

INFECTION PREVENTION AUDIT TOOL ACTION PLAN

At the end of the independent assessment review the GP Contractor should use this template to record the actions points that it agreed with the Infection Prevention/Health Protection Adviser during the visit. This template should also be used to record the action points that the GP Contractor did not agree. If there are actions that the GP Contractor did not agree, it should now undertake further risk assessments on outstanding actions to satisfy itself that taking no action is appropriate and will not create other unforeseen risks for the practice. The Infection Prevention/Health Protection Adviser will be able to advise a GP Contractor how to complete this template and about related risk assessments

| | |
|--------------------------|--|
| Name of Practice: | |
| Date: | Name of staff member completing form: |

| Q. No: | EQR or BP | Problem identified | Remedial action recommended to resolve problem | For actions not agreed by the Practice, what is the outcome of your risk assessment? | Person responsible for outcome and Planned achievement date. <i>(Problems should normally be remedied within a maximum of 3 months of the problem having been identified, unless building work is required)</i> | Date when action completed |
|--------|-----------|--------------------|--|--|--|----------------------------|
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| Q. No: | EQR or BP | Problem identified | Remedial action recommended to resolve problem | For actions not agreed by the Practice, what is the outcome of your risk assessment? | Person responsible for outcome and Planned achievement date. <i>(Problems should normally be remedied within a maximum of 3 months of the problem having been identified, unless building work is required)</i> | Date when action completed |
|--------|-----------|--------------------|--|--|--|----------------------------|
| | | | | | | |

Signature of GP Contractor Principal: _____

Name of GP Contractor Principal: _____
(Block capitals please)

Date: _____

Signature of Infection Prevention/Health Protection Adviser: _____

Name of Infection Prevention/Health Protection Adviser: _____
(Block capitals please)

Date: _____

INFECTION PREVENTION AUDIT QUESTIONNAIRE

GP Contractor Details

| | |
|--|--|
| Name of practice | |
| Practice address | |
| Direct Telephone Number | |
| Practice Manager Name | |
| Practice Nurse Name (1) | |
| Practice Nurse name (2) | |
| Date audit completed | |
| Does the practice undertake minor surgery | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the practice undertake IUCD fitting | Yes <input type="checkbox"/> No <input type="checkbox"/> |

KEY:
* EQR = Essential Quality Requirements are the minimum requirements for compliance as detailed in the Health and Social Care Act 2008 (Hygiene Code).
** BP = Best Practice are standards that exceed the Essential Quality Requirements and if not already compliant at the time of audit, the Practice should develop detailed plans showing how the practice intends to work towards achieving Best Practice requirement.
E = Educational and useful good practice questions.

Section 1: The Management of Infection Prevention and Control (General Management)

Standard: Infection prevention and control is managed effectively and complies with the Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance.

| | Questions | *EQR=1 **BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|---|------------------|------------|-----------|------------|--|----------------------------------|--|--|
| 1 | Is there a named clinical lead person in the practice for infection prevention and control? | 1 | | | | | | | Department of Health Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance: Criterion 1 |
| 2 | Does the practice have infection prevention and control policies? | 1 | | | | | | | Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Appendix D Criterion 9 Part 4 Guidance Tables: Table 3 |
| 3 | Is infection prevention and control included in all staff induction programmes? | 1 | | | | | | | Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Criterion 6 and 10 |
| 4 | Is there a process for internally recording/reporting untoward incidents in relation to infection prevention and control (e.g. sharps and body fluid splashes)? | 1 | | | | | | | Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 5 |
| | E.1 Is there a recorded process in place for practice staff to access IPC advice and support as needed (dependent on local arrangements) | 1 | | | | | | | Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Criterion 8 |
| | E.2. Local Hospital Consultant Microbiologists? | 1 | | | | | | | |
| | E.3. Public Health England Local Health Protection Unit | 1 | | | | | | | |

| | Questions | *EQR=1 **BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|--|-----------|------------------|------------|-----------|------------|--|----------------------------------|--|-----------|
| | advisors? | | | | | | | | |

