

Infection Control Audit Report

Date Started 06/02/2018
Address Second Floor Consulting Rooms
1-6 Station Road
Mill Hill
NW7 2JU
Client Name Mill Hill Healthcare
Auditor Jamie Warrington
Accompanied By Not Set

Summary

Section	Compliance
Governance & Documentary Evidence	100%
Staff Records	67%
Expertise	67%
Clinical Environment	76%
Clinical Practice	73%
Clinical Equipment	67%
Hand Hygiene	64%
Sharps Management	100%
Waste Management	36%
Decontamination of Environment	44%
Vaccine Management including Transport and Storage	80%
Total	69%

Corrective Actions

Governance & Documentary Evidence

Infection prevention and control policy statements should be available which outlines compliance with the Code of Practice (2015).

The manual should contain policies, procedures and protocols required by the local risk assessment.

Infection prevention and control policy manual should be reviewed regularly (at least every 2 years) to ensure that all policies are kept up to date and complete.

Staff Records

There should be a local assessment of staff immunisation requirements.

Expertise

Staff should be aware of how to contact local Infection prevention and control support for advice.

There should be a designated named person as the decontamination lead of clinical equipment services.

Clinical Environment

Consultation / examination rooms should ONLY be used for low risk clinical procedures and clean tasks only.

Carpet is not appropriate in clinical areas and should be replaced with a washable, impermeable floor surface e.g. vinyl material, which is continuous, non-slip and where possible joint-less.

Environmental cleaning schedules should include low surfaces.

The frame of the examination/treatment couch should be metal and in a good state of repair and not rusty.

Damaged examination/treatment couches should be replaced or repaired with a wipeable cover.

Privacy curtains should be changed 6 monthly.

Clinical Practice

Disposable paper should be used to protect the examination/treatment couch.

Specimens awaiting transfer to the laboratory should be transported in plastic envelopes.

Powder-free sterile surgeons gloves should be available in various sizes.

Clinical Equipment

Suitable training must be given to all staff members to ensure they are aware of the 'single use' symbol.

Sterile medical devices / items should have an expiry date and should be used by that date to ensure sterility.

Hand Hygiene

Hand washing poster(s) should be available and sited near to at least one clinical hand wash basin as an aid to staff.

Clinical hand wash basins should not be used for disposal of any waste water.

Clinical hand wash basins should not have an overflow.

Clinical wash-hand basins should be wall-mounted using concealed brackets and fixings.

Waste Management

Waste bags should be placed in a suitable waste bin and not be attached to a trolley/cupboard, etc.

Large waste bins which are not lidded should be replaced with a foot operated, lidded waste bin.

All waste bins should be replaced if corroded so that the waste bin can be cleaned effectively.

All waste bins should be kept clean and included in the cleaning schedule.

All waste bins with a flip-top lid should be replaced with a foot operated, lidded waste bin.

Waste bins should be labelled with the category of waste or colour coded.

Orange/yellow bags should be available for the disposal of clinical/infectious waste, wherever clinical activity takes place.

All domestic waste should be placed into black bags for final disposal.

Waste bins should be cleaned on the outside immediately after soiling has occurred.

Orange/yellow waste bags should be labelled with source (i.e. location/department, etc) using a label, numbered tag or an indelible pen.

Decontamination of Environment

Blood and body fluid spillage kit should be available.

All staff should be aware of the correct procedure to use in event of blood/body fluid spillages.

Chemical cleaning products must be stored in a locked cupboard or room.

Re-usable mop heads are not replaced at least weekly.

High-speed rotary machines used for floor cleaning should be stored clean and dry after use.

Vaccine Management including Transport and Storage

Food should not be stored in the vaccine fridge.

The vaccine fridge should or the room in which it is sited should be capable of being locked when not in use or unattended.

Governance & Documentary Evidence
Governance documents should be accessible to staff and available for inspection

