

Infection Control Audit Report

DRAFT

Date audited: 19/11/2013
Location: Probus Surgery
Tregony Road
,
Probus
TR2 4JZ
Client name: Round & Partners
Auditor: Michele Boyce
Accompanied by: D Barnicoat
Additional info:

Section	% Compliance
Governance and Documentary Evidence	95 %
Staff Records	100 %
Expertise	100 %
Clinical Environment	71 %
Clinical Practice	100 %
Clinical Equipment	100 %
Hand Hygiene	84 %
Sharps Management	100 %
Waste Management	100 %
Decontamination of Environment	90 %
Vaccine Management including Transport and Storage	92 %
Minor Surgery	93 %
Total	92 %

Corrective actions:

Governance and Documentary Evidence

Re-usable clinical equipment decontamination schedules should be available to provide information on the type and frequency of decontamination.

Clinical Environment

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.

In clinical areas and associated corridors, there should be a continuous return between the floor and the wall e.g. a coved skirting with a minimum height of 100mm.

Clinical room work surfaces joints and seams must be sealed to avoid build up of debris and facilitate cleaning.

The clinical/treatment/consulting room should be tidied up and all inappropriate items removed to facilitate cleaning and minimise the risk of contamination.

All inappropriate items and clutter should be cleared away and stored in appropriate storage spaces, to leave surfaces clear for effective cleaning.

The storage space should have enough space to store clinical equipment in cupboards or on enclosed shelving when not in use.

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

Hand Hygiene

The faucet on the clinical hand wash basin should not be in line with the water outlet.

Clinical hand wash basins should not have an overflow.

Clinical hand wash basins should not have a sink plug.

Decontamination of Environment

The designated cleaning cupboard should be free from clutter and be well organised.

Vaccine Management including Transport and Storage

Records should be kept of when the vaccine fridge is cleaned.

Minor Surgery

Staff responsible for the minor surgery room should be familiar with the local arrangements for planned, preventative maintenance (PPM) of the mechanical ventilation system as part of the validation process.

Dedicated secure storage area/containers should be available for the safe storage of used instruments awaiting collection from the minor surgery room.

Clinical hand wash basins should not have an overflow.

Clinical hand wash basins should not have a sink plug.

Round & Partners Probus Surgery

Governance and Documentary Evidence

Governance documents should be accessible to staff and available for inspection

staff now aware and policy available

Question	Compliance	Comments	Rationale
Infection prevention and control policy statement is available which outlines compliance with the Code of Practice (2010).	Compliant	located within deputy practice manager office	Expert Guidance

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.	Compliant		Expert Guidance
Local protocol for vaccine management (cold chain) available	Compliant		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.	Compliant		Expert Guidance
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.	Compliant		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.	Compliant		Expert Guidance
Environmental cleaning schedules/check lists are available.	Compliant		Expert Guidance
There is a daily cleaning schedule/check list for toys.	Compliant		Expert Guidance
Control of Substances Hazardous to Health (COSHH) data sheets are available for all disinfectants and cleaning agents used.	Compliant		Legislation
Decontamination of re-usable clinical equipment schedules/check lists are available.	Non-Compliant	Re-usable clinical equipment decontamination schedules are not available	Expert Guidance Code of Practice for the prevention and control of infections 2010 Criterion 2; Revised Healthcare Cleaning Manual NPSA 2009; National specifications for cleanliness in the NHS: primary care medical and dental premises NPSA 2010
Staff are aware of the need for completing a decontamination certificate prior to repair or maintenance of re-usable clinical equipment.	Compliant		Expert Guidance

There is a written protocol identifying an area that can be used for patients with communicable diseases.	Compliant		Expert Guidance
The practice has undertaken a risk assessment of Legionella contamination in accordance with national requirements.	Compliant		Expert Guidance
There is a written weekly schedule for running taps/showers.	Compliant		Expert Guidance
The practice has a regular planned preventative maintenance (PPM) programme for general equipment.	Compliant		Best Practice
A risk assessment has been completed for the management of healthcare waste and annual waste audits are undertaken.	Compliant		Expert Guidance
Waste consignment notes for the transportation of hazardous wastes are available.	Compliant		Legislation

Full compliance	Non compliance	Non applicable	Total (%)
19	1	0	95 %

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Staff Records

Documentary evidence of staff immunisations and training

data logger present in fridges

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.	Compliant		Expert Guidance
Staff have appropriate immunisations in line with local risk assessment.	Compliant		Expert Guidance

