WORCESTERSHIRE NON ACUTE NHS INFECTION CONTROL SERVICE
INFECTION PREVENTION AND CONTROL AUDIT TOOL - GENERAL PRACTICE

Practice Name	
Practice Manager	
Lead for Infection Prevention and Control	
Link Nurse	
Date	

SECTION 1: ENVIRONMENT

Standard: The environment will be maintained appropriately to negate the risk of cross infection.

		Y	N	NA
Overview				
1.	All general areas are clean and dust free.			
2.	Furniture and fixtures and fittings are in a good state of repair and promote ease of cleaning.			
3.	All floor coverings are clean, appropriate and in a good state of repair.			
4.	Toys are wipeable, in a good state of repair and appear clean.			
5.	There is a regular cleaning programme for toys.			
Clinical Areas				
6.	Clinical rooms are clean and dust free.			
7.	Surfaces in the clinical areas are clean and uncluttered.			
8.	The clinical room is zoned for clean and dirty tasks.			
9.	Notes and paperwork are kept separate from clinical activity.			
10.	Clinical rooms are free from inappropriate items.			
11.	All sterile products are stored above floor level.			
12.	Examination couches have wipeable surfaces with intact covers.			
13.	Disposable paper towelling is used to cover the examination couch.			
14.	Paper covers are changed between patients.			
15.	Pillows are wipe clean or disposable covers are in use with appropriate changing frequency.			
16.	If linen items are used, suitable laundry facilities should be available on site or there is a contract with a commercial laundry.			
17.	Curtains are changed at specified frequency (disposable/fabric). NPSA states six monthly with daily checks, annual with daily checks following risk assessment may be acceptable.			

	Y	N	NA
18. If used, cover blankets are changed daily or if contaminated.			
19. Ventilation and/or portable fans are clean and free from dust/debris.			
20. Lighting is free from dust and debris (include examination light).			
21. Items of equipment (e.g. ECG machine & fans) are protected from dust (e.g. covered with a plastic cover).			
Toilet areas			
22. All toilet areas are clean and in a good state of repair.			
23. Baby change facilities are clean and intact			
24. Hand wash facilities can be accessed in toilet and baby change areas (liquid soap in sealed unit, paper hand towels in dispenser) and sink.			
25. Appropriate waste streams are accessible in toilet and baby change areas.			
26. Facilities for waste disposal are appropriate for the setting.			
27. If there is a shower available in the practice this is on a flushing regime (records available).			
Cleaning of the Environment			
28. Comprehensive cleaning schedules are in place based on NPSA guidance.			
29. Cleaning schedules are easily accessible to staff.			
30. A colour coding system is known and evident.			
31. There are mechanisms in place to monitor standard of cleanliness.			
32. All cleaning equipment is stored in a designated appropriate area.			
33. COSHH data sheets are available for cleaning products and products are stored in accordance with data sheet recommendations.			
34. All products are in date and there is no evidence to suggest decanting.			
35. Appropriate processes are in place for cleaning cloths (e.g. single use or if microfibre laundered appropriately).			
36. Cleaning equipment (e.g. mops & buckets) is designated for use and is stored clean, dry, segregated and inverted.			
37. Cleaning schedules include cleaners' cupboard and store area.			
38. Items stored by the cleaner are stored off the floor and protected from contamination.			
39. If a contract cleaning service is used are staff vaccinated appropriately?			

COMMENTS:

SECTION 2: HAND HYGIENE

Standard: Hands will be washed correctly using an appropriate cleansing agent, at the facilities available, to reduce the incidence of cross infection.

