

IPS Tool for General Practitioner Settings - Centre Quality Improvement Tool 2016

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This document has been completed by Megan Dunlop – October 2023

1) Infection Prevention & Control is Integral to Safety in this Clinical Area

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|-----|--|
| 1 | Does this GP setting, have a designated person responsible leading on IPC , e.g. a link nurse or the GP setting manager? | Ask staff members who leads for IPC in this general practice. This may be a link nurse. | | | | Megan Dunlop |
| 2 | Does the IPC lead role include: audit, feedback to individuals on IPC practices, promoting optimal IPC and close liaison with the IPC team? | Discuss the role with the IPC lead /link nurse and staff members. | | | | |
| 3 | Is there evidence that IPC risks / topics are frequently included in safety briefs and ward/clinical area meetings? | Ask staff about the process and look for triangulation, i.e. more than one person stating the same answer. Ask for any relevant documentation. | | | | Topics are discussed – clarity teamnet item opened to evidence this for future use |
| 4 | Is there clear information about when and how to contact the IPCT – including out of hours? | Ask staff to show you where this information is kept? | | | | |
| 5 | Is there evidence of a process of reporting untoward incidents to the IPCT? | Ask staff what infection related untoward incidents they know about and would report, e.g. cross-transmission incident, decontamination failure. | | | | No incidents have been reported in the past 12 months. All incidents recorded on teamnet |
| 6 | Is there data from local environmental / IPC practice audits , (to include analysis, feedback and improvement plan)? | Ask to see data from audits and action plans. [Provide positive feedback on good and improved practices]. | | | | When auditing hall way noticed dust to area, This was raised with the cleaners, on reinspection a few days later, no dust was found. |
| 7 | Are staff in this GP setting aware of national surveillance data on antimicrobial prescribing and HAI such as C. difficile ? | Ask staff where the data feedback from national surveillance programmes is kept and how it is interpreted and used to improve practice. | | | | |
| 8 | Is there a local risk assessment detailing any challenges to effective IPC in this GP setting? | Ask to see local risk assessment, e.g. register incident book. Confirm that identified risks are being identified. | | | | |

2) The staff are afforded Health & Safety protection from potential infection risks

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|-----|---|
| 1 | Have staff in this GP setting been offered immunisation as per current national guidance? | Ask 2 members of staff if they had their immunisation assessed on appointment. | | | | Covered as part of HR screening process |
| 2 | Are staff aware of, and compliant with, the policy for being absent from work when they are potentially infectious? | Ask staff how long they would remain off work if they had diarrhoea and or vomiting (symptoms of norovirus). | | | | Staff would contact their line manager to inform of reason for absent and contact the staff line. Aware need to be 48 hours clear |
| 3 | Do staff know what to do if they or a colleague sustains an inoculation injury ? | Ask two members of staff to describe the procedure. | | | | Gently bleed under running water, wash the wound, cover the wound then seek help at A+E. Report injury to team lead/IPC lead/Practice Manager and to record on teamnet once injury is sorted. |
| 4 | Is the policy/poster for the management of an inoculation injury easily accessible ? | Confirm the poster/policy is easily accessible. Confirm staff know where it is. | | | | Posters in clinic room. Policy found on teamnet |

3) There is a competent and confident workforce trained to minimise infection risks

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|---|-----|----|-----|---|
| 1 | Have all staff on this GP setting received, or have planned (booked), IPC induction training? | Check the training programme includes the essential elements of Standard Precautions. | | | | Cover via e-learning on teamnet and during induction process |
| 2 | Is the ongoing and planned IPC training fulfilling mandatory requirements ? | Check training records if available - ensure there is follow-up for any mandatory training non-attendees. | | | | All staff who are out of date for their training have been asked to complete during the next staff training session |
| 3 | Do staff feel they have received sufficient training in IPC to enable them to practice safely ? | Discuss with staff their planned and received IPC training. Suggest available training that might further develop their skills. | | | | |
| 4 | Are staff aware that the policy for cleaning equipment not in contact with broken skin or mucous membranes involves detergent/disinfectant, water and paper towels Or detergent/disinfectant wipes? | Ask staff how they would clean a drip stand which is not contaminated with blood or body fluid. | | | | |
| 5 | Do staff know how to decontaminate a blood or body fluid spillage safely ? | Ask staff how they use disinfectants and where instructions on their usage are kept. | | | | Spill kit kept in reception for vomit and body fluids. |
| 6 | Do staff know the symbol used to indicate single-use ? | Ask staff to indicate the single use symbol on a sterile single use package? | | | | Staff aware of the symbol |
| 7 | Have staff who use or discard sharps been trained to do so safely? | Ask staff how they handle and discard needles and the instruction received. | | | | Staff involved in sharps aware of how to handle and safely discard sharps and aware of correct disposal methods. This is covered in staff induction for those involved in sharps |
| 8 | Do staff know when and how to perform hand hygiene ? | Ask staff about the 5moments and when they would and would not use alcohol based hand rub. | | | | All staff able to explain the 5 moments when they would/would not use alcohol based hand rub. |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|----|-----|--|
| 9 | Have staff who order, receive and administer vaccines received training on safe storage? | Ask staff about their training and safety procedures. | | | | |
| 10 | Have staff who take, secure and send laboratory specimens received training on their safe handling. | Ask staff about their training and safety procedures. | | | | Samples to be transported in a sealed hard box which has been supplied by the surgery. |

4) There is evidence of compliance with policies, procedures and guidance

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|---|-----|----|-----|--|
| 1 | Are extant infection prevention and control policies and procedures available to staff in this area? | Check that policies are either live (reviewed constantly as new evidence is published) or are within a 2-year review date. Check they are accessible to staff. | | | | All policies saved to teamnet which is accessible by all staff members. These are updated on a regular basis in line with guidance or at the point national policy changes |
| 2 | Do staff know how to access the infection prevention policies and procedures? | Ask staff about how to access and the content of the IPC policies. | | | | |
| 3 | Do staff follow the requirement to seek IPC advice prior to purchase of novel/replacement equipment? | Discuss with staff whether they would seek advice (and look for evidence they have in the past)? | | | | Discussion had with IPC prior to buying new equipment for clinic rooms as well as the patient accessible areas |
| 4 | During the entire assessment are staff observed to follow the policies and procedures? | Whilst undertaking this assessment, observe for hand hygiene opportunities being taken, linen being discarded safely, sharps being used safely etc., etc. | | | | |