Full compliance	Non compliance	Non applicable	Total (%)
3	0	0	100 %

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Expertise
Staff roles and responsibilities, Competent Persons

Question	Compliance	Comments	Rationale
Infection prevention and control support is available.	Compliant	occupational health	Expert Guidance
There is a nominated lead for Infection prevention and control (IPC Lead).	Compliant	michele boyce practice nurse	Expert Guidance
There is a designated, named lead for environmental cleaning.	Compliant	verity allen deputy practice manager	Expert Guidance
There is a nominated lead for decontamination of re-usable clinical equipment/devices (Decontamination Lead).	Compliant	michele boyce practice nurse	Expert Guidance
There is a designated person and deputy for vaccine management.	Compliant	alice foard , michele boyce , kathy mcfarlane	Expert Guidance
Staff should have access to Occupational Health for services and advice.	Compliant	occupational health, for primary care in devon and cornwall 01752 762112	Expert Guidance
The practice has access to the appropriate Competent Person for vaccine fridges and Legionella management.	Compliant	mitie re legionella. williams medical ref fridge	Expert Guidance
An accredited SSD/decontamination unit is available for the re-processing of invasive medical devices.	Compliant	RCHT CSSD	Legislation

Full compliance	Non compliance	Non applicable	Total (%)
8	0	0	100 %

Round & Partners Probus Surgery
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.	Compliant		Expert Guidance
A designated clinical treatment room is available for medium risk invasive clinical procedures.	Compliant	treatment room 1 and 2	Expert Guidance
Walls are washable, impervious and in a good state of repair.	Compliant		Expert Guidance

Flooring in clinical areas are washable, impermeable, undamaged with sealed seams and coved skirting.	Non-Compliant	Floor in clinical area is carpeted Coved skirting is less than 100mm.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013; HBN 00-10 Performance requirements for building elements used in healthcare facilities DH 2011 (element 1); HBN 00-10 Part A: Flooring DH 2013
Clinical room work surfaces are washable, sealed and in a good state of repair	Non-Compliant	wooden sink surrounds in examination rooms Clinical room work surfaces joints and seams are not sealed.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013
All clinical areas are clean and dust free.	Compliant		Expert Guidance
The clinical/treatment/consulting room is free from clutter and inappropriate items of equipment.	Non-Compliant	The clinical/treatment/consulting room contains inappropriate items Surfaces are cluttered.	Best Practice
A clean storage area is available with sufficient space to store clean and sterile items of clinical equipment off the floor.	Non-Compliant	Insufficient storage space available for clinical equipment.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013
Examination/treatment couches have wipeable surfaces and are in good state of repair with no rips/tears and clean underneath.	Non-Compliant	exam room couches wooden, to be addressed when room next refurbished Frame of examination/treatment couch is wooden, or rusty metal	Expert Guidance Revised Healthcare Cleaning Manual NPSA 2009; 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	Compliant	changed 6 monthly, record kept in hca room	Expert Guidance
Chairs and furniture used by service users are wipeable and in a good state of repair.	Compliant		Expert Guidance
Computer keyboards in clinical areas should be clean, covered or wipeable.	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	box allocated to each exam room	Best Practice
A dirty utility/sluice area is available.	Compliant		Expert Guidance
Dirty utility/sluice rooms are clean and free from spillages.	Compliant		Expert Guidance
Clinical hand wash basin is available in the dirty utility/sluice area and is accessible.	Compliant	no sink present, sink present in adjoining toilet.	Expert Guidance

Full compliance	Non compliance	Non applicable	Total (%)
12	5	0	71 %

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Clinical Practice

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.	Compliant		Legislation
Disposable paper is used to protect the examination/treatment couch and changed between each service user.	Compliant		Best Practice
Specimens awaiting transfer to the laboratory are in appropriate containers in a designated area away from public areas and rest rooms.	Compliant		Expert Guidance
Single use, CE marked, powder-free, non-sterile gloves are available in all sizes required by staff.	Compliant		Legislation
Plastic gloves (i.e. polythene) must not be used.	Compliant		Legislation
Single use, disposable plastic aprons are available when required.	Compliant		Legislation
Plastic aprons are stored in covered containers or are in wall mounted dispensers.	Compliant	storage box to be obtained	Expert Guidance
Full facial protection is available for staff when splashing of blood, body fluids or chemicals is anticipated.	Compliant		Legislation
Re-usable facial protection is decontaminated after each use.	Compliant		Expert Guidance
Gloves and aprons (PPE) are worn for urinalysis and blood collection.	Compliant		Expert Guidance
Urine specimens are disposed of in a safe and appropriate manner.	Compliant		Expert Guidance
Disposable gloves, aprons and facial protection are single use only.	Compliant		Expert Guidance