Section 2: The Management of Infection Prevention and Control (Staff Health)

Standard: Infection prevention and control is managed effectively and complies with the Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance

| | Questions | *EQR=1 **BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|--|------------------|------------|-----------|------------|--|-------------------------------|-------------------------------------|---|
| 1 | Have all staff at risk been immunised against hepatitis B and have they had their response to vaccination confirmed by serology for anti HBs antibodies. It is recommended that practices keep a copy <i>(At risk staff are those who may have direct contact with patient's blood or blood stained body fluids)</i> | 1 | | | | | | | 1. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 9 F Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries 2. Department of Health (2007) Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. |
| 2 | Are all staff routinely advised regarding immunisation against seasonal influenza? | 2 | | | | | | | |
| E1 | Does the practice have access to Occupational Health service or access to appropriate occupational health advice? (This may include pre-employment checks to ensure appropriate immunisations have been given.) | 2 | | | | | | | Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 10 Occupational Health Services. |
| E2 | Has the issue of immunity to Measles, Rubella and Varicella in clinical staff been considered in the practice and a risk assessment undertaken? | 1 | | | | | | | Department of Health "Chickenpox (varicella) immunisation for healthcare workers" |

Section 3: Environment

Standard: The environment is designed and managed to minimise reservoirs for microorganisms and reduce the risk of cross -infection to patients, staff and visitors.

| | Questions | *EQR=1 **BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|---|------------------|------------|-----------|------------|--|----------------------------------|---|---|
| 1 | Are all areas including clinical areas and equipment visibly clean and free from extraneous items? | 1 | | | | | | | 1. National Patient Safety Agency : The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises. 2. Department of Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 2 |
| 2 | Are there comprehensive written specifications for cleaning the environment and equipment in the practice? | 1 | | | | | | | Department of Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 2 |
| 3 | Are there up to date cleaning schedules which includes regular cleaning of clinical, admin and sanitary areas (e.g. toilets, fans, air conditioners, high areas, curtains, blinds, toys, computer keyboards, telephones and desks)? | 1 | | | | | | | Department of Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 2 |
| 4 | Are walls in good condition (no cracked or peeling paintwork), intact and have smooth easy-to-clean surfaces? | | | | | | | | Health Building Note 00-09 Infection Control in the Built Environment available from https://www.gov.uk/government/publications |
| | 4.1 In clinical and consulting rooms? | 1 | | | | | | | |
| | 4.2 In non clinical rooms? | 2 | | | | | | | |
| 5 | Are floor coverings in a good state of repair, impervious to fluids and are they easy-to-clean? | | | | | | | | Health Building Note 00-09 Infection Control in the Built Environment available from https://www.gov.uk/government/publications |
| | 5.1 In clinical and consulting | 1 | | | | | | | |

| | Questions | *EQR=1 **BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|---|------------------|------------|-----------|------------|--|----------------------------------|---|---|
| | rooms? | | | | | | | | |
| | 5.2 In non clinical rooms? | 2 | | | | | | | |
| 6 | Is the furniture in the Practice suitable for its use, (e.g. impermeable / washable materials?) | | | | | | | | 1. HBN 00-09 Infection Control in the Built Environment 2. Department of Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 2 |
| | 6.1 In clinical and consulting rooms? | 1 | | | | | | | |
| | 6.2 In non clinical rooms? | 2 | | | | | | | |
| E1 | Are mops and buckets colour coded, clean, dry and stored appropriately? | 2 | | | | | | | National Patient Safety Agency: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises. |
| E2 | Have cleaning staff received training in infection prevention and control and cleaning in a healthcare environment appropriate to role? | 1 | | | | | | | Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 1 |

Section 4: Hand Hygiene

Standard: The practice has a clear mechanism to ensure effective implementation of hand hygiene procedures are in place and hand hygiene is practiced at all times to reduce the potential for cross infection between staff, patients, the environment and equipment.