5) Personal Protective Equipment (PPE) is used to minimise infection risks

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---|--|---|--|----|-----|----------|
| 1 | Given the potential exposures to blood, body fluids and pathogens in this care setting , are the staff aware of the potential risks to themselves and when and what PPE to wear? | Discuss with staff the types of exposures to blood and body fluids which occur in their patient population – and ask about their understanding of the risks and when/what PPE they use. | | | | |
| 2 | Depending on the assessed likely exposure , is the following PPE available: | Look at the PPE available, the sizes available and the ease of access. | | | | |
| | <ul style="list-style-type: none"> Plastic aprons or plastic gown? | Ask members of staff if they are always able to find their size of PPE available. | | | | |
| | <ul style="list-style-type: none"> Single use gloves* (in a range of sizes)? | Ask members of staff if the PPE they need is conveniently located for quick usage. | | | | |
| | <ul style="list-style-type: none"> Eye protection (goggles or full face shields)? | Offer suggestions for improved placement. | | | | |
| 3 | Is the available PPE kept away from sources of likely of contamination? | Look where the PPE is kept to confirm that the PPE is not being exposed to aerosols or splashes. | | | | |
| | 4 | Is PPE donned in anticipation of possible / actual exposure from blood, body fluids or pathogens to the skin, mucous membranes or personal clothing/uniform: | Observe practice and or ask members of staff when they would consider using PPE. | | | |
| | <ul style="list-style-type: none"> Gloves? | | | | | |
| | <ul style="list-style-type: none"> Apron? | | | | | |
| <ul style="list-style-type: none"> Face protection? | | | | | | |
| <ul style="list-style-type: none"> Respiratory protection? | | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|-----|---|
| 5 | Are plastic aprons and gloves used once and discarded after use ? | Observe practice and or ask members of staff when they would discard PPE | | | | Staff aware that plastic aprons and gloves are single use and hand hygiene should be followed on removal of PPE |
| 6 | Is PPE (gloves and apron) changed, between tasks on the same patient? | Observe practice and or ask members of staff when they would change PPE for tasks on the same patient. | | | | Staff aware that PPE should be changed between patients and between tasks. |
| 7 | Is hand hygiene performed after PPE removal? | Observe practice and or ask members of staff what they would do after removing PPE. | | | | Observed |
| 8 | Are the gloves available suitable as PPE ? | Check polythene gloves are not used for clinical tasks. | | | | |

6) Environment: General environment safety and cleanliness (including reception/waiting area)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---------------------|--|--|-----|----|-----|---|
| 1 | Is the general environment (size, layout etc.) suitable , i.e. sufficient space? | Ask whether the staff about the space and facilities and if they are sufficient for the care delivered. | | | | All rooms suitable for the tasks that are being arrived out within them |
| 3 | Is there an environment cleaning schedule which is based on a risk assessment and includes: | Ask to see the cleaning schedule and confirm the bullet points are listed. | | | | |
| | • All areas of the practice? | Confirm the cleaning schedule includes the kitchen/pantry. | | | | |
| | • The responsibilities for cleaning? | | | | | |
| | • The methods for cleaning? | | | | | |
| | • The frequency of cleaning? | | | | | |
| • Soft furnishings? | | | | | | |
| 4 | Are the cleaning materials required to undertake the cleaning available in the GP setting? | Ask staff where the cleaning materials are kept. | | | | Cleaning equipment stored in locked cleaning cupboard by the back door. Clinell wipes stored in the nurses store room which is locked. |
| 5 | Does the establishment have suitable equipment to clean carpets? | Check for a carpet cleaner / steamer? | | | | All rooms slowly being swapped to remove the carpets |
| 6 | Are all staff aware of the cleaning schedule and where it is kept? | Ask staff where the cleaning schedule is kept. Confirm it is up to date. | | | | Cleaners complete their cleaning schedule each day for everything that they clean. Clinicians responsible for cleaning their medical equipment. |
| 7 | Is the cleaning schedule up to date ? | Check the cleaning schedule. | | | | |
| 8 | Is the general environment excluding floors: | Walk through the environment and assess the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin. | | | | |
| | • Clean? | | | | | |
| | • Free of clutter? | | | | | All clinicians encouraged to keep a clutter free work environment |
| | • In a good condition (free from damage) minimising infection risks? | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|--|--|--|-----|----|-----|----------|
| 9 | Are all horizontal surfaces , excluding floors: | Check the horizontal surfaces for the specified criteria. Check surfaces are smooth for easy cleaning. There should be no evidence of moisture seepage. | Yes | No | N/A | |
| | • Clean? | | | | | |
| | • Cleanable (e.g. covered edges)? | | | | | |
| | • Free of clutter? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 10 | Is the floor covering : | Check the floor surface is both cleanable and clean. Check the floor covering is in a good condition, e.g. no rips, tears or tape. Check the cleaning schedule for the floors. | Yes | No | N/A | |
| | • Clean? | | | | | |
| | • Cleanable (suitable carpets)? | | | | | |
| | • Free of extraneous items? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 11 | Is the furniture : | Check the furniture is of a material suitable for the patient environment. If there is a blood or body fluid risk the material must be impervious. | Yes | No | N/A | |
| | • Clean? | | | | | |
| | • Cleanable? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 12 | Are other items: e.g. TV screens, Computer screens, Telephones, | Look for such equipment and confirm it is listed for cleaning, clean and able to be cleaned. (Check minimum of 3). | Yes | No | N/A | |
| | • Clean? | | | | | |
| | • Cleanable? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 13 | Are the cleaning outcome audits demonstrating effective cleaning? | Check cleaning audit results – if none available score 'No'. | Yes | No | N/A | |
| HAND HYGIENE FACILITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