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	Non applicable	Total (%)
13	0	0	100 %

Round & Partners Probus Surgery
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'.	Compliant		Legislation
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.	Compliant		Expert Guidance
Nebuliser/oxygen masks/peak flow mouth pieces are single use.	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 reusable medical devices/clinical equipment by cleaning.	Compliant		Expert Guidance
Dressing trolleys/procedure trays are clean and in a good state of repair.	Compliant		Expert Guidance
Dressing trolleys/procedure trays are cleaned with detergent and water daily, at the beginning of session, between cases and if contaminated.	Compliant		Expert Guidance
All pillows are protected by a wipeable/waterproof cover.	Compliant		Expert Guidance

Full compliance	Non compliance	Non applicable	Total (%)
9	0	0	100 %

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Hand Hygiene

Hands will be washed correctly using an appropriate cleansing agent. Handwashing 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.	Compliant		Expert Guidance
Clinical hand wash basins are available in any room where clinical activity takes place.	Compliant		Expert Guidance
Clinical hand wash basins in clinical/treatment/consulting rooms are designated for that purpose alone.	Compliant		Expert Guidance
Clinical hand wash basins have wall-mounted lever action/sensor operated mixer taps offset from drainage outlet.	Non-Compliant	The faucet is in line with the water outlet.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013; HBN 00-03: Clinical and clinical support spaces DH 2010; HBN 00-10 Part C: Sanitary assemblies DH 2013; HBN 00-10 Perf req for building elements used in healthcare facilities DH 2011
Clinical hand wash basins are medium/large with no plug or overflow.	Non-Compliant	Clinical hand wash basins have an overflow. Clinical hand wash basins have a sink plug.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013; HBN 00-03: Clinical and clinical support spaces DH 2010; HBN 00-10 Part C: Sanitary assemblies DH 2013; HBN 00-10 Perf req for building elements used in healthcare facilities DH 2011
All clinical hand wash basins are wall mounted with concealed brackets and fittings.	Non-Compliant	wooden sink surrounds	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013
There is a hot and cold water supply to every sink and clinical hand wash basin.	Compliant		Expert Guidance
Waterproof splashbacks are fitted to all clinical hand wash basins and are in a good state of repair.	Compliant		Expert Guidance
All clinical hand wash basins; taps; wall mounted soap and paper towel dispensers are clean, free from limescale build-up and in a good state of repair.	Compliant		Expert Guidance
Clinical hand wash basin and surround is free from inappropriate items.	Compliant		Expert Guidance

Access to clinical hand wash basin is clear and not obstructed by equipment or furniture.	Compliant		Expert Guidance
Wall mounted paper towels are available at all clinical hand wash basins.	Compliant		Expert Guidance
Wall mounted plain liquid soap is available at all clinical hand wash basins from a single-use cartridge dispenser.	Compliant		Expert Guidance
Antiseptic soap is available for aseptic hand washing if required.	Compliant		Expert Guidance
Alcohol hand rub/gel is available for use in all clinical areas/wherever clinical activity takes place.	Compliant		Expert Guidance
Hand cream is available in wall mounted or pump-operated dispensers in at least one area.	Compliant		Expert Guidance
Clinical staff arms are bare below the elbow during clinical activities and hand washing.	Compliant		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.	Compliant		Expert Guidance
Clinical staff are free from long finger nails, false nails, varnish or extensions	Compliant		Expert Guidance

Full compliance	Non compliance	Non applicable	Total (%)
16	3	0	84 %

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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 prior to use and are disposed of every 3 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		Expert Guidance
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		Expert Guidance
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	Non applicable	Total (%)
14	0	0	100 %

Round & Partners Probus Surgery
Waste Management
Waste is disposed of safely without risk of contamination or injury and in accordance with national legislation and regulations

Question	Compliance	Comments	Rationale
Waste bags are not attached to cupboard/trolley, etc.	Compliant		Expert Guidance
All waste bins are fully enclosed, fire retardant, lidded, foot operated, clean and in good working order.	Compliant		Expert Guidance
Waste bins are labelled with category of waste or colour coded	Compliant		Expert Guidance
Orange/yellow bags are used for the disposal of clinical/infectious waste, wherever clinical activity takes place.	Compliant		Expert Guidance
Domestic waste is placed in black or clear bags.	Compliant		Expert Guidance