		Y	N	NA
1.	There is a designated hand wash basin within each clinical and treatment room (plug should not be in use on these sinks).			
2.	Hand wash sinks and taps are clean and in a good state of repair, free from limescale build up.			
3.	Access to the hand wash basin is clear.			
4.	Liquid soap in a wall mounted cartridge or pump dispenser is available at all sinks in the clinical areas including consultation rooms.			
5.	Paper towels are contained in an appropriate dispenser and available at all sinks in clinical areas including consultation rooms.			
6.	There are no reusable towels in use.			
7.	There are no nail brushes present on sinks in clinical areas.			
8.	Mixer taps/clinical elbow/wrist taps are available at clinical sinks and hand wash basins.			
9.	There are no cups or other extraneous items at these sinks.			
10.	No equipment is washed or left soaking in the hand wash basins.			
11.	Clinical staff are compliant with bare below the elbows guidance.			
12.	Chlorhexidine and/or alcohol hand rub is available for use in minor surgery settings.			
13.	All healthcare staff can access alcohol hand rub as required at point of care and are aware of when the product can be used.			
14.	All staff can access hand hygiene facilities as required.			
15.	A poster demonstrating an effective hand wash technique is available near at least one hand wash basin.			
16.	Healthcare staff are aware of the 5 moments for hand hygiene and practice in compliance with this.			
17.	At least one member of staff is seen to carry out an effective hand washing.			
18.	Alcohol hand gel is available within bags used for community visits.			

COMMENTS:

SECTION 3: WASTE DISPOSAL

Standard: Waste is disposed of safely without risk of contamination or injury.

		Y	N	NA
1.	The healthcare waste/hazardous waste policy is available and staff are aware of its contents.			
2.	Hazardous, offensive and household wastes are correctly segregated.			
3.	Household waste is placed in bags and securely tied.			
4.	Foot operational rigid solid walled bins are in working order in clinical areas and sluices and also in use for healthcare waste streams.			
5.	Yellow bags are used for the disposal of infected/pharmaceutically contaminated waste.			
6.	Waste bags are less than ¾ full.			
7.	Healthcare waste is stored in a designated area away from public access prior to disposal/collection.			
8.	The storage area/container is inaccessible to unauthorised persons and pests.			
9.	The storage area is cleaned regularly and immediately following a spill.			
10.	Bags are labelled in accordance with the Duty of Care (Practice name / code).			
11.	Appropriate protective clothing is available for staff who handle waste bags.			
12.	Immunisations have been offered to staff who handle waste.			
13.	Collection of hazardous waste is undertaken at least weekly with a registered company and disposed of by incineration.			
14.	There is evidence of appropriate waste segregation throughout the practice.			
15.	Posters and bin labels are evident as required.			
16.	Records are available to demonstrate healthcare waste service.			

COMMENTS

SECTION 4: SHARPS HANDLING AND DISPOSAL
Standard: Sharps will be handled safely to negate the risk of a sharps injury.

		Y	N	NA
1.	Sharps containers are available for use and conform with BS7320 / UN 3291.			
2.	Containers are less than 2/3^{rds} full with no protruding sharps.			
3.	The sharps container is assembled correctly (check lid is secure).			
4.	The sharps container is labelled in accordance with the Duty of Care (practice name or code).			
5.	Yellow topped containers consigned as infectious and pharmaceutical sharps are in use for general sharps disposal.			
6.	Purple topped sharps bins are used for cytotoxic/cytostatic sharps and appropriately consigned (poster available)			
7.	Visual check that there is no inappropriate items in the sharps bin e.g. urine bottle, paper towels, gloves etc.			
8.	Sharps are disposed of directly into a sharps container.			
9.	Sharps containers are stored above floor level and safely out of the reach of children.			
10.	Sharps are not decanted from one container to another.			
11.	Temporary closure devices are used when bins are not in regular use.			
12.	There is evidence that bracketing of bins and point of use disposal is promoted.			
13.	Used needles are not re-sheathed.			
14.	Staff are aware of the inoculation injury policy and the procedure to follow in the event of an injury. (poster available)			
15.	Staff are aware of the protocol for management of blood borne contamination incidents in patients who present at the practice.			
16.	Sharps incidents occurring within the practice are noted and recorded as an incident.			
17.	Safer Sharps are being considered by the practice.			

COMMENTS:

SECTION 5: VACCINE TRANSPORT AND STORAGE

Standard: Vaccine transport, storage and usage is within current guidelines in order to ensure maximum effectiveness of the vaccines.

Questions below relate to infection control aspects only of this process and not medicines management practices.

