

# Infection Prevention Audit Report

Date Started 10/02/2020  
Address Probus Surgery  
Probus Surgery Tregony Road  
Probus  
Truro  
TR2 4JZ  
Client Name Probus Surgery - Dr Bridger and Partners  
Auditor Verity Allen  
Accompanied By Not Set

## Summary

Section	Compliance
Governance & Documentary Evidence	95%
Staff Records	100%
Expertise	100%
Clinical Environment	81%
Clinical Practice	100%
Clinical Equipment	100%
Hand Hygiene	75%
Sharps Management	100%
Waste Management	100%
Decontamination of Environment	92%
Vaccine Management including Transport and Storage	100%
Minor Surgery	94%
Total	93%

## Corrective Actions

### Governance & Documentary Evidence

We have a decontamination schedule and all re usable equipment is decontaminated after use but we do not have checklists.

Re-usable clinical equipment decontamination check lists should be kept to provide documentary evidence of monitoring that all re-usable clinical equipment has been routinely and appropriately decontaminated.

### Clinical Environment

Not all clinical rooms have cap and cove flooring but they are all wipe-able. To be addressed upon room improvements

Flooring in clinical areas should be heat sealed at seams/edges to prevent the accumulation of dust and dirt and facilitate cleaning.

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.

Manhole covers and inspection chambers are not considered acceptable in clinical areas.

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.

The Healthcare assistant room work surface is non-compliant. - Healthcare Assistants room to be upgraded as a priority.

Ensure all clinical room work surfaces are in a good state of repair to facilitate cleaning.

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

Clinical room work surfaces should be wipeable, able to withstand regular cleaning with both detergent and disinfectants (i.e. chlorine-releasing agents).

HCA room couch has a rip which is currently covered by tape. To be replaced.

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

A few Chairs in the waiting room have split wipeable material - to be replaced

All chairs/furniture used by service users should be damage free to facilitate cleaning. Replace damaged furniture with non-porous wipeable materials.

There is no hand wash basin in the sluice This will be addressed upon room improvements

### Hand Hygiene

Summertime does not have a sink in the room where the GP consults but there is hand washing facilities available across the hall - Currently looking at a portable hand washing sink

Not all taps are lever action. will be addressed on room improvement

Taps should be lever action or sensor operated in clinical hand wash basins.

Some hand wash basins have an overflow. To be addressed upon room improvement

Clinical hand wash basins should not have an overflow.

Not all hand wash basins are wall mounted. To be addressed upon room improvement

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

Some hand wash basins have tiles as a back splash. This will be addressed upon room improvement

### Decontamination of Environment

HCA room work surface needs replacing

Ensure all environmental surfaces are in a good state of repair to facilitate cleaning.

### Minor Surgery

The minor ops room is cleaned once daily thoroughly but between clinics the room is cleaned apart from the floor. To be addressed

The cleaning schedule for minor surgery should specify twice daily cleaning.

All equipment is cleaned but there is no written schedule

Re-usable clinical equipment decontamination check lists should be kept to provide documentary evidence of monitoring that all re-usable clinical equipment in the minor surgery room has been routinely and appropriately decontaminated.

Although it is cleaned regularly, there is no written weekly schedule

Single use n/a

The dirty utility area is two rooms away down the corridor if we use Theatre 3. To be addressed upon building improvements

Patients are not routinely followed up to check for infections but they are given tel number to ring if they think there is a wound problem

Governance & Documentary Evidence			
Governance documents should be accessible to staff and available for inspection			
Question	Compliance	Comments	Rationale
Staff can locate/access the infection prevention and control policies	Compliant		Expert Guidance

The infection prevention and control policies are 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
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 visible.	Compliant		Expert Guidance
A risk assessment has been undertaken of sharps management and the use of 'safer sharps' has been implemented where applicable.	Compliant		Legislation
Environmental cleaning schedules/check lists are available.	Compliant		Expert Guidance
There is a daily cleaning schedule/check list for toys.	Compliant		Expert Guidance
Decontamination of re-usable clinical equipment schedules/check lists are available.	Non-Compliant	We have a decontamination schedule and all re usable equipment is decontaminated after use but we do not have checklists.  Re-usable clinical equipment decontamination check lists are not available	Expert Guidance  Code of Practice for the prevention and control of infections 2015 Criterion 2; Revised Healthcare Cleaning Manual AHCP 2013; 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
Infection prevention and control policy statement is available which outlines compliance with the Code of Practice (2015).	Compliant		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
Local protocol for vaccine management (cold chain) available	Compliant		Expert Guidance
Control of Substances Hazardous to Health (COSHH) data sheets are available for all disinfectants and cleaning agents used.	Compliant		Legislation
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
Infection prevention and control policies are available in compliance with the Code of Practice and local risk assessment.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
20	1	0	95%