Question	Compliance	Comments	Rationale
Infection prevention and control policy statement is available which outlines compliance with the Code of Practice (2015).	Non-Compliant	Infection prevention and control policy statement is not available.	Expert Guidance Code of Practice for the prevention and control of infections 2015 Criteria 1
A local risk assessment has been undertaken to determine which infection prevention and control policies, procedures and protocols are required for the regulated activities provided.	Compliant		Expert Guidance
Infection prevention and control policy manual is available in compliance with the Code of Practice and local risk assessment.	Non-Compliant	The manual does not contain policies, procedures and protocols required for local risk assessment.	Expert Guidance Code of Practice for the prevention and control of infections 2015 Criterion 9
Local protocol for vaccine management (cold chain) available	Not Applicable		Expert Guidance
Staff can locate/access the infection prevention and control policy manual.	Compliant		Expert Guidance
The infection prevention and control policy manual is clearly marked with a review date and has not expired.	Non-Compliant	Infection prevention and control policy manual review date has expired.	Expert Guidance Code of Practice for the prevention and control of infections 2015 Criterion 9
There is a programme in place that defines the infection prevention and control assurance framework/infrastructure	Compliant		Expert Guidance
Public information is available for: the practice's approach to infection prevention and control; staff roles and responsibilities; who to contact, and up-to-date information on current infection control issues.	Not Applicable		Expert Guidance
There is a policy and/or poster outlining the process for management of inoculation injury/splash incident including up-to-date contact phone numbers for A&E/Occupational Health.	Not Applicable		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
3	3	15	50%

Staff Records
Documentary evidence of staff immunisations and training

Question	Compliance	Comments	Rationale
There is documentary evidence that staff having direct/indirect service user contact have received infection prevention and control training including hand hygiene training within the last 12 months.	Compliant		Expert Guidance
All staff involved in handling/management of vaccines are trained in vaccine management and the cold chain.	Not Applicable		Expert Guidance
Staff have appropriate immunisations in line with local risk assessment.	Non-Compliant	There is no local assessment of staff immunisation requirements.	Expert Guidance Immunisation of healthcare & laboratory staff Ch. 12 'The Green Book' DH 2006; Code of Practice for the prevention and control of infections 2015 Criterion 10
All healthcare staff have received health and safety information and training with regard to the risk of injury from medical sharps.	Compliant		Legislation

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
1	1	1	67%

Expertise
Staff roles and responsibilities, Competent Persons

Question	Compliance	Comments	Rationale
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Infection prevention and control support is available.	Non-Compliant	Staff not aware who to contact.	Expert Guidance Code of Practice for the prevention and control of infections 2015 Criteria 1, 5 and table 2
There is a nominated lead for Infection prevention and control (IPC Lead).	Not Applicable		Expert Guidance
There is a designated, named lead for environmental cleaning.	Compliant		Expert Guidance
There is a nominated lead for decontamination of re-usable clinical equipment/devices (Decontamination Lead).	Non-Compliant	There is no named decontamination lead.	Expert Guidance Code of Practice for the prevention and control of infections 2015 Criterion 2
There is a designated person and deputy for vaccine management.	Compliant		Expert Guidance
Staff should have access to Occupational Health for services and advice.	Compliant		Expert Guidance
The practice has access to the appropriate Competent Person for vaccine fridges and Legionella management.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
4	2	1	67%

Clinical Environment			
The clinical environment will be maintained appropriately in order to reduce the risk of cross infection			
Question	Compliance	Comments	Rationale
Consultation/examination room is ONLY used for low risk clinical procedures.	Non-Compliant	Medium risk invasive clinical procedures are performed in the consultation / examination room.	Expert Guidance HBN 00-03: Clinical and clinical support spaces DH 2010; HBN 11-01: Facilities for primary and community care services DH 2013

Examination/treatment couches have wipeable surfaces and are in good state of repair with no rips/tears and clean underneath.	Non-Compliant	Frame of examination/treatment couch is wooden, or rusty metal Examination/treatment couch is damaged with foam visible/evidence of remedial repairs e.g. tape	Expert Guidance Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleaning in the NHS: primary care medical and dental premises NPSA 2010
Privacy curtains/screens are clean, in a good state of repair and replaced or laundered every 6 months	Non-Compliant	Privacy curtains are not changed 6 monthly.	Expert Guidance HBN 00-09 Infection control in the built environment 2014 Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleanliness in the NHS: primary care medical and dental premises NPSA 2010
The reception and public areas are clean and in a good state of repair and appearance.	Not Applicable		Expert Guidance
Carpets in non-clinical areas are in a good state of repair and free from extensive staining.	Compliant		Expert Guidance
Chairs and furniture used by service users are wipeable and in a good state of repair.	Compliant		Expert Guidance
Curtains/blinds in non-clinical areas are visibly clean and in a good state of repair	Compliant		Expert Guidance
Computers/keyboards in clinical areas should be clean, covered or wipeable/washable	Compliant		Expert Guidance
Toys are clean, in a good state of repair and wipeable	Compliant		Expert Guidance
Toys are stored in designated area in robust, wipeable containers or on wipeable surface.	Compliant		Best Practice

