

Rationale (IC Code): \_\_\_\_\_

Start time: \_\_\_\_\_

Expected finish time: \_\_\_\_\_

## Step 1 - Preparing the entire room for cleaning -DECLUTTER

- B** - Decontaminate hands & don appropriate PPE
- N** - Strip all beds carefully, place linen into an alginate bag ready for removal. (DO NOT remake the bed prior to clean)
- N** - Check all patient lockers are empty & dispose of any used patient consumables and other disposable equipment, including suction sleeve, tubing, foam pads for patient earphones, dispose of in to health care waste bag
- D** - Remove exposed hand towels, gloves and aprons from dispensers within the room.
- D** - Remove all curtains and clean blinds
- D** - Remove dust from high surfaces inc. ventilation grilles

## Step 2 - Clean all items in the room

- N** - Check inside each foam mattress to ensure no strikethrough present; if so, condemn/ replace. Clean & bag air mattress (if in use).
- N** - Clean each bed - mattress, pillows. Remove and clean base plates/bed frame - including cot sides and extending base.
- N** - Clean each patient call bell, oxygen and suction unit
- N** - Clean all patient equipment: locker, tables, chairs, monitoring equipment, pumps, etc.
- D** - Clean all surfaces in the room including bathroom areas and frequent touch points
- D** - Check & replenish hand hygiene products
- D** - Remove waste bags from room and clean the bin
- D** - Mop the floor
- D** - Remove PPE and decontaminate hands

Nurse In Charge Signature		Date:
Domestic/ Supervisor Signature		Date:

## Step 3 - Finishing the decontamination cycle

- D** - Hang new curtains
- D** - Inform Nurse in Charge that the room is ready
- N** - Remake each bed & add required patient consumable, i.e. O2 mask, suction tubing etc.
- B** - Both Rapid Response Team/ Domestic Supervisor & Nurse in Charge must sign

Nurse In Charge Signature		Date:	Nurse In Charge Signature		Date:
Domestic/ Supervisor Signature		Date:	Domestic/ Supervisor Signature		Date:

We can confirm this area has been decontaminated on - **Date:** \_\_\_\_\_

**Nurse In Charge name:** \_\_\_\_\_

**Name of Rapid Response:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_