Orange/yellow waste bags are labelled.	Compliant		Expert Guidance
All waste bags (clinical/domestic) are less than two thirds full and securely tied.	Compliant		Expert Guidance
There is a designated storage area for hazardous/infectious waste bags awaiting collection.	Compliant		Expert Guidance
Hazardous/infectious bag 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	Non applicable	Total (%)
11	0	0	100 %

Round & Partners Probus Surgery
Decontamination of Environment
Ensure that the environment is decontaminated using appropriate chemicals and appropriate concentrations

Question	Compliance	Comments	Rationale
Chlorine-releasing agents e.g. sodium hypochlorite or NaDCC (eg Presept, Actichlor, Haztabs) are available to deal with body fluid spillages.	Compliant		Expert Guidance
The correct dilution of chlorine-releasing agent is 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.	Compliant		Expert Guidance
Detergent based cleaning agents are available for the cleaning of the environment.	Compliant		Expert Guidance
Environmental surfaces used for clinical tasks are cleaned between service users.	Compliant		Expert Guidance
There is a designated, locked area for chemical cleaning products.	Compliant		Legislation
Cleaning equipment/products (mops, buckets, cloths, gloves etc.) are colour-coded or designated for specific areas and staff are familiar with/aware of the system in use.	Compliant		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.	Compliant		Expert Guidance
The designated cleaning cupboard is free of inappropriate items.	Non-Compliant	Cleaning cupboard is cluttered/disorganised.	Expert Guidance Revised Healthcare Cleaning Manual NPSA 2009

Full compliance	Non compliance	Non applicable	Total (%)
9	1	0	90 %

Round & Partners Probus Surgery
Vaccine Management including Transport and Storage
Vaccines will be managed appropriately in accordance with current recommended practice to maintain the integrity of the vaccine to prevent cross contamination

Question	Compliance	Comments	Rationale
Vaccines are stored in a vaccine fridge immediately after delivery.	Compliant		Expert Guidance
Vaccines are stored in specialist pharmaceutical refrigerators.	Compliant		Expert Guidance
The vaccine fridge is situated away from a heat source e.g. radiator and air is able to circulate freely.	Compliant		Expert Guidance
The vaccine fridge is lockable.	Compliant		Expert Guidance
Vaccine fridge has an integral maximum/minimum thermometer.	Compliant		Expert Guidance
Records of vaccine fridge temperatures are kept and are up-to-date.	Compliant		Expert Guidance
Records of vaccine fridge defrosting and cleaning are kept and are up-to-date.	Non-Compliant	Vaccine fridge cleaning records are not kept.	Expert Guidance Immunisation Against Infectious Disease Ch. 3 Management of Vaccines DH 2011
All vaccines are stored in their original packaging.	Compliant		Expert Guidance
Vaccines are not stored near the freezer plate, in the door or bottom drawers and the fridge is not over-stocked.	Compliant		Expert Guidance
A system is in place for the management of breakdowns, repairs and servicing of the vaccine fridge.	Compliant		Expert Guidance
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
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Full compliance	Non compliance	Non applicable	Total (%)
12	1	0	92 %

Round & Partners Probus Surgery
Minor Surgery
The environment will be maintained appropriately to negate the risk of cross infection.

Question	Compliance	Comments	Rationale
There is a checklist for all minor surgical procedures	Compliant		Expert Guidance
There is a room designated for minor surgical procedures.	Compliant		Expert Guidance
The designated treatment room used for minor surgery meets local or published (expert) specifications.	Compliant		Expert Guidance
The minor surgery room has a domestic cleaning schedule and check list that documents twice daily cleaning.	Compliant		Expert Guidance
The minor surgery room is cleaned at the beginning and end of each minor surgery session with an appropriate detergent.	Compliant		Expert Guidance
Decontamination of re-usable clinical equipment schedules/check lists are available for clinical equipment in the minor surgery room.	Compliant		Expert Guidance
There are schedules/check lists available for the replacement/cleaning of privacy curtain/screens.	Compliant		Expert Guidance
Walls in the minor surgery room are smooth, impermeable surfaces with no seams/joints/tiles.	Compliant		Expert Guidance
Flooring in the minor surgery room is non-slip, washable, impermeable, undamaged with sealed seams and coved skirting.	Compliant		Expert Guidance
The ceiling in the minor surgery room has a smooth, non-porous, impermeable surface.	Compliant		Expert Guidance

