



Somerset

Clinical Commissioning Group

Date form completed: _____ / _____ / _____

Completed by (please print name): _____

Place name: _____

Policy and Procedures

Standard 1: Management of Infection Prevention

Infection control management is seen as an integral part of the overall business of the Practice

1. Does the Practice have an Infection Prevention and Control Policy in place? If yes , does the Policy include sections on:	Yes	No	NA	Comments
(a) Hand hygiene				
(b) Disposal of clinical waste				
(c) Purchase of new clinical equipment and available methods for cleaning and decontamination				
(d) Decontamination/disinfection of equipment				
(e) Insertion and management of invasive devices (eg urinary catheters)				
(f) Minimising the risk of blood borne virus transmission				
(g) Management of sharps including EU directive for safe sharps				
(h) Protocol for management of accidental inoculation/sharps injury				
(i) Exclusion from work for Infection, prevention and control reasons				
(j) Personal protective equipment				

	Yes	No	NA	Comments
(k) Spillage procedures				
(l) Environmental cleaning				
(m) Is there a policy/poster available for the management of an inoculation contamination injury?				
2. Are IP&C related topics an agenda item at practice meetings and are decisions recorded (e.g. clinical incidents, changes in national guidance and results of audits)?				
3. Is IP&C included in:				
(a) Mandatory Training?				
(b) Staff induction?				
(c) Education programmes?				
4. Are up-to-date records kept detailing staff training in infection control related subjects?				
5. Are accurate records kept of staff immunisation, immune status and dates for boosters as appropriate?				
6. Is an incident book kept for reporting accidents and near misses including those with implications for cross-infection (e.g. needle stick injuries)?				

	Yes	No	NA	Comments
7. Is there is a nominated IP&C link person who has:				
(a) Undertaken training in IP&C?				
(b) Links with IP&C teams from CCG or PHE				
(c) Received regular updates/information on IP&C and disseminates the information in the practice?				
(d) Does the job description of the named link person outline responsibilities in respect of IP&C?				
8. Are there up to date local telephone numbers available to obtain IP&C advice?				
9. Is there evidence of a process for reporting untoward incidents in relation to IP&C?				
10 (a) Is there evidence that audits have been undertaken (not including this audit) and practice changed to IP&C?				
(b) If yes to Q10a, Is there evidence that the audit results are fed back to staff?				
11. Are there local risk assessments which document challenges to effective IP&C?				

	Yes	No	NA	Comments
12. Do occupational health policies require staff to be offered immunisation in line with current national guidance?				
13. Are cleaning processes regularly audited and monitored?				

Standard 2: Environment

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

The environment means the totality of the patient's surroundings when in healthcare premises. This includes the fabric of the building and related fixtures, fittings and services.

Q1 – 7 (a – e) if the answer is 'yes' please place a tick (✓), if 'no' place a cross (x) and if not applicable please write 'NA' in relevant box	(a) Waiting room/Lobby	(b) Toilets (including raised toilet seats and toilet brushes and holders)	(c) Treatment room (including chair/couch, privacy curtains)	(d) Consulting room (including chair/couch, privacy curtains)	(e) Baby changing room (including plastic changing mat)
1. Are all areas in the waiting room/lobby visibly clean and free from extraneous items and in a good state of repair?					
2. Are the walls of all areas intact and have smooth washable surfaces?					
3. Are all horizontal surfaces accessible and uncluttered to enable ease of cleaning?					
4. (a) Are all floor coverings intact and have smooth washable surfaces? (excluding carpeted areas)					
(b) Are the floors visibly clean (including the edges/corners)					