Service user call bells and light pulls are clean and free from debris.	Compliant		Expert Guidance
Toilets are clean and in a good state of repair.	Compliant		Expert Guidance
Toilet and surrounding area is free from extraneous items.	Compliant		Expert Guidance
A dirty utility/slucice area is available.	Compliant		Expert Guidance
Dirty utility/slucice rooms are clean and free from spillages.	Compliant		Expert Guidance
There are no inappropriate items in dirty utility/slucice room.	Compliant		Expert Guidance
Deep sink is available for the cleaning of clinical equipment.	Compliant		Expert Guidance
Paper roll available for drying equipment.	Compliant		Best Practice
Clinical hand wash basin is available in the dirty utility/slucice area and is accessible.	Compliant		Expert Guidance
The dirty utility / slucice room is equipped with a slop-hopper or disposal unit	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
16	5	6	76%

Clinical practice will ensure the risk of cross infection is minimised			
Question	Compliance	Comments	Rationale
Ointments and creams, including lubricating gel, are single patient use.	Not Applicable		Legislation
Disposable paper is used to protect the examination/treatment couch and changed between each service user.	Non-Compliant	Disposable paper not used on examination/treatment couch	Best Practice

After use all Personal Protective Equipment (PPE) is discarded into a clinical waste bag.	Compliant	Expert Guidance
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Full Compliance	Non-Compliance	Not Applicable	Total Comp %
8	3	3	73%

Clinical Equipment Clinical equipment will be managed appropriately to reduce the risk of cross infection			
Question	Compliance	Comments	Rationale
All staff are familiar with the symbol for 'single use'.	Non-Compliant	Staff are not familiar with the symbol for 'single use'.	Legislation MHRA single use medical devices: Implications and consequences for re-use MDA DB 2006(04) v2.0 DH 2011; The Medical Devices Regulations 2002; BS EN ISO 15223-1:2012(en) Medical devices
There is no evidence of single use equipment being re-used.	Compliant		Legislation
Sterile medical devices / items are in date and stored under appropriate conditions.	Non-Compliant	Sterile medical devices / items do not have an expiry date.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013; HBN 00-03: Clinical and clinical support spaces DH 2010
Nebuliser/oxygen mask/pump flow mouth pieces are being used	Compliant		Expert Guidance
Medical devices (non-surgical)/clinical equipment in use are visibly clean, dust free and in a good state of repair.	Compliant		Expert Guidance
Staff are decontaminating re-usable medical devices/clinical equipment by cleaning.	Compliant		Expert Guidance

Dressing trolleys/procedure trays are clean and in a good state of repair.	Not Applicable		Expert Guidance
Dressing trolleys/procedure trays are cleaned with detergent and water daily, at the beginning of session, between cases and if contaminated.	Not Applicable		Expert Guidance
All pillows are protected by a wipeable/waterproof cover.	Not Applicable		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Compliance %
4	2	3	66%

Hand Hygiene			
Hands will be washed correctly using an appropriate cleansing agent. Hand washing facilities will be adequate to ensure hand hygiene can be carried out effectively.			
Question	Compliance	Comments	Rationale
A poster demonstrating a good hand washing technique is available by at least one clinical hand wash basin.	Non-Compliant	Hand washing posters are not available.	Expert Guidance World Health Organisation Guidelines on hand hygiene in healthcare 2009
Clinical hand wash basins are available in any room where clinical activity takes place.	Not Applicable		Expert Guidance
Clinical hand wash basins in clinical/treatment/consulting rooms are designated for that purpose alone.	Non-Compliant	Clinical hand wash basins used for disposal of waste water	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013
Clinical hand wash basins have wall-mounted lever action sensors or operated mixer taps, away from drainage outlet.	Not Applicable		Expert Guidance

Alcohol hand rub/gel is available for use in all clinical areas/wherever clinical activity takes place.	Not Applicable		Expert Guidance
Hand cream is available in wall mounted or pump-operated dispensers in at least one area.	Not Applicable		Expert Guidance
Clinical staff arms are bare below the elbow during clinical activities and hand washing.	Not Applicable		Expert Guidance
Clinical staff having direct service user contact are free from wearing wrist watches or stoned rings when performing clinical activities or washing hands.	Not Applicable		Expert Guidance
Clinical staff are free from long finger nails, false nails, varnish or extensions	Not Applicable		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
7	4	8	64%

Sharps Management			
Sharps will be managed appropriately to reduce the risk of accidental inoculation injury			
Question	Compliance	Comments	Rationale
Sharps bins are available for use and conform to relevant standards (BS 7320 and UN 3291)	Compliant		Expert Guidance
All sharps bins in use are assembled correctly.	Compliant		Expert Guidance
All sharps bins in use are labelled correctly and are disposed of every 2 months even if not full.	Compliant		Expert Guidance
There are appropriately coloured lidded sharps bins available for the procedures that take place.	Compliant		Expert Guidance
Sharps bins are appropriately situated between waist and shoulder height.	Compliant		Expert Guidance