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|--|---------------|------------|-----------|------------|--|-------------------------------|-------------------------------------|--|
| 1 | Does the practice have a Hand Hygiene Policy? | 1 | | | | | | | 1. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 9 2. World Health Organisation 2009 - Section 16. 3. National Patient Safety Agency – Clean Your Hands Campaign |
| 2 | Are posters displayed adjacent to hand washbasins featuring the hand hygiene process? | 2 | | | | | | | National Patient Safety Agency – Clean Your Hands Campaign |
| 3 | Does your practice policy demonstrate an awareness of the DH uniform policy? (E.g. bare below the elbows) | 1 | | | | | | | 1. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 9 x 2. DH Uniforms and Workwear 2010 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114751 |
| 4 | Are there wash basins dedicated to hand hygiene in each clinical and consulting room which can be easily accessed? | 1 | | | | | | | Health Technical Memorandum - 64 Sanitary assemblies. |
| 5 | Do all hand wash basins for use in connection with clinical procedures have elbow or wrist operated mixer taps? | 1 | | | | | | | 1. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 2 2. Health Technical Memorandum - 64 Sanitary assemblies |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|---|---------------|------------|-----------|------------|--|-------------------------------|-------------------------------------|---|
| 6 | Is the hot water thermostatically controlled? | 1 | | | | | | | Health and Safety Executive: Legionnaires' disease. The control of legionella bacteria in water systems. The Approved Code of Practice. (2000) http://www.hse.gov.uk/pubns/books/18.htm |
| 7 | Does the basin have a sink plug? | 1 | | | | | | | Health Technical Memorandum - 64 Sanitary assemblies |
| 8 | Does the basin have an overflow? | 1 | | | | | | | Health Technical Memorandum - 64 Sanitary assemblies |
| 9 | Is the tap off-set from the waste outlet? | 1 | | | | | | | Health Technical Memorandum - 64 Sanitary assemblies |
| 10 | Is liquid soap dispensed from single use cartridges or bottles? (i.e. no bar soap). | 1 | | | | | | | WHO Guidelines on Hand Hygiene in Healthcare 2009 http://www.who.int/gpsc/country_work/en/ |
| 11 | Are alcohol-based hand rubs available for clinical staff use during domiciliary visits? | 2 | | | | | | | National Patient Safety Agency – Clean Your Hands Campaign |
| 12 | Are paper towels available? (i.e. no cloth towels in use). | 1 | | | | | | | National Patient Safety Agency – Clean Your Hands Campaign |
| 13 | Are hand wash basins free from nail brushes and other extraneous items? | 1 | | | | | | | MMWR Guidelines for hand hygiene in healthcare settings 2002 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm |
| E1 | Are there separate arrangements to dispose of waste materials (e.g. urine) other than using the hand washbasin? | 1 | | | | | | | Minor surgery in general practice, Good Practice, Volume 3 Issue 2, October 2012 http://www.themdu.com/section_GPs_and_primary_care_professionals/topnav_News_3/hidden_Article.asp?articleID=2638&contentType=Media+release&articleTitle=MDU+advises+GPs+on+avoiding+major+problems+with+minor+surgery |

Section 5: Personal Protective Equipment (PPE)

Standard: Protective clothing is available/worn for all aspects of care which may involve contact with blood/body fluids or where asepsis is required

