

CLINICAL ENVIRONMENT		Y	N	NA	COMMENTS
1.	All areas appear clean, tidy and free from clutter and inappropriate items.				
2.	Seating, furniture are visibly clean and in a good state of repair.				
3.	Floors including edges and corners are intact and free from dust, grit, spills and visible stains.				
4.	All high and low surfaces are free from dust and cobwebs.				
5.	Curtains/blinds are intact, free from stains, dust, cobwebs and there is evidence of a pre-planned programme for curtain change.				
6.	Fans, air vents and extractors are clean and free from dust.				
7.	Comprehensive cleaning schedules are in place, available and adhered to.				
8.	All shelves beneath a sink 'u' bend are free from items.				
WASTE/SHARPS					
9.	Waste segregation poster/policy is available.				
10.	All bags are tied, labelled and secured before leaving the place of generation.				
11.	All waste bins, including lids, are visibly clean, enclosed, foot operated, lidded, labelled and in good working order.				
12.	All medication is disposed of as pharmaceutical or cytotoxic waste and the bin labelled accordingly.				
13.	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.				
14.	All bins are assembled correctly, labelled and signed according to policy.				
15.	All sharps bins are assembled correctly, labelled, signed according to policy and safely positioned away from the public.				
16.	The temporary closure mechanism is used when sharps bins are not in use and once full, the bin aperture is locked.				
17.	Staff are aware of the action required following a needle-stick/sharps injury/bite.				
18.	Nursing staff administering insulin via a pen device are using a safety needle.				
DECONTAMINATION					
19.	Staff can describe the symbol used to indicate single use items.				
20.	Staff perform regular checks of the inside of mattresses/cushions i.e. for staining.				
21.	Schedules are in place for commode cleaning and are adhered to.				

DECONTAMINATION		Y	N	N/A	COMMENTS
22.	Staff have access to multi-surface detergent wipes and 70% alcohol hard surface wipes.				
23.	Medical equipment is clean, intact, fit for purpose and within its 'service' date.				
24.	Multi surface detergent wipes are situated on portable equipment.				
HAND HYGIENE					
25.	Staff are observed adhering to 'Bare Below the Elbows' when involved in patient activities.				
26.	Liquid soap and soft, white, absorbent paper towels are available at all hand washing sinks.				
27.	Hand wipes are available and carried by community staff.				
28.	Wall mounted or pump dispenser hand cream is available for use.				
29.	Hand wash sinks are appropriate, dedicated for that purpose and are free from lime scale, used equipment and inappropriate items.				
30.	Staff carry personal issue alcohol hand gel.				
31.	Staff undertake hand hygiene in line with the 5 moments of hand hygiene, including following removal of gloves.				
32.	Patients are offered hand hygiene facilities e.g. hand wipe prior to meals and after using the toilet/commode/bedpan.				
33.	Posters promoting hand decontamination are available and displayed where appropriate.				
34.	Alcohol hand gel is available in locked dispensers where appropriate.				
PERSONAL PROTECTIVE EQUIPMENT					
35.	Sterile and non-sterile gloves (powder free) conforming to European Community (EC) standards, latex/non latex are available.				
36.	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.				
37.	Face/eye protection is worn where there is a risk of splashing into the face and eyes.				
INFECTION CONTROL PRACTICES					
38.	If patient water jugs are filled, this is from a drinking water tap.				
39.	Staff can state the correct method to deal with a blood/body fluid spillage.				
40.	Staff are aware of the exclusion time of 48 hours for viral gastroenteritis.				
41.	Staff have access to IPC Policies/Procedures and 'De-Bugged' the IPC newsletter.				
42.	Staff can state their IPC Link Staff.				
43.	There is evidence that clinical staff update their IPC knowledge annually.				