Q1 – 7 (a – e) if the answer is 'yes' please place a tick (✓), if 'no' place a cross (x) and if not applicable please write 'NA' in relevant box	(a) Waiting room/Lobby	(b)Toilets (including raised toilet seats and toilet brushes and holders)	(c) Treatment room (including chair/couch, privacy curtains)	(d) Consulting room (including chair/couch, privacy curtains)	(e) Baby changing room (including plastic changing mat)
5. (a) Is furniture made of impermeable and washable materials?					
(b) Is all furnishings and fittings visibly clean?					
(c) Are all furnishings and fittings in a good state of repair?					
(d) Are toilet(s) visibly clean? (check under seat)					
(e) Are raised toilet seats visibly clean (check underneath the seat) and stored off the floor?					
(f) Is there a mechanism to ensure that toilet cleaning can be carried out as needed?					
6. Is the environment tidy and uncluttered?					
7. Are all telephones/computer keyboards visibly clean?					
	Yes	No	NA	Comments	
8 (a) Is there information displayed for parents in the baby changing area on how to clean the changing area after use?					
(b) Are cleaning materials available for parents to use in the baby changing area?					
(c) Is the soft plastic changing mat intact?					

	Yes	No	NA	Comments
(d) Is there a foot operated pedal bin designated for the disposal of nappies in good working order in the baby changing area?				
Sluice/Cleaning area				
9. (a) Is the area visibly clean and in a good state of repair?				
(b) Is the furniture made of impermeable and washable materials?				
(c) Are all furnishings and fittings in a good state of repair?				
(d) Are all surfaces smooth, impervious (for easy cleaning) and with coved edges?				
(e) Is the floor visibly clean and in a good state of repair?				
(f) Is the floor covering washable and impervious to moisture?				
(g) Is the area free from clutter and inappropriate items?				
10(a) Are mops/buckets clean, dry and stored inverted?				
(b) Are detachable mop bucket wringers removed and cleaned daily?				
(c) Is there documented evidence that mops are laundered weekly or are disposable?				

	Yes	No	NA	Comments
11. Is all cleaning equipment, colour coded according to National Guidelines?				
12. Are cleaning cloths laundered or disposable? Please tick the relevant box	Laundered <input type="checkbox"/>		Disposable <input type="checkbox"/>	
13 (a) What facility do you have to dispose of contaminated waste water?	Disposal Unit <input type="checkbox"/>		Toilet <input type="checkbox"/>	Other <input type="checkbox"/>
(b) Is the unit for the disposal of contaminated waste water visibly clean?				
(c) Is there a low level facility for staff to fill buckets with water for cleaning?				
(d) Are cleaning/disinfectant products available for decontamination for equipment and the environment?				
(e) Are spillage kits or alternative available for use on body fluid spillages?				
(f) If yes to 13e, have staff been trained to use these spillage kits?				
14. Is equipment such as computer terminals and keyboards in staff areas visibly clean?				
15. Does training given to staff who carry out manual cleaning (including contracted staff) include the following:				
(a) Health and Safety requirements?				
(b) Control of Substances Hazardous to Health (COSHH) requirements?				

	Yes	No	NA	Comments
(c) Procedures for cleaning?				
(d) The correct products used for cleaning				
(e) Is there documented evidence of this training? Check contracts for evidence.				
16. Does the Practice have COSHH data sheets available for all chemical/cleaning products?				
17. Does the Practice have a documented procedure for manual cleaning to a standard at least that of the NHS Estates Guidance "Contracting for Cleaning"?				
18. Are there any measure for checking the cleanliness of the equipment?				
19. Is a record made of cleaning frequencies or schedules including items such as privacy curtains?				
20. Are cleaning schedules made available to the public?				
21. (a) Are individual manufacturers' instructions on the cleaning of equipment retained and accessible?				
(b) Is cleaning equipment and machinery left clean and dry after use?				
22. Does the practice have suitable equipment to clean carpets?				