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|---|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| 1 | Does the practice have a policy on the appropriate use of PPE? | 1 | | | | | | | Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 9 |
| 2 | Is the following PPE available for staff? | | | | | | | | Legislation.gov.uk Health and Safety Executive "The Personal Protection Equipment at Work Regulations 1992" |
| | 2.1 Latex non-sterile and sterile gloves (non-powdered)? | 1 | | | | | | | Health and Safety Executive: Latex allergies in health and social care http://www.hse.gov.uk/healthservices/latex/index.htm |
| | 2.2 Non Latex (e.g. nitrile) non-sterile and sterile gloves? | 1 | | | | | | | Health and Safety Executive: Latex allergies in health and social care http://www.hse.gov.uk/healthservices/latex/index.htm |
| | 2.3 Plastic disposable aprons? | 1 | | | | | | | NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012 http://publications.nice.org.uk/infection-cg139/guidance |
| 3 | Is face and eye protection available and worn by staff if splashing of blood, body fluids or chemicals is anticipated? | 1 | | | | | | | NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012 http://publications.nice.org.uk/infection-cg139/guidance |
| E | Are staff aware of the principles of wearing and disposing of personal protection equipment (PPE) i.e. disposable gloves, aprons and additional availability of masks and goggles) – for example: | | | | | | | | NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012 http://publications.nice.org.uk/infection-cg139/guidance |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|--|---|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| | E.1. Are PPE items worn as single use items? | 1 | | | | | | | |
| | E.2. Where required are aprons and gloves changed between different episodes of care on the same patient? | 1 | | | | | | | World Health Organisation: 5 Moments for Hand Hygiene http://www.who.int/gpsc/5may/background/5moments/en/ |
| | E.3 Are gloves removed and hand hygiene performed after every clinical activity? | 1 | | | | | | | MMWR Guidelines for hand hygiene in healthcare settings 2002 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm |
| | E.4 If re-usable goggles are available are staff aware of how they should be decontaminated? | 1 | | | | | | | |

Section 6: Prevention and management of spillages of blood & high risk body fluids

Standard: Equipment appropriate for cleaning blood or other body fluid is available specifically for dealing with such incidents safely.

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|---|---------------|------------|-----------|------------|--|----------------------------------|---|--|
| 1 | Does the practice have a policy for managing spillages in healthcare premises? | 1 | | | | | | | 1. Control of Substances Hazardous to Health, Regulations. COSHH (2002) 2. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion1. |
| 2 | Are all staff aware of the procedure for dealing with spillages of blood or other body fluids? | 1 | | | | | | | 1. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion9 2. NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012 http://publications.nice.org.uk/infection-cg139/guidance |
| 3 | Is a spillage kit available for dealing with spillages of blood/body fluids (NB blood spills must always be cleaned using a kit that has disinfectant containing 10,000 ppm available chlorine (e.g. presept granules)? | 1 | | | | | | | NHS Revised Healthcare Cleaning Manual 2009 http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830 |
| E1 | Are disposable cloths or mop heads available for cleaning blood or other body fluid spillages? | 1 | | | | | | | NHS Revised Healthcare Cleaning Manual 2009 http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830 |

Section 7: Safe handling and disposal of sharps

Standard: Sharps are managed safely to reduce the risk of inoculation injury.