a. Environment: A Consultation Room

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|--|-------------------------------------|--------------------------|--------------------------|--|
| 1 | Is the consultation room excluding floors: | Walk around the area and assess whether the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin. Surfaces are smooth for easy cleaning. Single <i>just-dropped items</i> may be excluded if the overall appearance is clean. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Free of clutter? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Are any surfaces excluding floors and examination couch: | Check the horizontal surfaces for the specified criteria. Coved edges enable easy cleaning. There should be no evidence of moisture seepage. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (e.g. coved edges)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Are the floor coverings : | Check the floor surface is both cleanable (impervious to moisture) and clean. Check the floor covering is in a good condition, e.g. no rips, tears or tape. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Are the fixtures, fittings and furniture : | Check the visible cleanliness of the fixtures, e.g. lights, wall mounted equipment. Check the cleaning regiment intervals and responsibility. Check to include any curtains and blinds. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In a good condition minimising infection risks? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All floor coverings in good condition, carpeted rooms are slowly being replaced for non-carpet. No clinical procedures are carried out in carpeted rooms |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|-----|---|
| 6 | Is the examination couch/chair | Visual check | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact with impervious and washable cover)? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 7 | Are sheets or disposable couch roll changed between patients? | Visual check. | | | | |
| 8 | Are extra couch rolls stored off the floor in a couch roll holder? | Visual check | | | | |
| 9 | Are any pillows completely covered in an impervious material to prevent moisture seepage and infection risks? | Confirm impervious material covering the pillow is intact. | | | | All pillows checked are intact and have a disposable cover. If a cushion has a tear on, this is replaced straight away to reduce cross infection |
| 10 | Is there sufficient storage space? | Visible check for items stored off the floor | | | | All equipment is stored in cupboards |
| 11 | Are there facilities available for the correct disposal of: | Visible check that the facilities are suitable for the waste generated. | | | | |
| | • Domestic waste | | | | | |
| | • Offensive waste | | | | | |
| | • Infectious/healthcare waste | | | | | |
| 12 | Are the waste bin(s) : | Ask staff about number and location of waste bins. | | | | Staff aware which items need to go into which bins and how to correct dispose of the waste once it is ¾ full or at the end of a clinic day. All bins are clean and have hands free system to open. |
| | • Clean? | | | | | |
| | • In good condition minimising infection risks (not overfilled)? | Visibly inspect the bins and discuss the waste generated. Check all areas including the pedal. | | | | |
| | • Operated by a functioning hands free system | Waste bins to include: infectious/healthcare waste, offensive waste and domestic waste | | | | |
| | • Of a sufficient size and number for the area? | | | | | |
| | • Correctly colour coded for the waste being generated / discarded? | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|--|--------------------|----------|-----|----|-----|----------|
| HAND HYGIENE FACILITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

b. Environment: The Treatment Room

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|---|-------------------------------------|--------------------------|--------------------------|----------|
| 1 | Is the treatment room including fixtures and fittings, excluding floors: | Walk around the area and assess whether the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin. Surfaces are smooth for easy cleaning. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Free of clutter? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | • In a good condition minimising infection risks? | Check the horizontal surfaces for the specified criteria. Coved edges enable easy cleaning. There should be no evidence of moisture seepage. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are any surfaces excluding floors and examination couch: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | • Cleanable (e.g. coved edges)? | Check the floor surface is both cleanable (impervious to moisture) and clean. Check the floor covering is in a good condition, e.g. no rips, tears or tape. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In a good condition minimising infection risks? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Are the floor coverings : | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | • Clean? | Visual check | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In a good condition minimising infection risks? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Is the examination couch/chair | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact with impervious and washable cover)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In a good condition minimising infection risks? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|----|-----|--|
| 5 | Is any other furniture : | Visual check | | | | |
| | • Clean? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 7 | Are sheets or disposable couch roll changed between patients? | Visual check. | | | | |
| 8 | Are extra couch rolls stored off the floor in a couch roll holder? | Visual check | | | | |
| 9 | Are any pillows completely covered in an impervious material to prevent moisture seepage and infection risks? | Confirm impervious material covering the pillow is intact. | | | | All pillows checked are intact and have a disposable cover. If a cushion has a tear on, this is replaced straight away to reduce cross infection |
| 10 | Is there sufficient storage space ? | Check for items stored out of cupboards. | | | | All equipment is stored in cupboards |
| 11 | Are shelves used to store sterile products visibly clean? | Visual check | | | | |
| 12 | Is the drug refrigerator used only for the storage of drugs? | Visual check | | | | |
| 13 | Are individual fabric items laundered after single use? | Ask staff to confirm items are laundered. | | | | No fabric items used within the surgery |
| 14 | Are there facilities available for the correct disposal of: | Visual check confirm the bins are suitable for the waste generated. | | | | |
| | • Domestic waste | | | | | |
| | • Offensive waste | | | | | |
| | • Infectious/healthcare waste | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|--|---|---|-----|----|-----|----------|
| 15 | Are the waste bin(s) : | Ask staff about number and location of waste bins. Visibly inspect the bins and discuss the waste generated. Check all areas including the pedal | | | | |
| | • Clean? | | | | | |
| | • In good condition minimising infection risks (not overfilled)? | | | | | |
| | • Operated by a functioning hands free system | | | | | |
| | • Of a sufficient size and number for the area? | | | | | |
| | • Correctly colour coded for the waste being generated / discarded? | | | | | |
| HAND HYGIENE FACILITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

c. Environment: Hand Hygiene Facilities

Individual hand hygiene facilities may be checked along with individual rooms or areas or separately after the other rooms/areas have been done. Select at least 3 hand hygiene stations.

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|--|--|--|-----|----|-----|---|
| 1 | Is the designated wash-hand basin used only for hand washing (and not for discarding of any other fluids)? | Confirm that it is designated for hand washing only. Ask staff how and where they discard fluids other than the tap water used for hand washing. | | | | All clinical rooms (consultation and treatment) have a designated wash-hand basin Staff aware that any fluids such as urine are disposed of down the toilet in line with urine sample policy and containers to go into clinical waste bin after they have been emptied |
| 2 | Is the designated wash-hand basin accessible for users? | Check the accessibility of the wash-hand basin. | | | | |
| 3 | Is the wash-hand basin of a safe design: | Check the design of the wash-hand basins conforms to the listed requirements. If any of these facilities are unavailable confirm that the staff know how to use the wash-hand basin safely, e.g. turn the taps off with a paper towels. | | | | |
| | • Plug free? | | | | | |
| | • Overflow free? | | | | | |
| | • Waste offset from tap flow? | | | | | |
| | • Providing water at a comfortable temperature, i.e. mixer taps or thermostatically controlled? | | | | | |
| • Elbow operated or sensor taps, Or | | | | | | |
| • Paper towels used to turn off taps? | | | | | | |
| 4 | Is the wash-hand basin : | Check the wash-hand basin for unnecessary items, e.g. tape, discarded waste, etc. Check for cracks or damage to the surfaces. | | | | |
| | • Clean? | | | | | |
| | • Devoid of extraneous items? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 5 | Is the soap dispenser : | Check the soap dispenser for the criteria listed. | | | | |
| | • Clean? | | | | | |
| | • Containing soap? | | | | | |
| | • Wall mounted? | | | | | |
| | • Fitted with a single use cartridge? | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|--|-------------------------------------|--------------------------|--------------------------|--|
| 6 | Is the paper towel dispenser : | Check the paper towel dispenser for the criteria listed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | | | | |
| | • Enclosed? | | | | | |
| | • Containing paper towels? | | | | | |
| 7 | Is there posters (wipeable) that promote how to perform hand hygiene? | Confirm the presence of a poster. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand hygiene poster are in place at every skin including patient and staff toilets |
| 8 | Are alcohol based hand rub containers : | Confirm the presence of alcohol based hand rub containers and for alcohol based hand rub inside. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Available at the point of care? | | | | | |
| | • Containing alcohol based hand rub? | | | | | |
| | • Clean? | | | | | |
| 9 | Is there a waste bin located by wash-hand basins for discarding paper towels that is : | Check for the presence of a waste bin and for the listed criteria. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | | | | |
| | • Operated by a functioning hands free system | | | | | |
| | • Of a sufficient size and number for the area? | | | | | |
| | • Correctly colour coded for the waste being generated / discarded? | | | | | |

