

Infection Prevention & Control IPC Audit



INTRODUCTION

Good infection prevention and control is essential to ensure that people who use Primary Care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. The Care Quality Commission (CQC) will assess a registered provider on how it complies with the infection prevention requirements, including environmental cleanliness.

PURPOSE

The purpose of this audit is to:

- Ensure an infection prevention & control (IPC) audit is conducted on an annual basis – as a minimum
- Ensure the audit accurately reflects findings, with reference to supportive information as examples of evidence of good practice
- Promote a standardised approach to evidence gathering and supportive documentation when preparing for and undertaking an Infection Prevention & Control Annual Audit
- Ensure responsive action is taken and recorded to demonstrate delivery and progress for all findings recorded in the 'No' column

APPROACH

A dedicated inspection date(s) will need to be identified, with named auditors identified to conduct the audit. On the agreed day(s), the allocated auditor(s) will:

- Ensure the audit tool is the most recent version
- Ensure a blank audit tool is available for use – paper or computer copy
- Ensure sufficient copies are available for auditing every room in the building, (it may be necessary to photocopy additional paperwork for replicated rooms such as consulting rooms, treatment rooms and toilets)
- Ensure the auditor(s) answer the questions honestly and objectively
- In the event of answering 'Yes' to any question, the auditor(s) will need to document and collate examples of their findings in the 'Comments' column and/or refer to examples of supportive evidence where appropriate e.g. meeting minutes and date of meeting

This audit template covers the following areas:

1. General Management of IPC
2. Staff Health
3. Staff Training
4. Policies Procedures and Guidelines
5. Waiting Room
6. Waiting Room – Toys
7. Toilets
8. Baby Changing Room
9. Treatment Rooms
10. Consulting Rooms
11. Storerooms
12. Cleaners/Domestic Room
13. Sluice/Dirty Room
14. Sharps Handling and Disposal
15. Vaccine Storage and Transportation
16. Personal Protective Equipment (PPE)
17. Specimen Handling
18. Equipment
19. Waste Management
20. Infection Prevention & Control (IPC) Inspection – Action Plan

FEEDBACK

Ensure the completed audit tool is reviewed and the findings shared with the Practice Manager and/or Registered Manager.

ACTIONS

- Draft an action plan in response to all questions answered 'No', to demonstrate improvements, management of risk and delivery of progress
- The action plan must identify:
 - » The issue
 - » The action(s) taken/to be taken
 - » Named individuals responsible for managing and delivering the actions
 - » Anticipated delivery timeframes
- Give a copy of the audit findings plus action plan to the Practice Manager and/or Registered Manager
- Ensure the Practice Manager shares the audit findings and actions required with staff, celebrating success, and identifying areas of improvements required

GENERAL MANAGEMENT OF IPC

1. Is there a named lead person responsible for IPC?
e.g. Nurse Name YES NO
2. Does the job description of the named lead person outline their responsibilities in respect of IPC? YES NO
3. Is IPC an agenda item at practice meetings? YES NO
4. Are contact details for the local IPC team up to date and available? YES NO
5. Is there a system for reporting and documenting IPC related incidents? YES NO
6. Have any IPC related audits been carried out? e.g. hand hygiene YES NO
7. Is IPC monitoring fed back to staff?
e.g. at practice/staff meetings YES NO
8. Are local risk assessments available which address or conflict with IPC?
e.g. risk register, SEAs YES NO

STAFF HEALTH

1. Do Practice policies require staff to be offered immunisation in line with current guidance? YES NO Comments
2. Have all staff had the necessary immunisations based on their role? YES NO Comments
3. Is there a process for staff exclusion or adjustments at work regarding IPC? YES NO Comments
4. Are staff aware of the sharps/needlestick injury procedure? YES NO Comments
5. Are notices available for staff to inform them of the management of a needlestick contamination injury? YES NO Comments

STAFF TRAINING

Use the QCS Staff Skills and Training Matrix

1. Is IPC included in induction training? *e.g. hand hygiene, PPE, sharps, needlestick injuries, waste handling* YES NO Comments
2. Have all staff received mandatory IPC training? including specimen handling and bodily fluid spillages YES NO Comments
3. Is there a process to review and update all staff IPC training? YES NO Comments