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|---|---------------|------------|-----------|------------|--|-------------------------------|-------------------------------------|--|
| 1 | Does the practice have a policy on safe handling & disposal of sharps? | 1 | | | | | | | 1. Health Technical Memorandum 07-01 Safe Management of Healthcare Waste 2. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 9 |
| 2 | Is there a sharps container conforming to BS 7320 and UN3291 available and is it positioned safely; out of reach of vulnerable people? | 1 | | | | | | | Department of Health 1998 Guidance of Clinical Health Care Workers: Protection against infection with Blood-Borne Viruses. Recommendations of the Expert Advisory Group |
| 3 | Are sharps containers discarded when two thirds full and stored in a secure facility away from public access until collected for disposal? | 1 | | | | | | | Health Technical Memorandum 07-01 Safe Management of Healthcare Waste |
| 4 | Is blood sampling undertaken by using a single-use vacuum blood collection system? | 2 | | | | | | | |
| 5 | Are sharps used for taking blood from patients at home/care home, disposed of in to an appropriate sharps container which is returned to the surgery for safe disposal? | 1 | | | | | | | |
| 6 | Is there evidence that the practice has undertaken a review of sharps management within the practice and employed 'safer sharps' techniques where applicable. | 1 | | | | | | | Implemented May 2013: Council Directive 2010/32/EU (2010) Implementing the framework agreement on prevention from sharps injuries in the hospital and health care sector, concluded by HOSPEEM and EPSU, Official Journal of European Union. http://eur-lex.europa.eu/LexUriServ/LexUriServ . |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|--|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| | | | | | | | | | do?uri=OJ:L:2010:134:0066:0072:EN:PDF |
| E1 | Are the sharps containers assembled according to manufacturer's instructions and labelled in accordance with legal requirements? | 1 | | | | | | | Royal College of Nursing (2002) Position Statement on Injection Technique http://www.rcn.org.uk/__data/assets/pdf_file/0010/78535/001753.pdf http://www.rcn.org.uk/__data/assets/pdf_file/0010/78535/001753.pdf |
| E2 | Are practice staff encouraged to wear gloves when undertaking venepuncture? | 2 | | | | | | | |
| E3 | Are Staff aware of the correct procedure to follow after a needle stick injury, other sharps or blood splash exposure? | 1 | | | | | | | |

Section 8: Waste Management Policy and Procedures

Standard: Waste is managed safely and in accordance with legislation to minimise the risk of infection or injury to patients, staff and the public.

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|--|---------------|------------|-----------|------------|--|----------------------------------|---|--|
| 1 | Does the practice have a policy on waste management? | 1 | | | | | | | 1. Health Technical Memorandum 07-01 Safe Management of Healthcare Waste 2. Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion various. |
| 2 | Is the practice registered with the Environment Agency as a producer of clinical waste? | 1 | | | | | | | Environment Agency - Waste (England and Wales) Regulations 2011) |
| 3 | Is there documentary evidence to show that all clinical waste (including sharps containers) is disposed of by a registered waste collection company? | 1 | | | | | | | Environment Agency - Waste (England and Wales) Regulations 2011) |
| 4 | Are records of waste transfer and disposal arrangements kept and stored in accordance with the EPA 1990? | 1 | | | | | | | Environment Agency - Waste (England and Wales) Regulations 2011) |
| 5 | Are there easily accessible foot-operated clinical waste bins, with the appropriate colour coded bag (yellow or orange) available, in each clinical area? (e.g. is the foot operation in working order). | 1 | | | | | | | |
| 6 | Is clinical waste and domestic waste correctly segregated (clinical waste in yellow or orange bags, according to waste regulations and domestic waste in black bags)? | 1 | | | | | | | |
| 7 | Are clinical waste bags marked | 1 | | | | | | | |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|--|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| | with the practice code when securing for disposal? | | | | | | | | |
| 8 | Are waste bags less than 2/3 full and securely tied? | 1 | | | | | | | <i>Environment Agency - Waste (England and Wales) Regulations 2011)</i> |
| 9 | Where clinical waste is not collected directly from clinical areas, is it stored in a separate, secure area for waste which is kept clean and tidy and secure from vermin and/or other inappropriate/extraneous items? | 1 | | | | | | | <i>Environment Agency - Waste (England and Wales) Regulations 2011)</i> |
| E1 | Are staff encouraged to report all incidents (including near misses) to the designated infection control lead at the practice? | 1 | | | | | | | <i>Environment Agency - Waste (England and Wales) Regulations 2011)</i> |

Section 9: Management of Specimens

Standard: All specimens will be collected packaged and transported safely in approved containers in line with recognised standards – Packaging Instruction 650 and 621 and requirements of UN3373 or UN3291 to minimise the risk of cross infection.