d. Environment: The toilet(s)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|----|-----|---|
| 1 | Is the toilet area excluding floors: | Visible check of the entire toilet area. Confirm there are no extraneous items. | | | | No extraneous items stored in the toilet area |
| | • Clean? | | | | | |
| | • Cleanable (intact)? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 2 | Are all horizontal surfaces , excluding floors: | Check the horizontal surfaces for the specified criteria. Coved edges enable easy cleaning. There should be no evidence of moisture seepage. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact)? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 3 | Is the floor covering : | Visible check of the entire toilet area. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact)? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 4 | Are the toilet(s) including raised toilet seats : | Visible check including the underside of the seats. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact)? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 5 | Is the allocated toilet cleaning regimen sufficient to maintain toilet cleanliness? | Check the schedule for toilet cleaning. Ask the patients about their experience of toilet cleanliness. Confirm allocated cleaning is being done. | | | | Patients happy with the general cleanliness of patient toilet and aware to raise at reception if they notice any problems |
| 6 | Are toilet brushes and their holders visibly clean? | Visible check. | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|--|---|--|-----|----|-----|--|
| 7 | Are all items stored off the floor (e.g. raised toilet seats)? | Visible check. | | | | |
| 8 | Are patients encouraged and assisted (if required) to wash their hands after using the toilet? | Ask patients and HCWs if this is done. Observe practice if possible. | | | | Hand hygiene posted in all patient toilets above the sinks |
| 10 | Are there facilities available for the correct disposal of: | Check for the presence of waste facilities. | | | | |
| | • Domestic waste | | | | | |
| | • Offensive waste | | | | | |
| 11 | Are the waste bins : | Ask staff about number and location of waste bins. | | | | |
| | • Clean? | | | | | |
| | • Sufficient for the waste generated in the area? | | | | | |
| | • In a good condition (not overfilled)? | | | | | |
| | • Operated via a functioning hands free mechanism? | | | | | |
| | • Correctly colour coded for the waste being generated / discarded? | | | | | |
| HAND HYGIENE FACILITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

e. Environment: Baby Changing Facilities are available and safe

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|----------------|-----|----|-----|--|
| 1 | Is the baby changing room : | Visible check. | | | | |
| | • Clean? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 2 | Are all surfaces : | Visible check. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (smooth impervious, with covered edging) | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 3 | Is the surface on which the babies are changed | Visible check. | | | | |
| | • Clean? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| 4 | Is there a specific nappy waste bin which is | Visible check. | | | | |
| | • Clean (including lid?) | | | | | |
| | • In a good state of repair minimising infection risks? | | | | | |
| | • Operated by a working foot pedal? | | | | | |
| | • In a good state of repair minimising infection risks? | | | | | |
| 5 | Is there information available for parents on how to clean the changing area after use? | Visible check. | | | | Wipes accessible for parents to clean changing map after use |
| 6 | Are there cleaning materials available for parents to use ? | Visible check. | | | | Wipes accessible for parents to clean changing map after use |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|--|--|----------------|-----|----|-----|----------|
| 7 | Is there a domestic waste bin that is: | Visible check. | | | | |
| | • Clean? | | | | | |
| | • In a good condition (not overfilled)? | | | | | |
| | • Operated via a functioning hands free mechanism? | | | | | |
| HAND HYGIENE FACILITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

f. Environment: The Dirty Utility / Sluice Area

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---|---|---|-----|----|-----|--|
| 1 | Is the space available in this area sufficient for all the tasks that are undertaken therein; and the items that are stored here before they are used? | Check that staff are not bumping into each other or having to move equipment to gain access to equipment. | | | | To remove Hoover from cupboard prior to using area |
| 2 | Is the dirty utility/sluice area excluding floors: | Observe the entire area including walls, windows, ceilings, and light fittings - confirm as specified free from dust/dirt/debris/insects etc. | | | | |
| | • Clean? | | | | | |
| | • Cleanable? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| | • Free of infestation? | | | | | |
| • Free of clutter? | | | | | | |
| 3 | Are all horizontal surfaces , excluding the floor, clean? | Check the horizontal surfaces for the specified criteria – includes a rack if present. | | | | |
| | • Cleanable (intact)? | Coved edges enable easy cleaning. | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| • Free of clutter? | | | | | | |
| 4 | Is the floor covering : | Check the floor area, look for signs of leakage in particular from the macerator or washer-disinfector. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact)? | | | | | |
| • In a good condition minimising infection risks? | | | | | | |
| 5 | Are cleaning materials and disinfectants as specified in the cleaning schedules available. | Visible check availability. | | | | |
| 7 | Is there a deep sink for washing of specified items (not used for hand hygiene)? | May be required if non-disposable jugs are used. | | | | |
| 8 | Is there a safe system for discarding body fluids including blood into a disposal unit? | Ask the staff how they discard blood and or body fluids avoiding personal and environmental contamination. | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|--|--|--|-----|----|-----|----------|
| 9 | Are disinfectants (including spill kits) (liquids, tablets, wipes) in line with local policy, available from a COSHH approved, i.e. locked cupboard for the decontamination of blood and body fluid spills? | Check disinfectant materials in the policy against those available in the sluice. | | | | |
| 10 | Is there a poster detailing how to decontaminate blood or body fluid spills, discard materials and use personal protective equipment? | The poster should be in good condition and in an accessible position. (Poster to be wipable) | | | | |
| 11 | Is PPE (Gloves, Apron, Eye protection) available either within or very close to the sluice | These items should be available but kept free from possible splash contamination. | | | | |
| 12 | Are any other items : <ul style="list-style-type: none"> In this area stored in a closed cupboard or away from possible splash contamination? | Look where other items are kept. | | | | |
| 13 | Are there facilities available for the correct disposal of: | Assess the waste bins in the areas. | | | | |
| | <ul style="list-style-type: none"> Domestic waste | | | | | |
| | <ul style="list-style-type: none"> Offensive waste | | | | | |
| | <ul style="list-style-type: none"> Infectious/healthcare waste | | | | | |
| 14 | Are the waste bins in the sluice/dirty utility area: | Ask staff about number and location of waste bins. Visibly inspect the bins and discuss the waste generated | | | | |
| | <ul style="list-style-type: none"> Clean? | | | | | |
| | <ul style="list-style-type: none"> In a good condition (not over filled)? | | | | | |
| | <ul style="list-style-type: none"> Operated via a functioning hands free mechanism? | | | | | |
| | <ul style="list-style-type: none"> Of a sufficient size and number for the area? | | | | | |
| | <ul style="list-style-type: none"> Correctly colour coded for the waste being generated/discarded? | | | | | |
| HAND HYGIENE FACILITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