POLICIES PROCEDURES AND GUIDELINES

1. Are IPC policies up to date and accessible to all staff?
 YES NO
2. Is IPC considered before purchasing equipment?
 YES NO
3. Are there comprehensive written cleaning schedules, standards, and procedures?
 YES NO
4. Are there clearly outlined staff responsibilities for cleaning dedicated areas and equipment?
 YES NO
5. Are cleaning processes checked and audited regularly?
e.g. cleaning program
 YES NO
6. Are up-to-date cleaning schedules clearly displayed?
 YES NO
7. Does the Practice have a system for carpet cleaning, where appropriate?
 YES NO

WAITING ROOM

1. Is the environment visibly clean? *e.g. walls, windowsills, ceilings, fans & light fittings*
 YES NO
2. Is the environment free from any visible damage? *e.g. flaking paint, damaged walls/doors/surfaces*
 YES NO
3. Is furniture made of impermeable and washable material?
 YES NO

- 4. Are all furnishings and fittings visibly clean? YES NO Comments _____
- 5. Are all furnishings and fittings in a good state of repair? YES NO Comments _____
- 6. Are all surfaces smooth, impervious (for easy cleaning) and with coved edges? YES NO Comments _____
- 7. Is the floor visibly clean? YES NO Comments _____
- 8. Is the flooring in a good state of repair? YES NO Comments _____
- 9. Is the environment tidy and uncluttered? YES NO Comments _____
- 10. Is there a record of cleaning which includes frequency of cleaning? YES NO Comments _____

WAITING ROOM – TOYS

May not be relevant during the pandemic if toys are removed

- 1. Is there a procedure for the cleaning management of toys, if provided? YES NO Comments _____
- 2. Is there a record of cleaning toys which includes the frequency of cleaning? YES NO Comments _____
- 3. Is there a designated storage area for toys? YES NO Comments _____
- 4. Is the storage area or toy box visibly clean? YES NO Comments _____
- 5. Are all toys visibly clean? YES NO Comments _____
- 6. Are toys made of an easy clean material? YES NO Comments _____
- 7. Are children's books clean and undamaged, if provided? YES NO Comments _____

TOILETS

1. Are all the toilet environments visibly clean? e.g. walls, windows, extraction fans, light fittings YES NO
2. Are all the environments free from any visible damage? e.g. flaking paint, damaged walls/doors/surface YES NO
3. Are all surfaces smooth, impervious (for easy cleaning) and with coved edges? YES NO
4. Are all the toilet floors visibly clean? YES NO
5. Are all the toilet floors washable and impervious to moisture? YES NO
6. Are the toilet floors in a good state of repair? YES NO
7. Are there designated hand wash sinks? YES NO
8. Are the handwash sinks accessible? e.g. check for obstructions YES NO
9. Are all handwash sinks in a good state of repair? YES NO
10. Are all handwash sinks visibly clean? e.g. plugholes and overflows YES NO
11. Are all handwash sinks free from unnecessary items? e.g. mugs, medicine pots YES NO
12. Is liquid soap dispensed from a single dispenser? YES NO
13. Are all soap dispensers wall mounted? YES NO
14. Are all soap dispensers visibly clean? e.g. free from build up of soap and debris YES NO
15. Are paper towels available from an enclosed dispenser? YES NO

- 16. Are paper towel dispensers visibly clean? YES NO
- 17. Are promotional hand hygiene posters displayed in each toilet area? Laminated and clean YES NO
- 18. Are there hands-free domestic waste bins available for the disposal of paper towels? YES NO
- 19. Are all foot pedals of domestic waste bins in good working order? YES NO
- 20. Are all domestic waste bins visibly clean? *e.g. lid and pedal* YES NO
- 21. Are the domestic waste bins in good condition? YES NO
- 22. Are facilities available for sanitary waste? *e.g. sanitary bin* YES NO
- 23. Are all toilets visibly clean? YES NO
- 24. Are all toilets in a good state of repair? *e.g. toilet seat* YES NO
- 25. Is there a system in place to ensure that toilet cleaning can be carried out as needed? YES NO
- 26. Are all toilet brushes and holders visibly clean? *if provided* YES NO