	Yes	No	NA	Comments
23. Is there a designated area for toys? If no, go to Q24				
(a) Is there a procedure for the management of toys?				
(b) Is there a designated storage area for toys?				
(c) Is the storage area/toy box visibly clean?				
(d) Are all the toys visibly clean?				
(e) Are all the toys made from cleanable material?				
(f) Are children's books clean and undamaged?				
24. (a) Is staff food in the staff kitchen area fridge labelled with their name and date when it should be consumed by?				
(b) Is the staff kitchen fridge free from medicines and specimens?				
25. (a) If you have a water cooler/ice machine, is it on a portable supply, e.g. mains or treated water supply?				
(b) Is the water cooler/ice making machine cleaned at least once a week according to the manufacturer's instructions?				
(c) Is the water cooler/ice machine on a planned maintenance programme?				

	Yes	No	NA	Comments
(d) If used for consumption, does the ice making machine dispense ice from a nozzle directly into a receptacle on demand?				

Standard 3: Hand Washing/Hygiene

Hands will be decontaminated appropriately to reduce the risk of infection (all areas including consulting/examination room, Dirty Utility/Sluice)

Q1 – 15 If the answer is 'yes' please place a tick (✓), if 'no' place a cross (x) and if not applicable please write 'NA' in relevant box	(a)Toilets	(b) Baby changing room	(c) Consulting room	(d) Treatment room	(e) Dirty Utility/Sluice
1. Is there easy access to all hand basins?					
2. Are hand wash basins designated for this use only?					
3. Is liquid soap available in wall mounted, single use cartridge dispensers at all handwash basins (ie. No bar soap)?					
4. Are the soap dispensers visibly clean?					
5. Are hand wash basins visibly clean and cleaned thoroughly at the end of each day or when visibly soiled?					
6. (a) Is there an adequate supply of paper towels at each hand wash basin?					
(b) Are the paper towels available from an enclosed dispenser?					

Q1 – 15 If the answer is 'yes' please place a tick (✓), if 'no' place a cross (x) and if not applicable please write 'NA' in relevant box	(a)Toilets	(b) Baby changing room	(c) Consulting room	(d) Treatment room	(e) Dirty Utility/Sluice
(c) Is the paper towel dispenser visibly clean?					
7. Are the hand wash basins compliant with HTM 64 (standards for sanitary ware in healthcare settings) e.g. wall hung, no overflow, no plug?					
8. Are hand wash basins free from extraneous items such as cups/drinking glasses?					
9. Is the waste offset in the basins so the water does not flow directly into it?					
10. Are elbow/sensor taps available at each basin?					
11. Are the hand wash basins in a good state of repair?					
12. Are mixer taps or thermostatically controlled water available at each basin?					
13. Is alcohol based hand rub available for all staff to use?					
14. (a) Is there posters demonstrating good hand washing technique displayed at all hand wash basins in all areas?					
(b) Are these posters wipe proof, i.e. laminated?					
15. (a) Is there a hands-free domestic waste bin available for the disposal of paper towels in each area?					
(b) Is the bin visibly clean and in good working order?					

Q1 – 15 If the answer is 'yes' please place a tick (✓), if 'no' place a cross (x) and if not applicable please write 'NA' in relevant box		(a)Toilets	(b) Baby changing room	(c) Consulting room	(d) Treatment room	(e) Dirty Utility/Sluice
(c) Are there facilities available for sanitary waste?						
		Yes	No	NA	Comments	
16.	Staff are observed using hand rub and soap and water to decontaminate hands correctly during the audit. (Request staff to demonstrate if necessary)?					
17.	Clinical staffs' hands are free from nail art and decorative jewellery (plain bands can be worn)?					
18.	If no elbow or sensor taps, are staff aware of how to turn off the taps with a paper towel?					

Standard 4: Clinical Practices

Clinical practices will reflect infection control guidelines and reduce the risk of infection in clients whilst providing protection to all staff

	Yes	No	NA	Comments
1. Are the following single use protective clothing available to staff:				
(a) Vinyl non-sterile and sterile gloves (non-powdered)?				
(b) Plastic disposable aprons?				
(c) Face masks?				
2. Is Eye protection (goggles or visors) washed after each use?				

