



# Colonic Irrigation

## Infection Control Inspection Form

Licence Expiry Date: \_\_\_\_\_ File No: \_\_\_\_\_

Premises Business Name: \_\_\_\_\_

Proprietor Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Inspection Conducted with: \_\_\_\_\_

Health Officer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_

Purpose: Follow up - Licence - Refurbishment - Request - Routine

### Inspection Summary Results 1

<b>Training:</b> Are staff undertaking skin penetration adequately trained in infection control <input type="checkbox"/>	<b>Infection Control (safety):</b> Are facilities provided for safe disposal / cleaning / disinfection / sterilisation of equipment. Are infection control procedures adequate? <input type="checkbox"/>
<b>Hygiene:</b> Is the premises clean with an adequate waste disposal policy. <input type="checkbox"/>	<b>Premises Construction:</b> Is the premises suitable constructed. <input type="checkbox"/>
Scoring: 1 = adequate, 2 = not entirely adequate, 3 = inadequate, 4 = critical	

Reinspection date: \_\_\_/\_\_\_/\_\_\_

√ = Satisfactory      X = Unsatisfactory      C = Critical

### Treatment room

<b>Hand washing</b>	
Basin Location : In treatment room/other	
Soap dispensers/within expiry date	

Paper towel	
When – before and after each customer	
After each glove removal	
Appropriate use of hand rub	
Toilet facilities available in the treatment room	
<b>PPE</b>	
<b>Gloves</b>	
Single use	
Worn by staff	
Worn by client	
Gown worn by operator	
<b>Equipment</b>	
Closed/ Open system	
Name of System	
Plumbing has been approved and certificate sighted	
Maintenance / service record      in place	
Separate water supply	
Suitable water filters in place (1-20 microns)	
Water filter replaced monthly	
Water temperature used (should be body temperature 34-40°C)	
Volume of water used in the treatment (should be 14L – 20L) (open system <95L)	
Sterile single use catheters                      TGA approved	
Sterile single use tubing                              TGA approved	
UV lamp replaced annually or at 9000hrs of use	
Internal water tank cleaned: weekly/monthly  Na hypochlorite 5% chlorine solution (10 minute contact time followed by 2 full tank flushings)  Vinegar	
Is the internal water tank and column drained after treatment?	
Does the internal water tank and column remain empty over night and when not in use?	

<b>Client Preparation</b>	
Detergent bases wipes/paper towel, single use gloves for client use	
Lubricant used/name	
Single use sachets	
Catheter inserted by client / operator	
<b>Appropriate method for cleaning up spills/ spills kit</b>	
<b>Environmental cleaning</b>	
Treatment bed uncovered/ paper/ plastic/ towel/ linen	
Changed after each client	
Treatment bed appropriately cleaned after each client	
Detergent used            Type:	
Appropriate	
Disinfectant used            Type	
Appropriate	
Internal water tank cleaned – weekly with Sodium hypochlorite 5% chlorine solution (10 minute contact time followed by 2 full tank flushings)	
Snake used for cleaning viewing tube <ul style="list-style-type: none"> <li>• Soaked in bleach for 10 mins</li> <li>• Bleach prepared according to manufacturer’s instructions</li> <li>• New batch of bleach solution for each snake cleaning session</li> </ul>	
Appropriate disposal of waste	
Waste disposal company	
<b>Other</b>	
Post treatment care	
Understanding of Standard Precautions	
Hep B Vaccination offered	

Smooth impervious and washable floor covering in treatment room	
Colon therapist qualifications	
<b>Condition of premises</b>	
Satisfactory	
Issues	

**Are the Infection Control Code of Practice and Infection Control Guidelines available for staff?**

**Yes No**