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|--|---------------|------------|-----------|------------|--|-------------------------------|-------------------------------------|--|
| 1 | Does the practice have a policy or procedure for specimen handling? | 1 | | | | | | | <i>Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 8</i> |
| 2 | Are specimens stored in a dedicated refrigerator (not with food, vaccines or medicines)? | 1 | | | | | | | |
| 3 | Are arrangements for specimen testing appropriate in consulting rooms? | 1 | | | | | | | |
| E1 | Are staff aware of the appropriate way to handle and transport specimens? | 1 | | | | | | | Packaging Instruction 650 and 621 and requirements of UN3373 or UN3291 Sample packaging requirements are very clear from the following web page http://www.kch.nhs.uk/gps/gp-pathology-guide/packaging-requirements and http://www.kch.nhs.uk/gps/gp-pathology-guide/sending-samples-by-royal-mail |

Section 10: Decontamination of medical devices

Standard: All medical devices are decontaminated in a safe and appropriate manner to minimise the risk of infection and cross -infection.

Note: Medical devices include not only surgical instruments but a wide variety of other equipment such as dressing trolleys, BP cuffs and baby scales. A risk assessment needs to be carried out on each medical device to ensure that the appropriate level of decontamination is carried out. For those in the high or medium risk categories cleaning and sterilisation must be carried out (e.g. autoclaving). For those in the lowest risk category cleaning or cleaning plus disinfection are needed depending on circumstances

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|--|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| 1 | Does the practice have a policy which outlines the decontamination processes the GP Practices use for all medical devices? | 1 | | | | | | | Department of Health 2007 Decontamination of re-usable medical devices in the primary, secondary and tertiary care sectors (NHS and Independent providers Department of Health - Health and Social Care Act 2008 prevention and control of healthcare associated infections and related guidance. Guidance for compliance with Criterion 2 |
| 2 | Does the practice use an external sterile supply service for re-usable devices that need to be sterile at the point of use? | 1 | | | | | | | Medical Device Directive (93/42/EEC) http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:1993L0042:20071011:en:PDF (no annexes) |
| 3 | Are medical devices stored appropriately and above floor level to avoid being contaminated? | 2 | | | | | | | MHRA Managing Medical Devices DB2006 (05) http://www.mhra.gov.uk/home/groups/dts-bs/documents/publication/con2025143.pdf |
| 4 | Are items of sterile equipment within their use-by date? | 1 | | | | | | | Medical Device Directive (93/42/EEC) |
| 5 | Are all items of equipment that come into contact with patients cleaned or decontaminated according to guidelines or disposed of after each use? (E.g. all tubing and the mask of the nebuliser should be treated as single use and disposed of as clinical waste after use. Nebuliser machines must be cleaned, | 1 | | | | | | | Minor surgery in general practice, Good Practice, Volume 3 Issue 2, October 2012 http://www.themdu.com/section_GPs_and_primary_care_professionals/topnav_News_3/hidden_Article.asp?articleID=2638&contentType=Media+release&articleTitle=M DU+adv+ises+GPs+on+av+oid+ing+major+problems+with+minor+surgery |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|--|-----------------------|--------------------|-------------------|--------------------|---|--|--|------------------|
| | spirometer mouthpieces disposed of and spirometers cleaned, ear syringing tips disposed of and the ear syringing machine cleaned?) | | | | | | | | |
| 6 | Is there a cleaning schedule/check list maintained for all items requiring cleaning? | 1 | | | | | | | |

Section 11 Clinical Rooms

Standard: The environment is designed and managed to minimise reservoirs for micro-organisms and reduce the risk of cross infection to patients, staff and visitors.