g. Environment: The Domestic Service Room (DSR)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---|--|---|-------------------------------------|--------------------------|--------------------------|----------|
| 1 | Is the Domestic Service Room suitable given the items requiring storage and procedures performed therein? | Ask the domestic how easy it is to undertake the necessary procedures in the space provided. Look to confirm that there is sufficient space. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Is the domestic service room excluding floors: | Check the DSR. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Free from clutter? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • In a good condition minimising infection risks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3 | Are all fixtures, fittings and surfaces , excluding the floor: | Check the DSR. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact / coved edges)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In a good condition minimising infection risks? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Is the floor covering : | Check the DSR floor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In a good condition minimising infection risks? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Free of infestation? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Are items in the DSR ? | Check the DSR. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Clean? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleanable (intact)? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In a good condition minimising infection risks? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|--|-----|----|-----|-------------------|
| 6 | Are any unused or cleaned items stored such that they are free from any likely splash contamination? | Check the DSR. | | | | |
| 7 | Is there evidence that a colour coded system is in operation? | Ask about the colour coded system in use and for any posters or materials explaining the system | | | | |
| 8 | Do the domestic staff have access to PPE suitable for their needs? | Ask the domestic where and when s/he uses PPE and from where it is obtained. | | | | |
| 9 | Are mop buckets, mob bucket ringers or other reprocessed items: <ul style="list-style-type: none"> • Stored clean and dry? | Ask the domestic how mob buckets and ringers are used and stored. Observe the DSR. | | | | |
| 10 | Are mop heads : <ul style="list-style-type: none"> • Laundered after single use, Or • Disposable? | Ask the domestic how mop heads are used and discarded. Observe practice if possible. | | | | |
| 11 | Are cleaning cloths used as designated: <ul style="list-style-type: none"> • Single use then laundered? Or • Single use then disposable? Or • Microfiber – used in accordance with manufacturer's instructions. | Ask the domestic how cleaning cloths are used. Observe practice if possible. Check manufacturer's instructions. | | | | |
| 12 | Is there easy access to hand washing facilities either in the DSR or close by. | Assess the closeness of the hand washing facilities. | | | | In next door room |
| 13 | Is there a disposal unit for the discarding of waste water? | Ask where the mop bucket water is discarded. | | | | |

h. Environment: Kitchen (including food storage)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|-------------------------------|-----|----|-----|----------|
| 1 | Is the food refrigerator used for food only, i.e. no medical items whatsoever? | Visual check of the contents. | | | | |
| 2 | Is the food in the refrigerator fresh and within expiry dates? | Visual check of the contents. | | | | |

i. Environment: Kitchen chilled water & ice-making

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|-----|-----|---------------------|
| 1 | Has the chilled-water or ice-making machine been connected from a mains supply. | Visual check. | | | | Chilled water only. |
| 2 | Are the instructions for the correct use and maintenance of chilled-water or ice-making machines must be available in the care setting? | Failure to maintain the machines poses infections risks – confirm the instructions are available. | | | | |
| 3 | Is the water cooler/ice machine: | Check the cleaning regimen, observe for cleanliness and safe usage. | | | | |
| | • Clean? | | | | | |
| | • Cleaned as per manufacturer's instructions (including any nozzles)? | | | | | |
| | • Subject to planned maintenance? | | | | | |
| | • Of a type that dispenses ice from a nozzle on demand? | | | N/A | | |

7) Equipment: Safety - in use and not in a store

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|----|-----|----------|
| 1 | Is there an equipment decontamination schedule that includes: | Look at the schedule for the equipment. Confirm all equipment is listed and allocated. Confirm staff know who cleans all parts of items such as, e.g. upper and lower parts beds, over-bed table surface and underneath. | | | | |
| | • All equipment in the area? | | | | | |
| | • The frequency of cleaning / decontamination? | | | | | |
| | • The method of cleaning /decontamination? | | | | | |
| | • The storage requirements between usage? | | | | | |
| | • The responsibility for cleaning / decontamination (domestic / nursing)? | | | | | |
| 2 | Are staff aware of the items of equipment for which they are responsible for decontamination? | Select 3 items from the list and confirm with staff that they are aware of their responsibility. | | | | |
| 3 | Are single-use items are used once and then discarded? | Ask staff if they are aware of any single use items that are reused. | | | | |
| 4 | Are cleaning / decontamination products available within the GP setting for cleaning/decontaminating communal patient equipment, e.g. general purpose detergent/disinfectant and disposable paper towels or disposable detergent/disinfectant wipes / disinfectant wipes? | Ask staff where the products are kept and whether they are always available. | | | | |
| 5 | Is frequently used GP equipment, e.g. stethoscopes, blood pressure monitoring equipment, oxygen saturation machines, Doppler machines, auroscopes, | Visually inspect any such equipment in use and the cleaning schedule. | | | | |
| | • Clean? | | | | | |
| | • Cleanable? | | | | | |
| | • In a good state of repair minimising infection risks? | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---|---|---|-----|----|-----|----------|
| 6 | Is equipment which is a high-risk for blood borne virus cross-transmission / contamination , e.g. blood glucose monitoring equipment and Doppler machines, visibly clean without any evidence of blood splatter? | Visually inspect any such equipment in use. | | | | |
| 7 | Is all other specialist equipment on the GP settings, e.g. ophthalmoscopes | Visually inspect any such equipment in use. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact)? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| | • Being centrally decontaminated between patient use? • Or , decontaminated in the GP setting following the manufacturer/IPCT guidelines? | | | | | |
| • Checked pre-use to confirm it is clean and does not pose a cross-transmission risk? | | | | | | |
| 8 | Are all reusable instruments sent to a sterile services provider for decontamination? | Specifically ask about laryngoscope blades and supra glottis airways. | | | | |
| 9 | Are sterile instrument trays traceable? | Check procedure and items. | | | | |
| 10 | Are used instruments awaiting collection in a rigid, lidded container? | Check procedure and where equipment is kept awaiting transport. | | | | |
| 11 | Are items sent for service, inspection or repair: | Ask staff for the procedure and confirm the labelling process in use. | | | | |
| | • Decontaminated before being dispatched? | | | | | |
| | • Labelled indicating the decontamination status? | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-------------------------------------|--------------------------|--------------------------|----------|
| 12 | If loaned equipment is used: | Ask staff for the procedure and confirm the labelling process in use. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <ul style="list-style-type: none"> Is this done in compliance with hospital policy? Is the equipment decontaminated prior to being used? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | Are tourniquets visibly clean? | Check tourniquets in use are visibly clean. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