		Y	N	NA
1.	Staff are aware of the importance of the cold chain being maintained.			
2.	Vaccines are placed into a vaccine fridge immediately after delivery.			
3.	The vaccine fridge has a minimum/maximum thermometer.			
4.	The temperature of the fridge is checked and recorded daily.			
5.	Records of fridge temperatures are available.			
6.	The fridge is used to store vaccines only (no food or specimens).			
7.	The fridge is not overfull (maximum 50% full and vaccines not stored near the ice box.			
8.	Extra refrigerator space is available for busy periods (e.g. flu vaccine campaign).			
9.	A system is in place for breakdown/repair of the fridge.			
10.	A system is in place for safe disposal of expired/surplus/damaged vaccine.			
11.	Cool bags are used to store vaccine during clinics/transportation.			
12.	Application of the cold chain is reviewed on a regular basis.			
13.	There are clear processes in place which are known and adhered to which comply with the “Green Book”			

COMMENTS:

SECTION 6: CLINICAL PRACTICES

Standard: Practices will reflect infection control guidelines and reduce the risk of cross infection to patients, while providing appropriate protection to staff.

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	Y	N	NA
Personal Protective Equipment			
1. Staff have access to the most recent Infection Control Guidelines.			
2. Latex/vinyl/nitrile non-sterile gloves are available.			
3. Latex/vinyl/nitrile sterile gloves are available.			
4. Plastic disposable aprons are available for staff.			
5. Staff wear visors/eye protection for procedures which produce aerosols.			
6. FFP2 or FFP3 masks can be accessed if clinical need is evident.			
7. All clinical rooms have a small supply of or can readily access gloves and aprons.			
8. Reception staff and other practice staff can access personal protective equipment as necessary.			
Specimen Management			
9. All specimens are tested in an appropriate area.			
10. Specimens are disposed of in a safe and appropriate manner.			
11. Specimens are not stored in refrigerators with food.			
12. Specimens are transported in accordance with local policies.			
13. Protocol are in place in reception to ensure staff understand process of specimen handling and can access PPE and hand hygiene facilities.			
Spillages			
14. Relevant staff are aware of how to clean up spillages, check blood and also other body fluids.			
15. There is a clear protocol detailing process and responsibilities.			
16. Appropriate equipment is available and accessible for management of spillages.			
Minor Surgery			
17. There is a designated area where minor surgery/joint injections or implants occur.			
18. Rooms where minor surgery is undertaken are designated for this task alone unless low risk, minimally invasive procedures are occurring and then alternative shared accommodation can be used.			
19. Room are tidy and free from clutter.			

	Y	N	NA
20. Evidence of appropriate cleaning schedules for all areas where minor surgery is undertaken are available.			
21. Clinic sessions ensure that where minor surgery is undertaken in a shared room that this is cleaned prior to surgery occurring.			
22. Trolleys used for minor surgery are easy to clean and free from debris.			
23. Appropriate skin prep is undertaken prior to minor surgery.			
24. Wherever possible single use or externally contracted processed instruments are used and manual decontamination practices are minimised.			
25. A minor surgery log is maintained detailing procedures undertaken and other key information.			
26. Staff can provide information on infection rates.			
27. If high risk minor surgery then the room should be ventilated to a level commensurate with the procedures being undertaken.			
Decontamination			
28. Staff wear appropriate protective clothing when undertaking decontamination procedures (gloves, apron and eye/face protection).			
29. Multi use detergent wipes are available for cleaning of equipment in all areas where cleaning should occur.			
30. Where appropriate and required 70% alcohol hard surface disinfectant wipes are used.			
31. Management of diathermy/cautery/cryo tips is appropriate.			
32. Decontamination schedules for ear syringing equipment are available.			
33. Equipment that is lent out is managed appropriately e.g. nebulisers.			
34. Single use items are not reprocessed/reused.			
35. Staff are aware of the single use symbol.			
36. Cleaning schedules for clinical items are known and there is evidence of compliance.			
37. Data sheets are available for disinfectants in accordance with COSHH Regulations.			
38. A decontamination certificate is completed and sent with all equipment being sent for repair / service.			
39. Decontamination issues are considered prior to purchase of reusable medical devices.			
40. Chemical disinfectants are only used for heat labile equipment.			

