

HAND HYGIENE		Y	N	NA	COMMENTS
1.	Hand wash facilities are available in all consulting/clinical rooms.				
2.	Staff carry a supply of skin cleansing wipes.				
3.	Staff carry personal issue alcohol hand gel.				
4.	Gojo hand moisturiser (wall mounted dispenser at base/pump dispenser/flip top) is available.				
5.	Staff are 'Bare Below the Elbows' when involved in patient activities.				
6.	Staff undertake hand hygiene in line with the 5 moments of hand hygiene, including following removal of gloves.				
WASTE/SHARPS					
7.	The waste disposal policy is available.				
8.	Staff can state when a clinical waste collection service is required from a patient's home and the procedure for arranging the collection.				
9.	Patients/carers are advised on the safe storage and disposal of waste generated.				
10.	Staff do not carry waste in their car with the exception of a sharps bin.				
11.	Yellow topped sharps bins are in use for disposal of non cytotoxic/cytostatic sharps and Purple topped sharps bins for disposal of cytotoxic/cytostatic sharps and contaminated items.				
12.	All sharps bins are assembled correctly, labelled, signed according to Trust policy and information is given regarding safety within a patient's home.				
13.	The temporary closure mechanism is used when sharps bins are not in use and when transported. Once full, the bin aperture is locked.				
14.	Staff are aware of the action required following a needle-stick/sharps injury/bite.				
15.	Nursing staff administering insulin via a pen device are using a safety needle.				
DECONTAMINATION					
16.	Staff can describe the symbol used to indicate single use items.				
17.	Cleaning schedules are available and adhered to for decontamination of equipment.				
18.	Staff are aware of the need for a decontamination certificate to be issued before equipment is sent for repair or maintenance.				
19.	Staff have access to multi-surface detergent wipes and 70% alcohol hard surface wipes.				
20.	Medical equipment is clean, intact, fit for purpose and within its 'service' date.				

PERSONAL PROTECTIVE EQUIPMENT		Y	N	NA	COMMENTS
21.	Sterile and non-sterile gloves (powder free) conforming to European Community (EC) standards, latex/non latex are available.				
22.	Disposable plastic aprons are worn as single-use items for each clinical procedure and episode of patient care when there is a risk that clothing or uniform may become exposed to body fluids or become wet.				
23.	Face/eye protection is worn where there is a risk of splashing into the face and eyes.				
24.	PPE is carried for use within the home.				
INFECTION CONTROL PRACTICES					
25.	A urinary catheter is inserted following assessment of need and the insertion is documented.				
26.	Indwelling urethral catheters are connected to a sterile closed urinary drainage system (leg/overnight bag).				
27.	2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol for skin disinfection is used prior to insertion of/accessing lines .				
28.	Wound swabs are only sent when clinical signs and symptoms of infection are present.				
29.	Antimicrobial dressings (e.g. silver, iodine preparations) are only used to treat critically colonised/infected wounds.				
30.	Specimens are transported in containers that withstand drop testing regulations.				
31.	Appropriate cool bags are available for the transportation and storage of vaccines.				
32.	Staff can state the correct method to deal with a blood/body fluid spillage.				
33.	Staff are aware of the exclusion time of 48 hours for viral gastroenteritis.				
34.	Staff have access to IPC Policies and Procedures and 'De-Bugged', the IPC Newsletter.				
35.	There is evidence that clinical staff within the unit update their IPC knowledge annually.				
36.	Community bags should be wipe-able inside and out, visibly clean with all items stored in a manner to reduce cross contamination.				