j. Equipment: Store Room & Stored Equipment

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---|--|---|-----|----|-----|----------|
| 1 | Is the Store Room space sufficient for all the items stored therein? | Look in the store room and ask a member of staff for their opinion. | | | | |
| 2 | Is the Store Room excluding floors: | Visually inspect the store room. | | | | |
| | • Clean | | | | | |
| | • Cleanable (intact)? | | | | | |
| | • In a good condition minimising infection risks? | | | | | |
| | • Free of clutter? | | | | | |
| • Free of infestation? | | | | | | |
| 3 | Are all surfaces , excluding the floor: | Visually inspect the store room. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact, coved edging)? | | | | | |
| • In a good condition minimising infection risks? | | | | | | |
| 4 | Is the floor covering : | Visually inspect the store room. | | | | |
| | • Clean? | | | | | |
| | • Cleanable (intact)? | | | | | |
| • In a good condition minimising infection risks? | | | | | | |
| 5 | Are all items in the store room free from any possible splash contamination and protected from dust? | Visually inspect the store room. | | | | |
| 6 | Apart from items designed to be placed on the floor, e.g. drip stands, are all items in the store room placed off the floor ? | Visually inspect the store room. | | | | |
| 7 | Are the items stored in a way such that they maximise available space and permit access to all areas of the room? | Visually inspect the store room. | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-------------------------------------|--------------------------|--------------------------|----------|
| 8 | Have all items in the store (if used) been: | Visually inspect the items in the store room. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <ul style="list-style-type: none"> Cleaned and or decontaminated prior to being placed in the store? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <ul style="list-style-type: none"> In a good condition minimising infection risks? Marked safe for next patient use? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Are sterile items : | Visually inspect the storage of sterile items/ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <ul style="list-style-type: none"> Stored off the floor? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <ul style="list-style-type: none"> In undamaged sealed wrapping? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <ul style="list-style-type: none"> Within expiry date? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <ul style="list-style-type: none"> Stored away from splash contamination? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

k. Equipment: Toys and Books

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|----|-----|---|
| 1 | Is the play area | Look around the play area. | | | | No toys and books kept in surgery for patient use |
| | • Clean? | | | | | |
| | • Tidy? | | | | | |
| 2 | Is there a procedure for the management (including purchase) of toys ? | Ask staff to see the procedure. | | | | |
| 3 | Are the toys: | Check a selection of toys. | | | | |
| | • Clean? | | | | | |
| | • Cleanable? | | | | | |
| | • In a good condition? | | | | | |
| 4 | <i>Are the toys, when not in use, kept in a designated storage area?</i> | Observe general area. | | | | |
| 5 | Is the designated toy storage area | Observe where toys are kept. | | | | |
| | • Clean? | | | | | |
| | • Tidy? | | | | | |
| 6 | Is there a record of toy cleaning frequency ? | Check for presence and frequency of cleaning. | | | | |
| 7 | Are any children's books clean and in a condition minimising infection risks? | Check pages for signs of being chewed. | | | | |

8) Waste – Safe Discarding & Disposal including the safe use of sharps

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---|---|--|-----|----|-----|---|
| 1 | Considering the types and amount of waste generated in this area, are there sufficient, appropriately colour-coded bins placed throughout? | Take a look at the GP setting and how it functions – ask members of staff for their opinion. | | | | |
| 2 | Are the waste bins: | Visibly check a selection of at least 3 bins. | | | | All bins inspected within good working order. |
| | • Clean? | | | | | |
| | • In good condition (not overfilled)? | | | | | |
| | • Operated by a functioning hands free system? | | | | | |
| | • Of a sufficient size and number for the area? | | | | | |
| • Correctly colour coded for the waste being generated / discarded? | | | | | | |
| 3 | Are waste bags filled up to 3 / 4 full - capable of being tied/secured? | Look at waste bags in the storage and in use. | | | | All staff aware to fill no more than ¾ full |
| 4 | Are waste bags labelled before storage ? | Look at waste bags in the storage. | | | | |
| 5 | Are waste bags stored in a designated safe , lockable area/facility before uplift. | Look at waste bags storage room. | | | | |
| 6 | Are offensive waste bags stored separately to domestic waste bags? | | | | | |
| 7 | Is there a poster reminding staff of the correct procedures – including colour coding? | Ask staff where any visual reminders are. | | | | Posters in all clinic rooms to explain what needs to be put in each bin |
| 8 | Considering the area and patient/visitor population is the positioning of sharps bins safe , i.e. out of the reach of vulnerable people? | Look at the positioning of the sharps bins. | | | | All sharps bins only stored in clinical rooms which require them, no patients are left in these rooms without a member of staff. All sharps bins positioned on a wide unit and the back of the surface next to the wall |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|--|--|
| 9 | Are sharps containers used correctly in this clinical setting: | Look at the sharps bins in use (at least 3) | | | | |
| | <ul style="list-style-type: none"> Only sharps containers marked BS7320 (1990)/UN3291 used? | | | | | |
| | <ul style="list-style-type: none"> All containers correctly assembled? | | | | | |
| | <ul style="list-style-type: none"> All labelled or tagged with date, locality and signature for assembly | | | | | |
| | <ul style="list-style-type: none"> All discarded sharps are below the fill line? | | | | | |
| | <ul style="list-style-type: none"> Temporary closures activated between use? | | | | | |
| 10 | Are sharps disposed of safely in this clinical setting? | Look at the sharps bins in use (at least 3) and the surrounding area. Observe practice. | | | | |
| | <ul style="list-style-type: none"> Sharps deposited into an approved container at the point of use? | | | | | |
| | <ul style="list-style-type: none"> Needles and syringes discarded as a single unit? | | | | | |
| | <ul style="list-style-type: none"> Absence of resheathing? | | | | | |
| | <ul style="list-style-type: none"> Containers free from obvious blood and body fluid contamination (and contamination of the surrounding area)? | | | | No staff observed resheathing needles. | |
| 11 | Is, where practicable, the use of sharps avoided in this clinical setting? | Consider the sharps used and whether needleless devices would be more appropriate. | | | | |
| 12 | Are outside waste containers or storage/waste compound areas kept clean and tidy without evidence of vermin or inappropriate items? | Check there are no items on the floors behind the bins. | | | | No items found on the floor behind or surrounding the bins |
| 13 | Is the removal of all waste categories infectious/healthcare risk waste and offensive removed by a registered contractor (with a valid licence)? | Ask for evidence to confirm. | | | | |