	Yes	No	NA	Comments
3. When questioned, can staff state the procedure for dealing with specimens of blood or body fluids?				
4. Are there designated fridges for storage of specimens and pharmaceutical products?				
5. Are appropriate transport containers available for pathology specimens?				
6. Is blood sampling undertaken using a single-use vacuum blood collection system to minimise risk?				
7. (a) Is single use paper towelling used to protect the treatment couches and changed between every patient?				
(b) Are the sheets changed between each patient?				
(c) Are the sheets stored off the floor?				
8(a) Are single use plastic aprons stored appropriately away from the risk of contamination?				
(b) Is a single use apron worn when in contact or anticipated contact with body fluids or contaminated items or significant physical contact?				
(c) Are single use aprons worn as single use items and changed between every episode of care?				

	Yes	No	NA	Comments
(d) Are single use aprons changed between different episodes of care on the same patient?				
9(a) Is there a range of sizes of sterile and non-sterile powder free gloves available?				
(b) Are all gloves stored appropriately?				
(c) Are gloves worn when any invasive procedure is performed?				
(d) Are gloves worn when in contact or anticipated contact with body fluids or in potential contact with contaminated items?				
(e) Are gloves removed after care activity and hand hygiene performed?				
(f) Is eye and face protection worn by staff when anticipating contact with blood/body fluids with a high risk of splashing into the face/eyes?				

Standard 5: Clinical Equipment

All clinical equipment is decontaminated appropriately and stored appropriately

	Yes	No	NA	Comments
1. Is single use stock rotated to keep within expiry times?				
2. (a) Are Items stored appropriately to avoid contamination with dust or splashes (eg. In cupboards, shelves, drawers, lidded containers) and stored off the floor?				

	Yes	No	NA	Comments
(b) Is there sufficient storage space in each of the rooms that require storing of items (store/consulting rooms/treatment rooms) and surfaces free from clutter?				
(c) Is the storage environment visibly clean? (cupboards/shelves etc)				
(d) Is the environment free from any visible damage?				
(e) Is the floor visibly clean?				
(f) Is the floor covering in good state of repair, washable and impervious to moisture?				
3 (a) Is a record kept of when reusable items are cleaned (eg. BP cuffs, stethoscopes, blood glucose, oxygen saturation probes, ophthalmoscopes, otoscopes, Doppler, tourniquets etc)				
(b) Are these records completed, signed and up to date with frequencies and responsibilities identified?				
(c) Are all reusable items visibly clean?				
(d) Are all reusable items in a good state of repair?				
(e) Are all reusable instruments returned to a sterile services provider for decontamination?				
4. Is there a designated deep sink with hot and cold running water area for cleaning?				

	Yes	No	NA	Comments
5. (a) Is there a designated work surface/trolley for clinical procedures?				
(b) Are dressing trolleys structurally sound and in a good state of repair (eg. Rust on dressing trolleys, loose hinges)?				
(c) Are dressing trolley/trays visibly clean?				
6. If items are found to have faults or are damaged are they taken out of service and decontaminated prior to service/repair and labelled?				
7. (a) Is a good quality general purpose detergent available for manual cleaning of equipment?				
(b) Is all reusable equipment routinely cleaned between every patient with general purpose detergent or as per local policy/manufacture's instructions where this differs?				
8. Is there a disposal unit available for disposal of body fluids?				
9. Are contents of partly used containers of sterile water for irrigation discarded on a 24hr basis?				
10. Are all instruments that are required to be sterile at the point of use available pre-packed and sterile for single use?				
11. Are only sterile disposable specula's used for IUCD insertion /smears?				
12. Are single use items used once then discarded?				
13. Can staff describe the symbol used to indicate single use items?				
14. Are all sterile items in date and in sealed and undamaged packs?				