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|--|---------------|------------|-----------|------------|--|----------------------------------|---|--|
| 1 | Is the room and all work surfaces uncluttered? | 2 | | | | | | | 1. National Patient Safety Agency 2007 The national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes. 2. Health Building Note 00-09 Infection Control in the Built Environment: Space for Health |
| 2 | Is the flooring impervious to liquids, non-slip, intact and clean? | 1 | | | | | | | National Patient Safety Agency 2007 The national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes. 2. Health Building Note 00-09 Infection Control in the Built Environment: Space for Health |
| 3 | Does the flooring form a coved skirting (i.e. uplifted at the edges on to the walls) OR is the gap between the floor and the skirting sealed and is the seal maintained? | 1 | | | | | | | HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services. Available from Space for Health |
| 4 | Are the walls and ceilings clean, dry and free from cracks or visible defects? | 1 | | | | | | | HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services. Available from Space for Health |
| 5 | Is there an examination couch with an intact, impervious cover and single use roller paper available for use?. | 1 | | | | | | | |
| 6 | Are there sufficient work surfaces and dressing trolleys of smooth, impervious and cleanable material? | 2 | | | | | | | |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|---|-----------------------|--------------------|-------------------|--------------------|---|--|--|------------------|
| 7 | Are all treatment surfaces in the room cleaned every working day with hot water and detergent or detergent wipes, in accordance with written practice cleaning schedules? | 1 | | | | | | | |

Section 12 Minor Surgery rooms

Standard: The environment is designed and managed to minimise reservoirs for micro-organisms and reduce the risk of cross infection to patients, staff and visitors

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|---|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| 1 | Are sterile packs and other equipment stored appropriately? | 1 | | | | | | | 1. DH Health building note 46: General medical practice premise 2. NHS Primary Care Commissioning Prepare schedules of accommodation. 3. Health Building Note 00-09 Infection Control in the Built Environment |
| 2 | Are the walls intact, free from visible cracks or visible defects, washable and easy to clean? | 1 | | | | | | | DH: Consulting Room: Design Manual: England (and other Design Manual documents available from http://www.spaceforhealth.nhs.uk/articles/room-description-and-layout-consulting-room) |
| 3 | Is the flooring impermeable, intact with coved edging up the walls? | 1 | | | | | | | 1. DH: Consulting Room: Design Manual: England (and other Design Manual documents available from http://www.spaceforhealth.nhs.uk/articles/room-description-and-layout-consulting-room) 2. Health Building Note 00-09 Infection Control in the Built Environment |
| 4 | Are the ceilings intact and free from visible cracks or visible defects? | 2 | | | | | | | |
| 5 | Is the ceiling light protected / enclosed from potential contamination? | 1 | | | | | | | |
| 6 | Has the room adequate ventilation - natural or mechanical (not desktop fans)? | 1 | | | | | | | HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services. Available from Space for Health |
| 7 | Is the heat source and pipe work in the room enclosed to prevent accumulation of dust and dirt? | 1 | | | | | | | DH: Consulting Room: Design Manual: England (and other Design Manual documents available from http://www.spaceforhealth.nhs.uk/articles/room-description-and-layout-consulting-room) HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services. Available from Space for Health |
| 8 | Is the treatment couch protected | 1 | | | | | | | |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|--|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| | with disposable paper towel that is changed after each patient? | | | | | | | | |
| 9 | Are skin antiseptics (e.g. chlorhexidine) and paper towels available for aseptic hand washing? | 1 | | | | | | | |
| 10 | Are single use sterile gloves available in latex and non-latex (e.g. nitrile) material? | 1 | | | | | | | |
| 11 | Is there a designated stainless steel trolley available for use in this room only? | 1 | | | | | | | |
| 12 | Is there a clean clinical waste bin with a foot pedal that is in operation and is hands free? | 1 | | | | | | | |
| E1 | Does the GP Practice audit post-operative wound infections? | 2 | | | | | | | Minor surgery in general practice, Good Practice, Volume 3 Issue 2, October 2012 http://www.themdu.com/section_GPs_and_primary_care_professionals/topnav_News_3/hidden_Article.asp?articleID=2638&contentType=Media+release&articleTitle=MDU+advises+GPs+on+avoiding+major+problems+with+minor+surgery |

Section 13: Vaccine Storage and Cold Chain

Standard: Vaccines are stored and transported safely.