9) Linen: Safe Storage, Segregation and Usage

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|-----|-----------------------------------|
| 1 | Are the areas where clean linen is stored appropriate, i.e. not exposed to splash or pathogenic, microbial contamination? | Linen can become contaminated if left exposed to microbial contamination from airborne dissemination of skin scales or droplets. Confirm the linen is stored free from contamination risk. | | | | No linen used within the surgery. |
| 2 | Are the linen storage facilities (including floors and shelves): | Visible check of the area. | | | | |
| | • Clean? | | | | | |
| | • Cleanable? | | | | | |
| | • In a good state of repair minimising infection risks? | | | | | |
| | • Free from extraneous items? | Visible check of the area. | | | | |
| 3 | Is the clean linen stored off the floor ? | Visible check of the area | | | | |
| 4 | Are water soluble bags used for soiled or infected linen? | Check for supplies and observe practice. | | | | |
| 5 | Is soiled linen, contaminated with blood or body fluids, or from an isolation room placed in water-soluble bags ? | Look for availability of water soluble bags and ask staff to confirm they are familiar with the practice. | | | | |
| 6 | Are used linen bags able to be secured (<2/3rds full)? | To confirm safe disposal. Observe practice and look in the area where used linen is collected from. | | | | |
| 7 | Is used linen stored in a designated area where it does not pose an infection risk to others? | To confirm safe disposal. Observe practice and look in the area where used linen is collected from. | | | | |
| 8 | Are rigid linen containers/trolleys clean? | Check the trolleys. | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|----|-----|----------|
| 9 | Do staff wear disposable gloves and aprons when handling soiled linen ? | Observe practice and ask a member of staff to describe the procedure. | | | | |

10) Transportation of Specimens

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|--|-----|----|-----|---|
| 1 | Is there a procedure for the safe handling of clinical specimens which includes: the collection, labelling, storage pre-collection and transportation of clinical specimens? | Ask to see the specimen procedure? | | | | |
| 2 | Have staff who take, secure and send laboratory specimens received training on their safe handling. | Ask staff about their training and safety procedures. | | | | Specimen to be sealed in appropriate laboratory bag, then to be placed in solid transportation box which is sealed. This box should be secured in the vehicle while transporting and cleaned after use |
| 3 | Are patients provided with appropriate container(s) for specimens to be obtained at home? | Ask staff to provide the procedure | | | | |
| 4 | Are all specimens for culture in appropriate laboratory containers? | Check specimens awaiting collection. | | | | |
| 5 | Are all specimens in secured container within a sealed laboratory specimen bag? | Ask to see the containers used. | | | | |
| 6 | Is the area where specimens await collection not in public and staff rest areas? | Ask to see where specimens are stored pre collection. | | | | All specimen to be placed in appropriate laboratory bag by clinical staff doing sample time, laboratory bags to be sealed then placed in red transportation box. Transportation box sealed and placed behind the front desk with a member of the reception team ready for collection by the laboratory transportation team. |
| 7 | Where required, is there a designated specimen fridge (used only for specimens and not for vaccines, food or other medical paraphernalia)? | Ask to see any refrigerators for specimens and look inside | | | | Specimen fridge in room 15 |
| 8 | Is the specimen refrigerator devoid of food, medicines and vaccines? | Ask to the specimen refrigerator | | | | |
| 9 | Are specimens transported in a container that | Look for the UN 3373 signage on | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|---|---|--|-----|----|-----|----------|
| | <i>complies with (UN 3373)</i> regulations? | the containers. | | | | |
| 10 | Are specimens transported by post, <i>labelled and packaged according to UN 3373 following IATA Dangerous Goods Regulations 56th Edition 2015</i> | Confirm staff who send specimens by post have been trained in IATA packing instructions. | | | | |
| 11 | Are <i>specimen transport boxes visibly clean?</i> | Check the boxes. | | | | |
| <p>NB specimens should be collected by a HCW using personal protective clothing.</p> <p>Hand hygiene is required after removal of PPE as per WHO moment 3 'After contact with blood or body fluid'.</p> | | | | | | |

11) Safe Vaccine Management

I. Policy and Responsibility

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|---|-----|----|-----|---|
| 1 | Is there a procedure/policy for the safe receipt, storage and transportation of vaccines? | Ask to see the policy / procedure and confirm it is up to date. | | | | |
| 2 | Does the policy include the remedial action of vaccines have been stored outside the desired temperature range, i.e. 2°C to 8°C | Confirm in the policy | | | | |
| 3 | Is an audit undertaken at least annually of the entire vaccine process (receipt, storage, transportation and usage)? | Ask to see the audit results and confirm that any deficits have been rectified. | | | | |
| 4 | Is there a named individual who is responsible for the receiving and storage of vaccines? | Ask staff who the named individual is. | | | | Victoria Lloyd-Wickham |
| 5 | Is there a named deputy for the named individual responsible for the receiving and storage of vaccines? | Ask staff who the deputy is. | | | | Megan Dunlop |
| 6 | Have all staff who receive and store vaccines received training (including the maintenance of the cold chain) and been deemed competent on the topic. | Ask staff who has been trained. | | | | All reception team trained to receive samples and put straight in to vaccination fridge in reception area behind the desk which has daily temperature monitoring. Once received message sent to the nursing team to notify of delivery so they can move it to vaccination fridges in clinic rooms |