	Yes	No	NA	Comments
15. Is nebuliser equipment designated single patient use and disposed of as clinical waste?				
16. Are nebuliser machines cleaned between use with solution of detergent and water?				
17. Is tubing used to connect nebulizer equipment to nebulizer machines single use and disposed of as clinical waste?				

Standard 6: Waste Disposal

All waste disposal is managed correctly to minimise the risk of infection or injury to staff and the public

	Yes	No	NA	Comments
1. Are the following foot operated waste bins are easily accessible in the clinical areas, are visibly clean and in good working order?				
(a) Household				
(b) Clinical (infectious/health risk)				
(c) Offensive (including nappy disposal)				
(d) Recycling				
2. Is clinical, household and glass waste correctly segregated?				
3. Are waste bags less than ¾ full and securely fastened?				
4. Is glass and aerosols disposed of in rigid containers and not placed in bin liners?				
5. (a) Are waste bins clean inside and out?				

	Yes	No	NA	Comments
(b) Are outside waste containers or storage/waste compound areas kept clean and tidy, without evidence of vermin and/or inappropriate/extraneous items?				
6. Is clinical waste stored in a designated locked area which is inaccessible to people and animals?				
7. Is there documentary evidence to show that all clinical wastes (including sharps boxes) are disposed of by a registered waste collection company?				
8. Are all waste bags labelled and securely sealed before disposal?				

Sharps Handling and Disposal

Standard 7: To avoid the risk of needlestick injury, sharps are handled and disposed of safely

	Yes	No	NA	Comments
1. Are sharps boxes available for use, including those for home visits and do they conform to BS EN ISO 23907:2012 and UN Standard 3291?				
2a. Are boxes discarded when two thirds full to designated clinical waste collecting area?				
2b. Are sharps boxes discarded without protruding sharps with lids secured?				
3. Sharps boxes are assembled correctly including labelling according to manufacturers' instructions?				

	Yes	No	NA	Comments
4. Sharps boxes are stored above floor level, locked and out of reach of patients and visitors?				
5. Staff know what to do in the event of a needlestick injury (randomly question staff members)?				
6. Are sharps containers lids temporarily closed in between use?				
7. Are sharps disposed of safely and at the point of use?				
8. Are used needles and syringes discarded as a complete single unit?				
9. Are used sharps disposed of without re-sheathing?				
10. Has training been provided where needle safe devices are in use?				

Standard 8: Minor surgery *Please complete if your practice carries out minor surgical procedures, if not continue to Standard 9*

Minor surgery is carried out in a safe, clean and clinically appropriate environment using single use or appropriately sterilised instruments to minimise the risk of infection

	Yes	No	NA	Comments
1. Is there a dedicated room for minor surgery (including joint injections)?				
If no please indicate the room used/number of rooms and list all other activities undertaken in that room e.g. consulting room, leg ulcer clinic/podiatry	No. of rooms used: _____ Room type: _____ _____ _____			Activities undertaken in room(s)
	Yes	No	NA	Comments
2. The room is equipped with the following:				
a) Dedicated hand wash facilities				
gloves				
aprons				
masks				
visor				
b) Sharps disposal unit				
c) Clinical waste bin				

	Yes	No	NA	Comments
3a Are all sterile items single use?				
If not , are they sterilised:				
b) In the surgery				
c) Manually cleaned then sent away for re- processing				
4. Is there a dedicated trolley suitable for undertaking aseptic procedures?				
5. Are there privacy curtains/screens in place?				
6. Is there evidence of regular curtain/screen cleaning/change? (every 12 months or when visibly soiled)				
7. (a) Are the disposable couch roll/sheets changed in between patients?				
(b) Are couch rolls stored off the floor on a couch roll holder?				
It is advised that fabric items are not used; if they are they will need to be able to evidence that cleaning takes place at regular intervals and in an industrial washing machine.				
(c) Are all individual fabric items laundered after single use in an industrial washing machine? Please state what items these fabric items are in the comments box.				
8. Is there evidence of a cleaning schedule which reflects the use of the room for minor surgery?				
9. Are all vents and grills clean?				
10. Are the operating lights clean?				
11. Is the minor surgery room clear of non-essential items?				
12. Is the door kept closed during surgery?				