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|---|---|---------------|------------|-----------|------------|--|----------------------------------|---|---|
| 1 | Does the GP Practice follow the standards set out in the Green Book (DH, 2010)? | 1 | | | | | | | Department of Health Green Book Chapter 3 Storage, Distribution and Disposal of Vaccines |
| 2 | Is there a designated person in the practice responsible for the ordering, delivery and storage of vaccines? | 2 | | | | | | | |
| 3 | Are there measures in place to prevent the fridge from being turned off (switch-less socket or warning label on plug)? | 1 | | | | | | | NPSA Vaccine Cold Storage http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112 |
| 4 | Is the temperature of the vaccine fridge monitored continually with a min/max thermometer and are the temperatures recorded each working day to ensure vaccines are maintained at 2-8°C? (min, max and actual fridge temperatures should be recorded. | 1 | | | | | | | WHO: Temperature sensitivity of vaccines http://www.who.int/vaccines-documents/DocsPDF06/847.pdf Department of Health Green Book Chapter 3 Storage, Distribution and Disposal of Vaccines |
| 5 | Is the min/max fridge thermometer calibrated annually and are records retained? | 1 | | | | | | | |
| 6 | Is the fridge either self-defrosting or is it defrosted monthly or sooner if needed and is a validated cool box then used to maintain the cold chain? | 1 | | | | | | | NPSA Vaccine Cold Storage http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112 |
| 7 | Is the fridge serviced annually? | 1 | | | | | | | |
| 8 | Is there a process in place for safe disposal of expired, | 1 | | | | | | | Department of Health Green Book Chapter 3 Storage, Distribution and |

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----|--|---------------|------------|-----------|------------|--|----------------------------------|---|--|
| | damaged or surplus vaccines? | | | | | | | | Disposal of Vaccines |
| 9 | Does the practice have records of vaccines received, batch numbers, expiry dates, fridge temperatures, servicing and defrosting of the fridge? | 1 | | | | | | | NPSA Vaccine Cold Storage http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112 |
| E1 | Is there accessible written guidance on what staff should do in the event of a power cut or a temperature reading outside the required range? | 1 | | | | | | | NPSA Vaccine Cold Storage http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112 |

Section 14: Notification of infectious diseases and contamination

Standard: All notifiable diseases are reported on suspicion, within the time frames set out in the Health Protection (Notification) Regulations 2010

| | Questions | EQR=1 BP=2 | Yes (✓) | No (✓) | N/A (✓) | Remedial action recommended to resolve problem | Action agreed by the Practice | Action for detailed risk assessment | Rationale |
|----------|---|---------------|------------|-----------|------------|--|-------------------------------|-------------------------------------|--|
| 1 | Does the practice have a policy on managing patients with communicable diseases? | 1 | | | | | | | Health Protection (Notification) Regulations 2010 |
| 2 | Do you notify all reportable infectious disease on suspicion to the proper officer at the local authority? | 1 | | | | | | | Health Protection (Notification) Regulations 2010 http://www.legislation.gov.uk/uksi/2010/659/pdfs/uksi_20100659_en.pdf |
| 3 | Do you have access to notification forms? | 1 | | | | | | | Health Protection Legislation (England) Guidance 2010 <i>Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority</i> |
| 4 | Are you either notifying gastro intestinal disease (food poisoning) on suspicion? OR | 1 | | | | | | | |
| 5 | Are you notifying Gastro intestinal disease (food poisoning) when stool specimen results are received from the microbiology laboratory? | 2 | | | | | | | |
| E | Are you aware of the new requirements to notify cases of contamination and other diseases which may have public health significance that are not listed in the regulations? | 1 | | | | | | | Health Protection (Notification) Regulations 2010 |

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