All sharps bins in use are less than two thirds full (or fill line has not been reached) and free from protruding sharps.	Compliant		Expert Guidance
Sharps bins are only used for the disposal of sharps.	Compliant		Expert Guidance
Sharps are not passed from hand to hand, handling is kept to a minimum and used sharps are disposed of by the person generating the sharps waste.	Compliant		Expert Guidance
Sharps are disposed of directly into a sharps bin at the point of care.	Compliant		Legislation
Disposable syringes and needles are disposed of as one unit and not disassembled.	Compliant		Expert Guidance
Used sharps such as needles are not manually re-sheathed prior to disposal.	Compliant		Legislation
A 'safer sharps' device must always be used to reduce the risk of injury from a medical sharps.	Compliant		Legislation
The temporary closure is used when the sharps bin is not in use or is being transported between locations/traveling.	Compliant		Expert Guidance
Full sharps bins are labelled and securely sealed shut with the integral locking mechanism when two thirds full or the fill line is reached.	Compliant		Expert Guidance
Sealed and locked sharps bins are stored in a locked room, cupboard or container away from public access.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
15	0	0	100%

Waste Management
Waste is disposed of safely without risk of contamination or injury and in accordance with national legislation and regulations

All waste bags (clinical/domestic) are less than two thirds full and securely tied.	Not Applicable		Expert Guidance
There is a designated storage area for hazardous/infectious waste bags/containers awaiting collection.	Compliant		Expert Guidance
Hazardous/infectious bags/containers storage area is lockable and inaccessible to unauthorised persons and animals.	Compliant		Expert Guidance
Clinical/domestic waste bags are segregated whilst awaiting collection.	Compliant		Expert Guidance
The waste storage area is clean.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
4	7	1	36%

Decontamination of Environment			
Ensure that the environment is decontaminated using appropriate chemicals and appropriate concentrations			
Question	Compliance	Comments	Rationale
Blood and body fluid spillage kits are available, in-date and are kept stocked.	Non-Compliant	Blood and body fluid spillage kit is not available.	Expert Guidance Revised Healthcare Cleaning Manual AHCP 2013
Chlorine-releasing agents e.g. sodium hypochlorite or NaDCC (eg Phosept, Actichlor, Haztab) are available to deal with body fluid spillage.	Not Applicable		Expert Guidance
The correct use of chlorine-releasing agents used for body fluid spillages and any unused solution is discarded not stored.	Compliant		Legislation

All staff are aware of the correct procedure for dealing with blood/body fluid spillage.	Non-Compliant	Staff not aware of the correct procedure for spillages.	Expert Guidance Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleaning in the NHS: primary care medical and dental premises NPSA 2010
Detergent based cleaning agents are available for the cleaning of the environment.	Not Applicable		Expert Guidance
Environmental surfaces are clean and in a good state of repair.	Compliant		Expert Guidance
There is a designated, locked area for chemical cleaning products.	Non-Compliant	Area is not locked	Legislation Revised Healthcare Cleaning Manual AHCP 2013; Control of Substances Hazardous to Health Regulations 2002
Cleaning equipment/products (mops, buckets, cloths, gloves etc.) are colour coded or designated for specific areas and all staff are familiar with/aware of the system in use.	Not Applicable		Expert Guidance
Cleaning equipment is stored clean, dry, and mops are stored inverted.	Compliant		Expert Guidance
Mop heads are replaced regularly and either laundered or discarded.	Non-Compliant	Re-usable mop heads are not replaced at least weekly.	Expert Guidance Revised Healthcare Cleaning Manual AHCP 2013
The designated cleaning cupboard is free of inappropriate items.	Not Applicable		Expert Guidance
Disposable or microfibre cloths used for cleaning.	Compliant		Expert Guidance
High-speed rotary machines used for floor cleaning are clean and dry.	Non-Compliant	High-speed rotary machines used for floor cleaning are not stored clean and dry.	Expert Guidance Revised Healthcare Cleaning Manual AHCP 2013

There is an alternative approved cool box or pharmaceutical refrigerator available to store vaccines in case of breakdown or maintenance.	Compliant		Expert Guidance
A system is in place for the safe disposal of expired, surplus or damaged vaccines.	Compliant		Expert Guidance
The vaccine fridge has an uninterrupted electrical supply.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
8	2	3	80

Sample Only