13	Ventilation				
(a)	Is mechanical ventilation (not a fan) available in the minor surgery room ?				
(b)	Are you able to open windows that are protected with a fly screen?				

Standard 9: Vaccines are stored and transported safely

	Yes	No	NA	Comments
1. Is there a procedure/policy for the storage and transport of vaccines available?				
2. Is an audit completed at least annually?				
3. Is there a named individual who is responsible for receiving and storing vaccines?				
4. Have staff attended training which includes guidelines and information on vaccine, storage and the maintenance of the cold chain?				
5. (a) Are all vaccines checked against the delivery note?				
(b) Are vaccines placed in a designated vaccine refrigerator on delivery?				
(c) Are vaccine types, brands, quantities, batch numbers, expiry dates and date and time received recorded?				
6. (a) Are the vaccines stored in a designated vaccine refrigerator which is fit for purpose and is not a domestic type?				
(b) Does the refrigerator have an uninterrupted electrical supply				

	Yes	No	NA	Comments
(c) Is the refrigerator situated away from a heat source and is air able to freely circulate around it?				
(d) Are the contents evenly distributed within the refrigerator to allow air to circulate?				
(e) Is the refrigerator locked?				
(f) Is the refrigerator located in an area with restricted public access?				
(g) Is the refrigerator serviced on a regular basis in line with manufacturer's instructions				
(h) Is the refrigerator checked, (defrosted, if applicable) and cleaned monthly?				
(i) Are the vaccines kept in an approved cool box with a maximum and minimum thermometer or in an alternative refrigerator while this refrigerator is being defrosted?				
(j) Are temperature checks performed and recorded each working day?				
(k) Is a maximum and minimum temperature thermometer being used?				
(l) Are recorded temperatures within the acceptable range of 2 – 8 degrees C?				
(m) Has the refrigerator an alarm which activates when its temperature exceeds 8 ⁰ C, or when it falls below 2 ⁰ C?				

	Yes	No	NA	Comments
(n) Is the minimum and maximum thermometer reset after being read?				
7. (a) Are vaccines stored in their original packaging?				
(b) Are vaccines in date?				
(c) Are vaccine stocks rotated and used according to date?				
(d) Is a system in place for safe disposal of expired/surplus/damaged vaccines?				
8 (a) Are vaccines only removed from the base refrigerator immediately before leaving for an external session?				
(b) Are vaccines returned immediately to the base refrigerator after an external session?				
(c) During transport, vaccines wrapped in bubble wrap (or similar insulation material) and stored in a suitable approved cool box with maximum and minimum thermometer with cool packs?				
9. Is there a policy for remedial action if vaccines are stored outside the manufacturers recommended temperature?				

Standard 10: Specimen handling and transport

	Yes	No	NA	Comments
1. Has the organisation a procedure for specimen handling?				
2. Have all staff handling/transporting specimens, including reception staff, received appropriate?				
3. Are patients provided with an appropriate specimen container if required to produce specimens at home/clinic?				
4. Are specimens in the appropriate container for the particular specimen type?				
5. Are specimen containers sealed in a designated plastic transit bag?				
6. Are specimens awaiting transit kept in a designated area away from the public and staff rest areas?				
7. Is there a designated specimen fridge available where required?				
8. Are specimens stored in a dedicated refrigerator which is separate to food, medicines and vaccines?				
9. Are specimens transported in a container that complies with (UN3373)?				
10. Are Specimens transported by post, labelled according to UN 3373 and packaged following IATA packing instruction 650?				
11. Are specimen transport boxes visibly clean?				