	Y	N	NA
41. Infection prevention and control is discussed at practice meetings.			
General			
42. There is a designated lead for infection prevention and control (including cleanliness and decontamination within the practice).			
43. Staff have undertaken infection prevention and control training, consider various staff groups and contractors.			
44. There is access to an Occupational Health Service.			
45. Staff are up to date with vaccinations e.g. Hepatitis B.			
46. A form of assurance to demonstrate compliance with the Health and Social Care Act will be available on an ongoing basis. This could include risks noted, surveillance outcomes, training data, audits, actions etc.			
47. There is a designated and known lead within the practice for infection prevention and control (this should include decontamination and cleanliness requirements).			
48. Information is available to patients on infections and their management e.g. influenza.			
49. Infection Prevention and Control Guidance should be accessible to staff, includes guidance on hand hygiene, standard practices, management of patients with infection, aseptic technique, decontamination, spillages etc.			
50. Infection Prevention and Control guidance is reviewed regularly and current issue dated and current.			
51. Antimicrobial Prescribing Guidance relates to Worcestershire and is the correct edition.			
52. Staff are aware of how to access advice on infection prevention and control.			

COMMENTS:

SECTION 7: DECONTAMINATION if required

Standard: Reusable medical equipment will be decontaminated between use, in a suitable environment using the appropriate facilities and will be stored correctly to negate the risk of cross infection. Bench top steam sterilizers and other relevant equipment will be used and maintained in accordance with current guidelines.

	Y	N	NA
ENVIRONMENT			
1. There is a designated room where decontamination procedures are undertaken.			
2. This room/area has a deep sink with hot and cold running water.			
3. A separate hand wash basin is available in this room/area.			
4. The room/area is zoned to allow a flow of equipment from dirty to clean.			
5. Are decontamination areas and work surfaces clean and uncluttered?			
6. Is there adequate ventilation in the clean and dirty room/s to service washer/dryer and sterilizer?			
7. Where full mechanical ventilation is used is direction of air flowing from the clean area to the dirty area?			
8. Are instruments stored in a dedicated secure, dry and cool environment?			
TRANSPORT			
9. Is there a procedure for transportation of instruments to and from other locations that ensures the segregation of contaminated instruments from clean/sterilised instruments?			
10. Used instruments are transported to the decontamination room/area in a lidded washable container.			
11. Are instruments that are not decontaminated immediately kept moist until they are decontaminated?			
12. Are there procedures in place for the safe transfer of instruments within the practice?			
13. If transport containers are in use, they are lidded, clean, leak proof and in good working order?			
14. Are transport containers cleaned, disinfected and dried following each use?			
15. There is ample work surface space to allow proper segregation of clean and dirty items.			

	Y	N	NA
MANUAL CLEANING			
16. Where practices do not have a washer-disinfector or ultrasonic, are all instruments cleaned manually before steam sterilization?			
17. Are two sinks or two bowls in a single sink unit used for cleaning – one for washing and a separate one for rinsing?			
18. An appropriate detergent is available for manual cleaning.			
19. Detergents are used at the appropriate dilution and correct water temperature?			
20. Where manufacturer's instructions permit are instruments fully submerged when cleaned?			
21. Disposable cloths are available for manual cleaning.			
22. Brushes are available for manual cleaning.			
23. Brushes are single use or decontaminated appropriately after use.			
ULTRASONIC			
24. An ultra sonic cleaning device is available.			
25. The ultra sonic cleaning device has a lid and this is always used.			
26. Used instruments are placed directly into the ultra sonic cleaner basket and fully immersed.			
27. An appropriate detergent is available for the ultra sonic.			
28. Staff can state the optimum temperature range of the ultra sonic cleaning device.			
29. Ultra sonic cleaners are emptied, cleaned and refilled at lease daily or more often if required.			
WASHER DISINFECTOR			
30. A washer disinfector is available.			
31. Are relevant staff aware of the instrument loading procedure i.e. spray arms are free to rotate, cannulated instruments are correctly loaded.			
32. Are cycle parameters recorded.			
BENCH TOP STEAM STERILIZERS			
33. N type sterilisers are only used to process solid, unwrapped items.			
34. Single wrapped and/or items with narrow lumens and cavities are processed in an S or B type steriliser.			
35. Multi wrapped items and linen are processed in B type sterilisers only.			