Staff Records			
Documentary evidence of staff immunisations and training			
Question	Compliance	Comments	Rationale
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
All healthcare staff have received health and safety information and training with regard to the risk of injury from medical sharps.	Compliant		Legislation
There is documentary evidence that staff having direct/indirect service user contact have received infection prevention and control training including hand hygiene and sharps injury training within the last 12 months.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
4	0	0	100%

Expertise			
Staff roles and responsibilities, Competent Persons			
Question	Compliance	Comments	Rationale
Infection prevention and control support is available.	Compliant		Expert Guidance
There is a nominated lead for Infection prevention and control (IPC Lead).	Compliant		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).	Compliant		Expert Guidance
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
An accredited SSD/decontamination unit is available for the re-processing of invasive medical devices.	Compliant		Legislation

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
8	0	0	100%

<b>Clinical Environment</b>			
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		Expert Guidance
Walls are washable, impervious and in a good state of repair.	Compliant		Expert Guidance

<p>Flooring in clinical areas are washable, impermeable, undamaged with sealed seams and coved skirting.</p>	<p>Non-Compliant</p>	<p>Not all clinical rooms have cap and cove flooring but they are all wipe-able.</p> <p>Flooring in clinical areas is not heat sealed at seams/edges.</p> <p>Flooring in clinical areas not coved up into skirting/wall.</p> <p>Manhole covers and inspection chambers present in flooring in clinical areas.</p> <p>Coved skirting is less than 100mm.</p>	<p>Expert Guidance</p> <p>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</p>
<p>Clinical room work surfaces are clean, washable, sealed and in a good state of repair</p>	<p>Non-Compliant</p>	<p>The Healthcare assistant room work surface is non-compliant.</p> <p>The Main nurses room and Treatment room Two are complaint</p> <p>Clinical room work surfaces are damaged.</p> <p>Clinical room work surfaces joints and seams are not sealed.</p> <p>Clinical room work surfaces are not able to withstand regular cleaning with both detergent and disinfectants.</p>	<p>Expert Guidance</p> <p>HBN 00-09: Infection control in the built environment DH 2013</p>
<p>All clinical areas are clean and dust free.</p>	<p>Compliant</p>		<p>Expert Guidance</p>
<p>The clinical/treatment/consulting room is free from clutter and inappropriate items of equipment.</p>	<p>Compliant</p>		<p>Best Practice</p>
<p>A clean storage area is available with sufficient space to store clean and sterile items of clinical equipment off the floor.</p>	<p>Compliant</p>		<p>Expert Guidance</p>
<p>Examination/treatment couches have wipeable surfaces and are in good state of repair with no rips/tears and clean underneath.</p>	<p>Non-Compliant</p>	<p>HCA room couch has a rip which is currently covered by tape. To be replaced.</p> <p>Examination/treatment couch is damaged with foam visible/evidence of remedial repairs e.g. tape</p>	<p>Expert Guidance</p> <p>Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleaning in the NHS: primary care medical and dental premises NPSA 2010</p>
<p>Privacy curtains/screens are clean, in a good state of repair and replaced or laundered every 6 months</p>	<p>Compliant</p>		<p>Expert Guidance</p>

The reception and public areas are clean and in a good state of repair and appearance.	Compliant		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.	Non-Compliant	A few Chairs in the waiting room have split wipeable material - to be replaced  Damaged chairs/furniture (rips or tears, exposed foam or linings).	Expert Guidance  HBN 00-09: Infection control in the built environment DH 2013; Code of Practice for the prevention and control of infections 2015 Criterion 2
Curtains/blinds in non-clinical areas are visibly clean and in a good state of repair.	Compliant		Expert Guidance
Computer 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.	Not Applicable		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.	Non-Compliant	There is no hand wash basin in the sluice.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013; HBN 00-10 Part C: Sanitary assemblies DH 2013; HBN 00-10 Performance requirements for building elements used in healthcare facilities DH 2011
The dirty utility / sluice room is equipped with a slop-hopper or disposal unit	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
21	5	1	81%