The windows in the minor surgery room ensure privacy with opaque glass; blinds installed between double glazed units or disposable curtains.	Compliant		Expert Guidance
Opening windows in the minor surgery room are fitted with a fly screen	Not applicable	no window present	Expert Guidance
Lighting in the minor surgery room is fully enclosed and clean.	Compliant		Expert Guidance
The heat source in the minor surgery room e.g. the radiator and pipework is enclosed in a smooth-surfaced washable box.	Compliant		Expert Guidance
Electric fans are not in use in the minor surgery room during surgical procedures.	Compliant		Expert Guidance
Mechanical ventilation is monitored via a control panel in the minor surgery room.	Compliant		Expert Guidance
Mechanical ventilation in the minor surgery room undergoes routine cleaning.	Non-Compliant	Staff not aware of arrangements for PPM.	Expert Guidance HTM 03-01 Specialised Ventilation for Healthcare Premises DH 2007
Minor surgery room work surfaces are washable, sealed and in a good state of repair	Compliant		Expert Guidance
Treatment couches have wipeable surfaces, are in a good state of repair with no rips/tears and are clean.	Compliant		Expert Guidance
Disposable paper is used to protect the treatment couch and is changed between each service user.	Compliant		Best Practice
Operator's chairs or step stools furniture in the minor surgery room are wipeable, impervious and in a good state of repair.	Compliant		Expert Guidance
All pillows are protected by a wipeable/waterproof cover.	Compliant		Best Practice
The minor surgery room has a designated free standing stainless steel or aluminium procedure trolley.	Compliant		Expert Guidance
Procedure trolleys are cleaned with detergent and water daily/at the beginning of session, between cases and if contaminated.	Compliant		Expert Guidance
Computer keyboards in the minor surgery room are clean, covered or washable.	Compliant		Expert Guidance
There are adequate storage systems for sterile instruments/equipment which are enclosed, easy to clean and off the floor.	Compliant		Expert Guidance
All single use devices and sterile instruments packs are intact and in date	Compliant		Expert Guidance
The minor surgery room has disposable sterile drapes available if required.	Compliant		Expert Guidance
All re-usable invasive devices are reprocessed in a compliant SSD/decontamination unit.	Compliant		Legislation

A tracking system is in place to ensure traceability of all surgical instruments through the decontamination process.	Compliant		Expert Guidance
There is a dedicated secure storage area/container for the storage of used re-usable instruments awaiting collection from the minor surgery room.	Non-Compliant	Dedicated secure storage area/containers are not available.	Expert Guidance Guidelines on the facilities required for minor surgical procedures and minimal access interventions: Journal of Hospital Infection 80 (2012) 103-109
Clinical hand wash basins have wall-mounted lever action/sensor operated mixer taps offset from drainage outlet.	Compliant		Expert Guidance
Clinical hand wash basins should be medium/large with no plug	Non-Compliant	Clinical hand wash basins have an overflow. Clinical hand wash basin (s) have sink plug(s).	Expert Guidance HBN 00-10 Performance requirements for building elements used in healthcare facilities DH 2011, HBN00-03: Clinical & clinical support spaces DH 2010
Wall mounted paper towels are available at all clinical hand wash basins.	Compliant		Expert Guidance
Wall mounted plain liquid soap is available at all clinical hand wash basins from a single-use cartridge dispenser.	Compliant		Expert Guidance
Antiseptic soap is available for aseptic hand washing if required. The dispenser is wall mounted and operated by a plunger or infra-red.	Compliant		Expert Guidance
An aseptic hand wash technique is employed prior to donning sterile gloves before minor surgical procedures.	Compliant		Expert Guidance
Wall mounted alcohol hand rub/gel is available via pump/sensor operated dispenser.	Compliant		Expert Guidance
Disposable nail picks are available to clean nails, if required.	Compliant		Expert Guidance
Single use, powder-free sterile surgeons gloves are available	Compliant		Expert Guidance
Personal protective equipment is available when splashing of blood/body fluids is anticipated.	Compliant		Legislation
The minor surgery room has a securely positioned sharps bin.	Compliant		Expert Guidance
A sterile sharps disposal device is available for use in the sterile field.	Compliant		Expert Guidance
The minor surgery room has a fully enclosed, fire retardant, foot operated, lidded clinical waste bin with orange/yellow bag.	Compliant		Expert Guidance
The minor surgery room has access to an adjacent dirty utility area.	Compliant		Expert Guidance

Full compliance	Non compliance	Non applicable	Total (%)
41	3	1	93 %