m. Receipt of vaccines

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|--|-----|----|-----|---|
| 1 | When vaccines are delivered are they checked against the delivery note ? | Ask to see the records and confirm the correct data are present. | | | | All vaccinations checked against the delivery note by nursing team member unpacking the order |
| 2 | Are the vaccines placed immediately into a designated refrigerator , i.e. on delivery? | Ask staff about the procedure. Observe the procedure. | | | | Vaccination fridge in reception upon delivery |
| 3 | Is critical information recorded: | Ask to see the records and confirm the correct data are present. | | | | On receipt of vaccinations, they are recorded on system1 |
| | • Type of vaccine | | | | | |
| | • Quantity received | | | | | |
| | • Expiry date | | | | | |
| | • Batch number | | | | | |
| | • Date and time of delivery | | | | | |

n. Vaccine storage in the practice

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|---|---|-----|----|-----|--|
| 1 | Are the vaccines stored in a designated vaccine refrigerator which is fit for purpose (not a domestic model)? | Ask which refrigerator is the designated for vaccines? | | | | All staff aware that designated vaccination fridges are in room 10, 13, 14 and 15 plus the fridge behind the front desk however this is only for short term storage until nursing team able to bring upstairs. |
| 2 | Does the refrigerator have an uninterrupted electricity supply ? | Check the supply is directly into a supply (and clearly marked do not turn off). | | | | All plugs clearly marked to not turn off. |
| 3 | Is the vaccine refrigerator : | Look at the refrigerator, its functionality and the surrounding area for the listed criteria. | | | | |
| | <ul style="list-style-type: none"> Suitably placed, i.e. away from an external heat source with air able to circulate around it | | | | | |
| | <ul style="list-style-type: none"> Kept locked? | | | | | |
| | <ul style="list-style-type: none"> Kept in an area with restricted public access? | | | | | Kept within locked clinic rooms. |
| | <ul style="list-style-type: none"> Checked, defrosted and cleaned monthly? | | | | | |
| | <ul style="list-style-type: none"> Serviced regularly in line with manufacturer's instructions? | | | | | |
| | <ul style="list-style-type: none"> Of an appropriate size for the vaccines stored? | | | | | |
| | <ul style="list-style-type: none"> Fitted with a minimum and maximum thermometer? | | | | | |
| | <ul style="list-style-type: none"> Alarmed - which is activated if the temperature exceeds 8°C or falls below 2°C? | | | | | |
| 4 | When the vaccine refrigerator is being cleaned and defrosted : | Ask to see evidence of defrosting and appropriate temporary storage. | | | | |
| | <ul style="list-style-type: none"> Are the vaccines kept in an approved cool box? | | | | | |
| | <ul style="list-style-type: none"> Kept in the cool box within the maximum and minimum temperature range / or in a second refrigerator | | | | | |

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|-----|--|
| 4 | Are the vaccines in the refrigerator: | Look in the refrigerator and confirm all the criteria are being met. | | | | |
| | • Distributed evenly to allow the air to circulate? | | | | | |
| | • Of no more than 4 weeks' stock? | | | | | No more than 4 weeks of vaccinations are kept in stock at any time |
| | • Stored in the original packaging? | | | | | |
| | • Within expiry date? | | | | | |
| | • Used according to date (oldest vaccines used first)? | | | | | On delivery of vaccinations, newest stock put at the back and older stock moved forward |
| 5 | Are the temperature checks : | Ask the staff what happens, how the select vaccines for use and confirm the records support best practice. | | | | |
| | • Performed and recorded each working day? | | | | | Recorded on paper attached to the fridge and uploaded to teamnet each day |
| | • Performed using a minimum and maximum thermometer? | | | | | |
| | • Inclusive of both minimum and maximum temperatures? | | | | | |
| | • Within the acceptable range of +2°C to 8°C | | | | | |
| 6 | Is the minimum and maximum thermometer reset after being read? | Check thermometer and ask the staff how its done. | | | | |
| 7 | Is there a system in place for the safe disposal of expired/surplus or temperature damaged vaccines ? | Ask the staff what happens to unusable vaccine. Any out-of-date stock should be labelled, removed from the refrigerator and disposed. of | | | | All unusable vaccines are safely disposed of in the correct method. Those ordered from immform are reported. |
| 8 | Are there records of the servicing , defrosting and cleaning, calibration and electrical testing? | Ask to see the records. | | | | Stored on teamnet |
| 9 | Is there a back-up plan in the event of a refrigerator failure? | Ask to see the plan. | | | | In event of a refrigerator failure, vaccinations are moved to a alternative fridge and isolated until able to be sure that they are safe to use. In an event of full surgery refrigerator failure, all vaccinations to be checked to ensure still able to be used and other local surgeries contact to check for storage space until such a point refrigerators can be repaired or replaced. |

o. Vaccines used off site and returned to base

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
|-----|--|--|-----|----|-----|----------|
| 1 | Are vaccines only removed from the base vaccine refrigerator immediately before leaving for an external session? | Ask to see the procedure and ask staff how this happens. | | | | |
| 2 | During transport, are vaccines: | Ask staff to show you the process and records. | | | | |
| | <ul style="list-style-type: none"> • Wrapped in bubble wrap (or similar insulation material)? | | | | | |
| | <ul style="list-style-type: none"> • Placed in an approved cool box with minimum maximum thermometer (with cool packs usually stored at +2°C to 8°C)? | | | | | |
| | <ul style="list-style-type: none"> • Temperatures of cool boxes should be monitored when in use at the start and the end of each session. | | | | | |
| 3 | Are vaccines returned immediately to the base refrigerator after an external session? | Ask staff to confirm the process. | | | | |

Vaccination References:

(A) Vaccine Preventable diseases & Vaccine Management:

- a. Chapter 12 Immunisation of healthcare and laboratory staff. **The Green Book**. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book> (20th March 2013 Chapter 12).
- b. Vaccine general Immunisation Against Infectious Disease. **The Green Book**. The Stationery Office. 2013 update. Chapter 3. <http://media.dh.gov.uk/network/211/files/2012/09/Green-Book-updated-140313.pdf>
- c. **Vaccine storage Scotland**: <http://www.documents.hps.scot.nhs.uk/immunisation/general/vaccine-storage-handling-2013-09.pdf>
- d. **Vaccine Storage Wales**: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=59367>
- e. **Vaccine Storage Ireland**: <http://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/>