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
Single use, CE marked, powder-free sterile gloves are available.	Compliant		Expert Guidance

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		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 including pregnancy urine and drug testing kits.	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

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
14	0	0	100%

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 re-usable 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/ appropriate disposable wipe daily, at the beginning of sessions, between cases and if contaminated	Compliant		Expert Guidance
All pillows are protected by a wipeable/waterproof cover.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
9	0	0	100%

### 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.	Non-Compliant	Summercourt does not have a sink in the room where the GP consults but there is handwashing facilities available across the hall.	Expert Guidance HBN 00-09: Infection control in the built environment DH 2013; HBN 00-03: Clinical & clinical support spaces DH 2010
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	Not all taps are lever action. will be addressed on room improvement  Taps are not lever action or sensor operated.	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	Some hand wash basis have an overflow. To be addressed upon room improvement  Clinical hand wash basins have an overflow.	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	Not all hand wash basins are wall mounted. To be addressed upon room improvement  Clinical hand wash basins brackets and fittings are not concealed.	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.	Non-Compliant	Some hand wash basins have tiles as a back splash. This will be addressed upon room improvement	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
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
Alcohol hand rub/gel is available for use at the point of care. Staff should be aware of the times when to not to use alcohol gel and when to only use soap and water.	Compliant		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
15	5	0	75%

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		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 should be available for use when risk assessment has demonstrated a need.	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			
Question	Compliance	Comments	Rationale
Waste bags are not attached to cupboard/trolley, etc.	Compliant		Expert Guidance
All waste bins are suitable, fully enclosed, 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 infectious waste if required	Compliant		Expert Guidance
Domestic waste is placed in black or clear bags.	Compliant		Expert Guidance
All clinical waste bins are visibly clean in clinical areas.	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 and tagged as specified by waste contractor	Compliant		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 %
12	0	0	100%

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.	Compliant		Expert Guidance
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 are clean and in a good state of repair.	Non-Compliant	HCA room work surface needs replacing Environmental surfaces are damaged.	Expert Guidance Code of Practice for the prevention and control of infections 2015 Criteria 2; National specifications for cleaning in the NHS: primary care medical and dental premises NPSA 2010
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 all 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.	Compliant		Expert Guidance
Disposable or microfibre cloths used for cleaning.	Compliant		Expert Guidance
High-speed rotary machines used for floor cleaning are clean and dry.	Not Applicable		Expert Guidance

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
11	1	1	92%

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.	Compliant		Expert Guidance
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

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
13	0	0	100%

<b>Minor Surgery</b>			
<b>The environment will be maintained appropriately to negate the risk of cross infection.</b>			
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.	Non-Compliant	The minor ops room is cleaned once daily thoroughly but between clinics the room is cleaned apart from the floor  The schedule does not specify twice daily cleaning	Expert Guidance  Revised Healthcare Cleaning Manual AHCP 2013, National specification for cleanliness in primary care medical & dental premises 2010
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.	Non-Compliant	All equipment is cleaned but there is no written schedule  Re-usable clinical equipment decontamination check lists are not available.	Expert Guidance  Code of Practice for the prevention and control of infections 2015 Criterion 2: Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleanliness in the NHS: primary care medical and dental premises NPISA 2010
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.	Not Applicable		Expert Guidance
Opening windows in the minor surgery room are fitted with a fly screen	Not Applicable		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.	Compliant		Expert Guidance
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		Expert Guidance
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 and 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
Preoperative single patient use antiseptic skin preparation is available.	Compliant	Single use n/a	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.	Compliant		Expert Guidance
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	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. 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
Disposable suction liners are available and used.	Compliant		Expert Guidance
The minor surgery room has access to an adjacent dirty utility area.	Non-Compliant	The dirty utility area is two rooms away down the corridor if we use Theatre 3. To be addressed upon building improvements	Expert Guidance HBN 00-03 Clinical & clinical support spaces DH 2010, Guidelines on the facilities required for minor surgical procedures and minimal access interventions: Journal of Hospital Infection 80 (2012) 103-109
Postoperative wound care information is available for service users.	Compliant		Expert Guidance
The minor surgery clinic has a surveillance system for post operative wound infection.	Compliant		Best Practice
There is a formal record of procedures undertaken which includes post-procedure follow up	Compliant	Patients are not routine followed up to check for infections but they are given tel number and advice sheet to ring if they think there is a wound problem	Best Practice

Full Compliance	Non-Compliance	Not Applicable	Total Comp %
45	3	2	94%