BABY CHANGING ROOM

- 1. Is the environment visibly clean? *e.g. walls, windows, extraction fans, light fittings* YES NO
- 2. Is the environment free from any visible damage? *e.g. flaking paint, damaged walls/doors/surface* YES NO

3. Are all surfaces smooth, impervious (for easy cleaning) and with coved edges?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
4. Is the floor visibly clean?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
5. Is the floor covering washable and impervious to moisture?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
6. Is the floor covering in a good state of repair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
7. Is there a designated hand wash sink?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
8. Is the handwash sink accessible? e.g. check for obstructions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
9. Is the handwash sink in a good state of repair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
10. Is the handwash sink visibly clean? e.g. <i>plugholes and overflows</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
11. Is the handwash sink free from unnecessary items? e.g. mugs, medicine pots	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
12. Is liquid soap dispensed from a single dispenser?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
13. Are all soap dispensers wall mounted? And out of reach of children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
14. Is the soap dispenser visibly clean? e.g. <i>free from build-up of soap and debris</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
15. Are paper towels available from an enclosed dispenser?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
16. Is the paper towel dispenser visibly clean?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____

17. Is a promotional hand hygiene poster displayed? Laminated and clean	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
18. Is there a hands-free domestic waste bin available for the disposal of paper towels?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
19. Is the foot pedal of the domestic waste bins in good working order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
20. Is the domestic waste bin visibly clean? <i>e.g. lid and pedal</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
21. Is the domestic waste bin in good condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
22. Is information displayed for parents on how to keep the changing area clean after each use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
23. Are cleaning materials available for parents to use, if necessary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
24. Is a soft plastic changing mat available and intact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
25. Are cleaning surface wipes and instructions provided for the changing mat if provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
26. Is there a foot operated pedal bin designated for the disposal of nappies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
27. Is the foot pedal of the nappy waste bin in good working order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
28. Is the nappy waste bin visibly clean?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____
29. Is the nappy waste bin in good condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments _____

TREATMENT ROOMS

Use multiple sheets for each treatment room if required

- 1. Are the environments visibly clean? e.g. walls, windows, light fittings YES NO
- 2. Are the environments free from any visible damage? e.g. flaking paint, damaged walls/doors/surfaces YES NO
- 3. Is furniture made of impermeable and washable materials? e.g. couch, chairs YES NO
- 4. Are all furnishings and fittings visibly clean? YES NO
- 5. Are all furnishings and fittings in a good state of repair? YES NO
- 6. Are all surfaces smooth, impervious (for easy cleaning) and with coved edges? YES NO
- 7. Are all floors visibly clean? YES NO
- 8. Are all floor coverings washable and impervious to moisture? YES NO
- 9. Are all floor coverings in a good state of repair? YES NO
- 10. Are there designated hand wash sinks? YES NO
- 11. Are the hand wash sinks plug free? YES NO
- 12. Are the hand wash basins overflow free? YES NO
- 13. Are the plug holes offset so the water does not flow directly into them? YES NO
- 14. Are elbow/sensor taps available? YES NO

- 15. If there are not elbow or sensor taps, do staff know how to turn of the tap using a paper towel? YES NO Comments
- 16. Are mixer taps or thermostatically controlled water available? YES NO Comments
- 17. Are hand wash sinks accessible? *e.g. check for obstructions* YES NO Comments
- 18. Are hand wash sinks in a good state of repair? YES NO Comments
- 19. Are hand wash sinks visibly clean? YES NO Comments
- 20. Are hand wash sinks free from unnecessary items? *e.g. mugs, medicine pots* YES NO Comments
- 21. Is liquid soap dispensed from individual dispensers? YES NO Comments
- 22. Are all soap dispensers wall mounted? YES NO Comments
- 23. Are all soap dispensers visibly clean? *e.g. free from build-up of soap and debris* YES NO Comments
- 24. Are paper towels available from an enclosed dispenser? YES NO Comments
- 25. Are paper towel dispensers visibly clean? YES NO Comments
- 26. Are promotional hand hygiene posters displayed in each toilet area? Laminated and clean YES NO Comments
- 27. Are there hands-free domestic waste bins available for the disposal of paper towels? YES NO Comments
- 28. Are all foot pedals of domestic waste bins in good working order? YES NO Comments

29. Are all domestic waste bins visibly clean? e.g. lid and pedal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
30. Are the domestic waste bins in good condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
31. Are alcohol-based hand sanitisers wall mounted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
32. Are there designated work surface/trolley for clinical procedures? e.g. dressings	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
33. Are dressing trolleys/trays structurally sound and in a good state of repair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
34. Are dressing trolley/trays visibly clean?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
35. Are all products stored above floor level?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
36. Is there sufficient storage space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
37. Are all work surfaces free from clutter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
38. Are shelves used to store sterile items visibly clean?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
39. Are all cupboards visibly clean?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
40. Are all vaccine fridges used for the storage of vaccines or medicines only? Not for any food	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
41. Are all examination couch covers impervious and washable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
42. Are all couch/chairs visibly clean? Check frame and legs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
43. Are all couch/chairs in a good state of repair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>
44. Are disposable couch roll/sheets changed in between patients?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="Comments"/>

- 45. Are couch rolls stored off the floor on couch roll holders? YES NO
- 46. Are all curtains visibly clean and on a cleaning/ replacement schedule based on your own risk assessments and system in place to ensure that curtains are cleaned or changed as appropriate? YES NO
- 47. Are individual fabric items laundered after single use? If used e.g. blankets, pillowcases, sheets YES NO
- 48. Are correctly labelled, hands free (clinical) waste bins available for the disposal of offensive waste? YES NO
- 49. Are all foot pedals of the offensive waste bins in good working order? YES NO
- 50. Are all offensive waste bins visibly clean, including lid and pedal?
Externally and internally YES NO
- 51. Are all offensive waste bins in good condition?
Check for damage, rust YES NO
- 52. Are labelled hands-free waste bins available for the disposal of *infectious/healthcare risk waste*? YES NO
- 53. Are foot pedals of the infectious/healthcare risk waste bin in good working order? YES NO
- 54. Are all infectious/healthcare risk waste bins visibly clean, including lid and pedal? YES NO
- 55. Are all the infectious/healthcare risk waste bins in good condition? YES NO

CONSULTING ROOMS

Use multiple sheets for each consulting room if required

- 1. Are all consulting rooms visibly clean? e.g. walls, windows, light fittings YES NO
- 2. Are consulting rooms free from any visible damage? e.g. flaking paint, damaged walls, doors YES NO
- 3. Is all furniture made of impermeable and washable materials? YES NO
- 4. Is the furniture visibly clean including the underside of tables? YES NO
- 5. Is the furniture in a good state of repair?
Check for rips and tears YES NO
- 6. Are all surfaces smooth, impervious
(for easy cleaning) and with covered edges? YES NO
- 7. Are all floors visibly clean?
Edges and corners free from dust and grit YES NO
- 8. Is all flooring in a good state of repair?
Check for rips and tears YES NO
- 9. Are there designated hand wash sinks? YES NO
- 10. Are the hand wash sinks plug free? YES NO
- 11. Are the hand wash sinks overflow free?
i.e. does not have an overflow YES NO
- 12. Is the waste offset so the water does not flow directly into it? *Not directly into the plug hole* YES NO
- 13. Are elbow/sensor taps available? YES NO

- 14. If there are not any elbow or sensor taps, are clinicians and staff aware of how to turn off the taps with a paper towel? YES NO
- 15. Are mixer taps or thermostatically controlled water available? *Check the temperature* YES NO
- 16. Are hand wash sinks accessible? Free from obstructions e.g. *equipment* YES NO
- 17. Are all hand wash sinks in a good state of repair? *No cracks or chips* YES NO
- 18. Are all hand wash sinks visibly clean? Check for build-up of *limescale* YES NO
- 19. Are all hand wash sinks free from items such as mugs? YES NO
- 20. Is soap dispensed from a single use cartridge? *Check there is enough* YES NO
- 21. Are liquid soap dispensers wall mounted? YES NO
- 22. Are soap dispensers visibly clean? *Check nozzle for build-up of soap and debris* YES NO
- 23. Are paper towels available from enclosed dispensers? YES NO
- 24. Are paper towel dispensers visibly clean? YES NO
- 25. Are promotional hand hygiene posters displayed? YES NO
- 26. Are hands-free domestic waste bins available for the disposal of paper towels? YES NO

- 27. Are foot pedals of the domestic waste bins in good working order? Do they open the lid? YES NO
- 28. Are domestic waste bins visibly clean, including lids and pedals? YES NO
- 29. Are domestic waste bins in good condition? YES NO
- 30. Are alcohol-based hand rub bottles available at the point of care? YES NO
- 31. Is there sufficient storage space?
e.g. not stored on the floor or tops of cupboards YES NO
- 32. Are all areas free from clutter and inappropriate items? YES NO
- 33. Are all examination couch covers impervious and washable? YES NO
- 34. Are disposable couch roll/sheets changed in between patients? YES NO
- 35. Are couch/chairs visibly clean including frame and legs? YES NO
- 36. Are couch/chairs in a good state of repair?
e.g. no rips, tears or damage YES NO
- 37. Are couch rolls stored off the floor on couch roll holders? YES NO
- 38. Are all curtains visibly clean and on a cleaning/ replacement schedule based on your risk assessments and agreed standards? YES NO
- 39. Are individual fabric items laundered after single use, if used? YES NO

- 40. Are hands free waste bins available for the disposal of offensive waste? YES NO
- 41. Are foot pedals of the offensive waste bins in good working order? YES NO
- 42. Are offensive waste bins visibly clean, including lid and pedal? YES NO
- 43. Are offensive waste bins in good condition? YES NO
- 44. Are hands free waste bins available for the disposal of infectious/healthcare risk waste? YES NO
- 45. Are foot pedals of the infectious/healthcare risk waste bins in good working order including lid and pedal? YES NO
- 46. Are infectious/healthcare risk waste bins visibly clean, including lid and pedal? YES NO
- 47. Are infectious/healthcare risk waste bins in good condition? YES NO

STORE ROOMS

- 1. Is the environment visibly clean?
e.g. walls, shelves, light fittings YES NO
- 2. Is the environment free from any visible damage?
e.g. flaking paint/damaged walls/shelve YES NO
- 3. Are all furnishings and fittings visibly clean? YES NO
- 4. Are all furnishings and fittings in a good state of repair? YES NO

- 5. Is the floor visibly clean? YES NO
- 6. Is the floor covering washable and impervious to moisture? Is it appropriate for the room? YES NO
- 7. Is the flooring in a good state of repair? YES NO
- 8. Are all items of equipment or supplies stored off the floor? YES NO
- 9. Is the environment tidy and uncluttered? e.g. accessible for cleaning YES NO
- 10. Are items stored appropriately? e.g. boxes with lids where necessary YES NO

CLEANERS/DOMESTIC ROOM

- 1. Is there a disposal unit for the disposal of contaminated wastewater? YES NO
- 2. Is the unit for the disposal of contaminated wastewater visibly clean? YES NO
- 3. Are mops and buckets stored clean and dry? YES NO
- 4. Are detachable mop bucket wringers removed and changed daily? YES NO
- 5. Are mop heads laundered or disposable? YES NO
- 6. Is there a colour coding system in place for cleaning equipment? Check poster displayed YES NO

- 7. Is cleaning equipment and machinery left clean and dry after use? YES NO
- 8. Are cleaning cloths laundered or disposable? YES NO
- 9. Is there a low-level facility for staff to fill buckets with water for cleaning? YES NO

SLUICE/DIRTY ROOM

- 1. Is there a dedicated deep sink for washing used equipment? YES NO
- 2. Is there a disposal unit available for the disposal of body fluids? YES NO
- 3. Are cleaning/disinfectant products available for decontamination of equipment and the environment? YES NO
- 4. Are spillage kits, or alternative, available for use on body fluid spillages? YES NO
- 5. Are staff aware of the procedures to be used when removing body fluid spillages? YES NO
- 6. Is personal protective equipment (PPE) available? YES NO
- 7. Are staff aware of the procedures to be used when removing body fluid spillages? YES NO

SHARPS HANDLING AND DISPOSAL

1. Are staff aware of the procedure for managing a vaccination contamination injury? YES NO
2. Do the sharps containers conform to the safety standard ([HTM 07-01 'Safe Management of Healthcare Waste'](#)) YES NO
3. Are sharps containers assembled correctly? YES NO
4. Are all sharps containers labelled or tagged with date, locality and a signature on assembly? YES NO
5. Are all sharps bins free from protruding sharps? YES NO
6. Are the contents of all sharps containers below the 'fill line'? YES NO
7. Are sharps containers in use safely positioned and out of reach of vulnerable people? YES NO
8. Are sharps container lids temporarily closed in between use? YES NO
9. Are sharps disposed of safely and at the point of use? YES NO
10. Are used needles and syringes discarded as a complete single unit? YES NO
11. Are used sharps disposed of without re-sheathing? YES NO
12. Has training been provided where needle safe devices are in use? YES NO
13. Are locked sharps containers stored in a secure facility away from public access until collected for disposal? YES NO

VACCINE STORAGE AND TRANSPORTATION

1. Is there a procedure/policy for the receipt, storage and transport of vaccines available? YES NO Comments
2. Is an audit completed at least annually? YES NO Comments
3. Is there a named individual who is responsible for receiving and storing vaccines? YES NO Comments
4. Is there a named deputy who is responsible for receiving and storing vaccines? YES NO Comments
5. Have staff attended training which includes guidelines and information on vaccine, storage and the maintenance of the cold chain? YES NO Comments
6. Are all vaccines checked against the delivery note? YES NO Comments
7. Are vaccines placed in designated vaccine fridges on delivery? YES NO Comments
8. Are vaccine types, brands, quantities, batch numbers, expiry dates and date and time received recorded? YES NO Comments
9. Are the vaccines stored in designated vaccine fridges which is fit for purpose, and not a domestic type? YES NO Comments
10. Do fridges have an uninterrupted electrical supply? YES NO Comments
11. Are fridges situated away from a heat source and is air able to freely circulate around it? YES NO Comments
12. Are the contents evenly distributed within the fridges to allow air to circulate? YES NO Comments
13. Is there no more than four weeks' worth of vaccines? YES NO Comments

14. Are fridges locked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
15. Are fridges kept in an area with restricted public access?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
16. Are vaccines stored in their original packaging?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
17. Are vaccines in date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
18. Are vaccine stocks rotated and used according to date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
19. Are fridges serviced on a regular basis in line with manufacturer's instructions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
20. Are fridges checked and cleaned monthly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
21. Are vaccines kept in an approved cool box with a maximum and minimum thermometer, or in an alternative fridge if it is necessary to move them?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
22. Are temperature checks performed and recorded each working day?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
23. Are maximum and minimum temperature thermometers used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
24. Are recorded temperatures within the acceptable range of 2 - 8 degrees C?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
25. Do fridges have an alarm which activates when its temperature exceeds 8 degrees C, or when it falls below 2 degrees C?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
26. Is there a system in place for safe disposal of expired/surplus/damaged vaccines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>
27. Are vaccines only removed from the fridge immediately before leaving for an external session such as a home visit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comments <input type="text"/>

28. Are vaccines returned immediately to the fridge after an external session? YES NO

29. During transport, are vaccines wrapped in insulation material (e.g. bubble wrap) and stored in a suitable approved cool box with maximum and minimum thermometer with cool packs? YES NO

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Are single use plastic aprons available? YES NO

2. Are single use plastic aprons stored appropriately away from the risk of contamination? YES NO

3. Is a single use apron worn when in contact or anticipated contact with body fluids or contaminated items or significant physical contact? YES NO

4. Are single use aprons worn as single use items and changed between every procedure? YES NO

5. Is there a range of sizes of sterile and non-sterile powder free gloves available? YES NO

6. Are gloves stored appropriately?
e.g. away from contamination and heat source YES NO

7. Are gloves worn when any invasive procedure is performed? YES NO

8. Are gloves worn when in contact or anticipated contact with body fluids or in potential contact with contaminated items? YES NO

9. Are gloves removed after care activity and then hand hygiene performed?

YES NO

10. Is eye and face protection worn by staff when anticipating contact with blood and body fluids with a high risk of splashing into the face and eyes?

YES NO

SPECIMEN HANDLING

1. Is there a procedure for specimen handling?

YES NO

2. Have all staff handling/transporting specimens, including reception staff, received appropriate training as specified in the procedure?

YES NO

3. Are patients provided with an appropriate specimen container if required to produce specimens at home/clinic?

YES NO

4. Are specimens in the appropriate container for the particular specimen type?

YES NO

5. Are specimen containers sealed in a designated plastic transit bag?

YES NO

6. Are specimens awaiting transit kept in a designated area away from the public and staff social/rest areas?

YES NO

7. Is a designated specimen fridge available where required?

YES NO

8. Are specimens stored in a dedicated fridge which is separate to food, medicines and vaccines?

YES NO

- 9. Are specimens transported in a suitable container? YES NO
- 10. Are specimen transport boxes visibly clean? YES NO

EQUIPMENT

- 1. Is all equipment on a cleaning schedule? YES NO
- 2. Are cleaning schedules completed, signed and up to date with frequencies and responsibilities identified? YES NO
- 3. Are cleaning products available for routine cleaning of equipment? YES NO
- 4. Are items sent for service, inspection or repair, appropriately cleaned and/or disinfected, and a label of contamination status attached? YES NO
- 5. Are single use items disposed of after use? YES NO
- 6. Can staff identify single use items?
e.g. the symbol used to indicate single use items YES NO
- 7. Are sterile products stored above floor level, if used? YES NO
- 8. Are sterile packs sealed and undamaged? YES NO
- 9. Are all sterile items in date? YES NO
- 10. Are re-usable instruments returned to a sterile services provider for Decontamination, if used? YES NO

11. Are sterile instrument trays traceable?

YES NO

12. Are used instruments (awaiting collection) stored in a rigid, lidded container?

YES NO

13. Is all medical equipment in a good state of repair?

YES NO

14. Is all reusable equipment routinely cleaned between every patient with general purpose detergent or as per local policy/manufacture's instructions where this differs?

YES NO

15. Is all blood pressure monitoring equipment visibly clean?

YES NO

16. Are all stethoscopes visibly clean?

YES NO

17. Is blood glucose monitoring equipment visibly clean?

YES NO

18. Are oxygen saturation probes visibly clean?

YES NO

19. Are ophthalmoscopes visibly clean and in a good state of repair?

YES NO

20. Are the otoscopes (auroscopes) visibly clean and in a good state of repair?

YES NO

21. Are dopplers visibly clean?

YES NO

22. Are tourniquets single use or decontaminated between uses?

YES NO

WASTE MANAGEMENT

1. Are waste bags always tied securely? YES NO Comments
2. Are separate waste streams available in accordance with local guidance? e.g. different colour bags YES NO Comments
3. Are infectious/healthcare risk waste bags labelled before storage and disposal? YES NO Comments
4. Are offensive waste bags labelled before storage and disposal? YES NO Comments
5. Is infectious/healthcare risk waste stored separately to domestic waste in a secure designated storage facility/area? YES NO Comments
6. Is offensive waste stored separately to domestic waste in a secure designated storage facility/area? YES NO Comments
7. Is infectious/healthcare risk waste removed by a registered contractor with a valid licence? YES NO Comments
8. Is offensive waste removed by a registered contractor with a valid licence? YES NO Comments
9. Are outside waste containers or storage/waste compound areas secure? YES NO Comments
10. Are outside waste containers or storage/waste compound areas kept clean and tidy and without evidence of vermin and/or inappropriate/extraneous items? YES NO Comments

INFECTION PREVENTION & CONTROL (IPC) INSPECTION ACTION PLAN

Practice Name _____

IPC Lead _____

Date of IPC Audit _____

Names of staff who carried out the audit _____

	Issue / Concern / Deficiency	Action(s) Taken/To Be Taken	By Whom (Name/Role)	Timescale / Review Date
1				
2				
3				
4				
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COMPLETED AND SIGNED ON BEHALF OF THE PRACTICE:

Name _____

Signature _____

Designation _____

Date Completed _____