	Y	N	NA
36. Items are placed singly (not touching) on the shelves provided.			
37. Hinged instruments are open to allow steam to have contact with all surfaces.			
38. Bowls/receivers are placed singly and inverted.			
39. The door is not opened until the instruments are required or to be removed for storage.			
40. Equipment is stored appropriately to avoid contamination by dust and splashes (e.g. in a drawer, cupboard or lidded container).			
41 Are all wrapped sterilized instruments dated with the use-by date.			
42. A daily test is undertaken and results recorded each day the steriliser is used.			
43. If the daily test is undertaken manually a stop watch is used.			
PRACTICES			
44. Staff wear appropriate protective clothing when undertaking decontamination procedures (gloves, apron and eye/face protection).			
45. Instruments are rinsed under running water after manual or automated cleaning procedures.			
46. Staff are, at all times, aware of the potential for cross contamination from dirty to clean.			
47. Does the practice have a system in place to ensure that the storage of wrapped instruments does not exceed 1 day if stored in a clinical area or 1 week if stored in a non-clinical area (i.e. clinical area not in current use).			
48. Does the practice have a system in place to ensure that the storage of wrapped instruments does not exceed 1 year?			
49. Is there a system in place for each instrument to identify storage time, including the date by which they should be used or reprocessed?			
50. Single use items are not reprocessed/reused.			
51. Staff are aware of the single use symbol.			
52. Diathermy/cautery tips are decontaminated appropriately after use (processed in the steriliser).			
53. Cryoprobe tips are disposable or decontaminated appropriately after use (processed in the steriliser).			
54. Instruments are dried using a non linting cloth (e.g. paper towels) after manual or automated cleaning procedures.			
55. Instruments are examined and reprocessed if debris remains.			

	Y	N	NA
56. Instruments are examined for signs of wear/damage (e.g. hinges move freely, blades are sharp, no rusted/pitted areas).			
57. Items found to be faulty/damaged are taken out of service and sent for repair or discarded as appropriate.			
POLICIES			
58. Does the practice have a policy or procedure that includes all appropriate aspects of decontamination within the practice e.g. cleaning, disinfection, inspection, packaging, disposal, sterilization, transport and storage of re-usable and single use instruments?			
59. Have all relevant staff received training for the decontamination procedures which they are expected to perform including correct use of equipment?			
60. Is a record kept of any instruments that cannot be reprocessed in accordance with your local decontamination policy?			
61. Has the registered manager a written statement of duties with specific reference to equipment validation?			
62. A decontamination certificate is completed and sent with all equipment being sent for repair/service.			
63. Decontamination issues are considered prior to purchase of reusable medical devices.			
64. Chemical disinfectants are only used for heat labile equipment.			
65. Data sheets are available for disinfectants in accordance with COSHH regulations.			
66. Equipment that does not comply with HTM 2010, MDA DB 9605 & 9804 and other relevant guidance is not used.			
67. Items to be sterile at point of use are single packed or are used within 3 hours of processing cycle (left in the unopened steriliser or placed on a sterile field and cover with a sterile field).			
VALIDATION AND VERIFICATION			
68. A weekly test is undertaken in accordance with HTM 2010 or later dental guidance on management of bench top steam sterilizers.			
69. The reservoir is drained daily and left clean and dry in accordance with HTM 2031.			
70. Sterile water for irrigation is used to refill the chambers.			
71. Are opened bottles of sterile or distilled water discarded at the end of each working day?			

	Y	N	NA
72. Quarterly maintenance/testing is undertaken in accordance with HTM 2010. (A contract should be in place for this).			
73. Annual maintenance/testing is undertaken in accordance with HTM 2010. (A contract should be in place for this).			
74. Periodic testing by a Competent Person (Pressure Vessels) is undertaken in accordance with the PSS Regs. (A contract should be in place for this).			
75. All test results are stored for at least 11 years.			
76. The practice insurance policy covers third party liability cover specific to the use of a bench top steriliser.			
77. Staff are aware of the risk categories for different medical devices and are able to determine the appropriate decontamination method for these items.			
78. Users of bench top sterilisers have received training in the use, maintenance & legal requirements associated with the use of this item.			
79. Users have access to the relevant HTM and MHRA/MDA documents.			

COMMENTS: