**Infection Prevention & Control Environmental Audit Tool 2022 for General Practice (Version 1 Oct 2022)
(Adapted from Infection Prevention Society Tool for General Practitioner Settings - Quality Improvement Tool v2 2016)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **GP Practice:** |  |  | **Standards Audited:** | **Current % score** |
| **Address:** |   |  | General/Staff Knowledge |   |
| **Practice Manager:** |   |  | General - Environment |   |
| **Accompanied By:** |   |  | General - Toys/Books |   |
| **Date of Audit:** |   |  | General - Domestic Room |   |
| **Audit Completed By:** |   |  | Treatment Room - Clinical |   |
| **Date Audit Report Completed:** |   |  | Personal Protective Equipment |   |
|  |  |  | Transportation of Specimens |   |
|  |  |  | Sharps Handling & Disposal |   |
|  |  |  | Vaccine Transportation & Storage |   |
|  |  |  | Dirty Utility/Sluice |   |
|  |  |  | Kitchen/Chilled Water |   |
|  |  |  | Storeroom & Equipment Storage |   |
| **Audit Scoring Key:** |  | Baby Changing Facilities |   |
| **Good Compliance** | **95 - 100%** |  | Patient Toilets |   |
| **Action Required** | **80 - 94%** |  | Linen |   |
| **Urgent Action/Improvement Required** | **79% and below** |  | **Overall Score** |   |

**How to use the self-audit tool – please read prior to completing.**

Self-assess against each of the audit standards placing a tick in the **Yes, No** or **NA** box. An easy to use scoring system allows you to highlight the percentage for each standard. The end columns are for you to record what action was taken and the date it was completed/anticipated completed. N.B. For questions answered “**NO**” you **must** complete the boxes named **Actions Taken** and **Date Action Completed.** Examples of this could be:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** | **N/A** | **Action Taken** | **Date action completed** |
| **1** | Are high and low surfaces free from dust and cobwebs etc.? |  | ✓ |  | Issue addressed with cleaner, added to cleaning schedule | 01/01/22 |
| **2** | Is there a designated hand wash basin? | ✓ |  |  |  |  |
| **3** | Do staff know what to do if they or a colleague sustains an inoculation injury? |  | ✓ |  | Education has been provided to staff | 01/01/22 |

If the answer to any question is no, the **action you have taken to rectify this must be documented in the Action Taken column.**

|  |  |
| --- | --- |
| **How to work out the percentage score for each standard** | **How to work out the percentage overall score** |
|  | 1. Add together % score for each standard
2. Divide by number of standards completed (**do not include standards that were not audited**)

**Example:** 92+80+79 = 251251/3 = 84% overall score

|  |  |  |
| --- | --- | --- |
| Standard 1 | IPC Safety | 92% |
| Standard 2 | Staff Knowledge | 80% |
| Standard 3 | Personal Protective Equipment | 79% |
| **Overall Score** | **84%** |

 |
| 1. Add the total number of **Yes** answers
2. Divide by the total number of **Yes and No** answers, (**do not include the N/A answers)**
3. Multiply by 100 to get the percentage.

**Formula:**

|  |  |  |  |
| --- | --- | --- | --- |
| Total number of Yes answers | X 100 = |  | % |
| Total number of Yes and No answers |

 |

**1. General/Staff Knowledge**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Does this GP practice have a designated person responsible leading on IPC who completes audits and monitors regularly? e.g., GP setting manager? |  |  |  |  |
| **2** | Is there clear information about when and how to contact the IPC service, including out of hours? |  |   |   |   |
| **3** | Is there evidence of a process /agenda for reporting IPC risks/untoward incidence in practice significant event meetings? |  |   |   |   |
| **4** | Have practice audits been undertaken and improvements made? Are recent action plans with a proposed date in progress/completed? |  |   |   |   |
| **5** | Have staff in this GP setting been offered immunisation as per current national guidance? |  |   |   |   |
| **6** | Are practice staff aware of and compliant with the policy of being absent from work when they are potentially infectious? |  |   |   |   |
| **7** | Do staff know what to do if they or a colleague sustains an inoculation injury? |  |   |   |   |
| **8** | Have all staff in this GP setting received IPC induction training and up to date with IPC mandatory training? |  |   |   |   |
| **9** | Do staff know how to decontaminate a blood or bodily fluid spillage safely? |  |   |   |   |
| **10** | Do staff know the symbol used to indicate single use? |  |   |   |   |
| **11** | Are single-use items used once and then discarded? |  |   |   |   |
| **12** | Are staff adhering to bare below the elbow? |  |   |   |   |
| **13** | Are staff aware of the items of equipment for which they are responsible for cleaning? |  |   |   |   |
| **14** | Is all equipment included within the cleaning checklist? |  |   |   |   |
| **15** | Are outside waste containers or storage waste compound areas kept clean and tidy without evidence of vermin and or inappropriate items? |  |   |   |   |
| **16** | Are patients provided with appropriate containers for specimens to be obtained at home? |  |   |   |   |
| **17** | Are hydration posters / leaflets visible and available for patients? |  |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreGeneral/Staff Knowledge** |  |  |  |  |

**2. General Environment**

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| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is the general environment suitable i.e. sufficient space and layout?  |  |   |   |   |
| **2** | Is there access to alcohol-based hand rub near reception?  |  |   |   |   |
| **3** | Are all furnishings and fittings visibly clean? |  |   |   |   |
| **4** | Are all furnishings and fittings in a good state of repair? |  |   |   |   |
| **5** | Are all surfaces smooth, impervious (for easy cleaning)? |  |   |   |   |
| **6** | Is the floor visibly clean? |  |   |   |   |
| **7** | Is the flooring in a good state of repair? |  |   |   |   |
| **8** | Is the environment tidy and uncluttered? |  |   |   |   |
| **9** | Are other items e.g., TV screens, computer screens, telephones clean/cleanable and in good condition? |  |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreGeneral Environment** |  |  |  |  |

**3. General Toys/Books**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is the play area visibly clean, cleanable and in good state of repair? |  |  |   |   |
| **2** | Are all toys/books included on cleaning schedules? |  |  |   |  |
| **3** | Are all toys/books visibly clean, cleanable and in good condition? |  |  |   |   |
| **4** | Are toys/books when not in use stored in a designated storage area? |  |  |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreGeneral Toys/Books** |  |  |  |  |

**4. General Domestic Room**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is the domestic room suitable given the items requiring storage and the procedures performed in there? |   |   |   |   |
| **2** | Is the domestic room including floors, furnishings and fittings and its contents, clean, in good condition, tidy and free from clutter? |   |   |   |   |
| **3** | Is there a disposal unit for the disposal of contaminated wastewater in the domestic room? |   |   |   |   |
| **4** | Is the unit for the disposal of contaminated wastewater visibly clean? |   |   |   |   |
| **5** | Are mops and buckets, mop bucket ringers stored clean, dry and mops stored inverted? |   |   |   |   |
| **6** | Are mop heads laundered after use or disposable? |   |   |   |   |
| **7** | Is there a colour coding system in place for cleaning equipment/environment? |   |   |   |   |
| **8** | Is cleaning equipment and machinery left clean and dry after use? |   |   |   |   |
| **9** | Are any unused/cleaned items stored such that they are free from any likely splash contamination? |   |   |   |   |
| **10** | Are cleaning cloths laundered after use or disposable or microfibre used in line with manufacturer’s instructions? |   |   |   |   |
| **11** | Is there a low level facility for staff to fill buckets with water for cleaning? |   |   |   |   |
| **12** |  Are waste bags filled up to ¾ full and capable of being tied/secured? |   |   |   |   |
| **13** |  Are waste bags labelled before storage? |   |   |   |   |
| **14** | Are full waste bags stored in a designated safe, lockable area? |   |   |   |   |
| **15** | Are cleaning schedules completed, signed and up to date with frequencies and responsibilities identified? |   |   |   |   |
| **16** | Do the domestic staff have access to appropriate PPE? |   |   |   |   |
| **17** | Is there easy access to handwash facilities either within the room or close by? |   |   |   |   |
| **18** | Is there a poster reminding staff of correct procedures including colour coding? |   |   |   |   |
| **19** | Are cleaning and disinfectant products available?  |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreGeneral Domestic Room** |  |  |  |  |

**5. Treatment Room Clinical**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Are all furnishings and fittings visibly clean, in a good state of repair? |   |  |   |   |
| **2** | Are all surfaces smooth and impervious (for easy cleaning)? |   |  |   |   |
| **3** | Is the floor visibly clean? |   |   |   |   |
| **4** | Is the flooring in a good state of repair minimising infection risk ? |   |   |   |   |
| **5** | Is the environment tidy and uncluttered? |   |   |   |   |
| **6** | Is there a designated hand wash basin used for handwashing only? Is the hand wash basin clean, in good condition and devoid of extraneous items? NB: All rooms used for clinical activity to have hand wash basin present. |   |   |   |   |
| **7** | Is the handwash basin easily accessible to users? |   |   |   |   |
| **8** | Is the hand wash basin plug free? |   |   |   |   |
| **9** | Is the hand wash basin overflow free? |   |   |   |   |
| **10** | In the clinical hand wash basin, is the drain for wastewater offset (away from direct water flow) ? |   |   |   |   |
| **11** | Are elbow/sensor taps available or paper towels used to turn off taps? |   |   |   |   |
| **12** | Are mixer or thermostatically controlled taps available? |   |   |   |   |
| **13** | Is the hand wash basin clean, in good condition and free from extraneous items? |   |   |   |   |
| **14** | There are no re-usable nail brushes evident at hand wash sinks. |   |   |   |   |

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| **15** | Is the soap dispensed from a single use cartridge? |   |   |   |   |
| **16** | Is the liquid soap dispenser wall mounted and containing soap? |   |   |   |   |
| **17** | Is the soap dispenser visibly clean? |   |   |   |   |
| **18** | Are paper towels available from an enclosed dispenser? |   |   |   |   |
| **19** | Is the paper towel dispenser visibly clean and containing paper towels? |   |   |   |   |
| **20** | There are no re-usable cotton towels used to dry hands |   |   |   |   |
| **21** | Is there a laminated hand hygiene poster displayed? |   |   |   |   |
| **22** | Are all posters laminated and wipeable? |   |   |   |   |
| **23** | Is there a separate sink to clean equipment? |   |   |   |   |
| **24** | Is alcohol-based hand rub available at the point of care? |   |   |   |   |
| **25** | Are alcohol-based hand rub containers visibly clean? |   |   |   |   |
| **26** |  Are there facilities available for the correct disposal of domestic/offensive/infectious waste? |   |   |   |   |
| **27** |  Are the bins clean, in good condition, not overfilled and operated by a hands free system? |   |   |   |   |
| **28** | Is waste segregated correctly? |   |   |   |   |
| **29** | Is there a designated trolley for clinical procedures? |   |   |   |   |
| **30** | Are dressing trolleys/trays structurally sound and in a good state of repair? |   |   |   |   |
| **31** | Are dressing trolley/trays visibly clean? |   |   |   |   |
| **32** | Is there sufficient storage space? |   |   |   |   |

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| --- | --- | --- | --- | --- | --- |
| **33** | Are all products stored above floor level? |   |   |   |   |
| **34** | Are all work surfaces free from clutter/ inappropriate items? |   |   |   |   |
| **35** | Are shelves used to store sterile products visibly clean? |   |   |   |   |
| **36** | Are all cupboards visibly clean? |   |   |   |   |
| **37** | Is the examination couch/chair cover impervious and washable? |   |   |   |   |
| **38** | Is the examination couch/chair visibly clean and in good condition? |   |   |   |   |
| **39** | Is the couch/chair in a good state of repair? |   |   |   |   |
| **40** | Are the disposable couch roll/sheets changed in between patients? |   |   |   |   |
| **41** | Are couch rolls stored off the floor on a couch roll holder? |   |   |   |   |
| **42** | Are any pillows completely covered in an impervious material? |   |   |   |   |
| **43** | Are all curtains visibly clean and on a cleaning/replacement schedule? |   |   |   |   |
| **44** | Are items sent for service, inspection or repair, appropriately cleaned and/or disinfected, and a label of contamination status attached? |   |   |   |   |
| **45** | Any instruments are requiring autoclave are they stored in a rigid, lidded container and labelled correctly? |   |   |   |   |
| **46** | Is all equipment i.e. stethoscopes, Blood pressure monitoring, doppler machines clean/cleanable and in good state of repair? |   |   |   |   |
| **47** | Is all this equipment cleaned in between patient use? |   |   |   |   |

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| --- | --- | --- | --- | --- | --- |
| **48** | Are spillage kits available for use on body fluid spillages? |   |   |   |   |
| **49** | Are single use tourniquets visibly clean? |   |   |   |   |
| **50** | Is there an equipment cleaning checklist that is completed and up to date? |   |   |   |   |
| **51** | Are staff aware of the cleaning schedules and where they are kept? |   |   |   |   |
| **52** | Are detergent /disinfected wipes approved wipes/cleaning materials available for decontamination of equipment between patient use? |   |   |   |   |
|  |   |   |  |  |  |
|  | **% Audit ScoreTreatment Room - Clinical Room** |   |  |  |  |

**6. Personal Protective Equipment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Are single use gloves (in a range of sizes) available? |   |   |   |   |
| **2** | Are single use plastic aprons (or gowns if required) available? |   |   |   |   |
| **3** | Are all PPE stored appropriately away from the risk of contamination? |   |   |   |   |
| **4** |  Is eye protection available if required? |   |   |   |   |
| **5** |  Are type 11R fluid resistant facemasks available? |   |   |   |   |
| **6** |  Are FFP3 masks available if required? |   |   |   |   |
| **7** | Are plastic aprons and gloves used once and then discarded after each use? |   |   |   |   |
| **8** | Is PPE changed between tasks on the same patient? |   |   |   |   |
| **9** | Does the practice comply with UKHSA/ guidance for PPE? |   |   |   |   |
| **10** | Are staff confident in knowing when and what PPE to wear? |   |   |   |   |
| **11** | Are staff observed to put on and remove PPE correctly? |   |   |   |   |
| **12** | Is hand hygiene performed following removal of PPE? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScorePPE** |   |  |  |  |

**7. Transportation of Specimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is there a procedure for the safe handling of clinical specimens which includes: the collection, labelling, storage pre-collection and transportation of clinical specimens? |   |   |   |   |
| **2** | Have staff who secure and send laboratory specimens received training on the safe handling? |   |   |   |   |
| **3** | Are specimens in appropriate containers and packaging? |   |   |   |   |
| **4** | Are specimens awaiting collection stored appropriately, away from public and staff rest rooms/areas? |   |   |   |   |
| **5** | Is there a designated specimen fridge used only for specimens? |   |   |   |   |
| **6** | Are specimen collection/transport boxes visibly clean? |   |   |   |   |
| **7** | Are specimens transported in a container that complies with (UN3373) regulations?  |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreTransportation of Specimens** |   |  |  |  |

**8. Sharps Handling & Disposal**

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| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Do the sharps containers conform to BS7320 (1990) / UN3291 standards? |   |   |   |   |
| **2** | Are sharps containers assembled correctly? |   |   |   |   |
| **3** | Are all sharps containers labelled or tagged with date, locality and a signature on assembly? |   |   |   |   |
| **4** | Are all sharps containers free from protruding sharps? |   |   |   |   |
| **5** | There are no inappropriate items in the sharps container? |   |   |   |   |
| **6** | Are the contents of all sharps containers below the `fill line`? |   |   |   |   |
| **7** | No sharps container exceeding the 3 month rule? |   |   |   |   |
| **8** | Are in use sharps containers safely positioned and out of reach of vulnerable people? |   |   |   |   |
| **9** | Are sharps container closure lids temporarily closed in between use? |   |   |   |   |
| **10** | Are sharps disposed of safely and at the point of use? |   |   |   |   |
| **11** | Are sharps disposed correctly via the correct colour coded stream? |   |   |   |   |
| **12** | Are used needles and syringes discarded as a complete single unit? |   |   |   |   |
| **13** | Are used sharps disposed of without re-sheathing? |   |   |   |   |
| **14** | Are locked sharps containers stored in a secure facility away from public access until collected for disposal? |   |   |   |   |
| **15** | Is there a laminated poster available for the management of an inoculation contamination injury? |   |   |   |   |
| **16** | Are containers free from obvious blood and body fluid contamination? |   |   |   |   |
| **17** | Are needle safety devices used where appropriate? |   |   |   |   |
| **14** |  |  |  |  |  |
|  | **% Audit ScoreSharps Handling & Disposal** |   |  |  |  |

**9. Vaccine Transportation & Storage**

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| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is there a policy/procedure for the safe receipt, storage and transportation of vaccines? |   |   |   |   |
| **2** | Is there a policy for remedial action if vaccines are stored outside of the manufacturers recommended temperature ranges? i.e., 2- 8 degrees |   |   |   |   |
| **3** | Is an audit undertaken annually of the entire vaccine process (receipt, storage, transportation, and usage)? |   |   |   |   |
| **4** | Is there a named individual who is responsible for receiving & storing vaccines? |   |   |   |   |
| **5** | Is there a named individual / deputy who is responsible for receiving & storing vaccines? |   |   |   |   |
| **6** | Are all vaccines when delivered checked against the delivery note? |   |   |   |   |
| **7** | Are vaccines placed immediately in a designated vaccine refrigerator on delivery? |   |   |   |   |
| **8** | Are vaccine types, quantities, batch numbers, expiry dates and date and time received recorded? |   |   |   |   |
| **9** | Are vaccines stored in a designated fridge, which is fit for purpose i.e. not domestic model? |   |   |   |   |
| **10** | Does the refrigerator have an uninterrupted electrical supply or where not practical to do so is the plug identified as being for a drug fridge and therefore not to be switched off? |   |  |   |   |
| **11** | Is the refrigerator situated away from a heat source and is air able to freely circulate around it? |   |  |   |   |
| **12** | Are the contents evenly distributed within the refrigerator to allow air to circulate? |   |   |   |   |
| **13** | Is the refrigerator locked? |   |   |   |   |
| **14** | Is the refrigerator located in an area with restricted public access? |   |   |   |   |
| **15** | Is the fridge checked, defrosted, and cleaned monthly, whilst vaccines are kept in an approved cool box with a minimum and maximum temperature range or 2nd fridge? |   |   |   |   |
| **16** | Are there records of servicing, defrosting and cleaning, calibration and electrical testing recorded in with manufacturer’s instructions? |   |   |   |   |
| **17** | Is there a back up plan in the event of a refrigerator failure? |   |   |   |   |
| **18** | Are vaccines stored in their original packaging? |   |   |   |   |
| **19** | Are vaccines in date with no more than 4 weeks of stock? |   |   |   |   |
| **20** | Are vaccine stocks rotated and used according to date? |   |   |   |   |
| **21** | Is the fridge fitted with a minimum maximum thermometer? |   |   |   |   |
| **22** | Are temperature checks performed and recorded each working day? |   |   |   |   |
| **23** | Are actual, maximum and minimum temperatures being recorded? |   |   |   |   |
| **24** | Is the maximum and minimum thermometer reset after being read? |   |   |   |   |
| **25** | Are recorded temperatures within the acceptable range of 2oC – 8oC? |   |   |   |   |
| **26** | Has the refrigerator an alarm which activates when its temperature exceeds 8oC, or when it falls below 2 oC ? |   |   |   |   |
| **27** | Is there a system in place for safe disposal of expired/surplus/damaged vaccines? |   |   |   |   |
| **28** | Are vaccines only removed from the base refrigerator immediately before leaving for an external session? |   |   |   |   |
| **29** | Are vaccines returned immediately to the base refrigerator after an external session? |   |   |   |   |
| **30** | During transport, are vaccines wrapped in bubble wrap (or similar insulation material) stored in a suitable approved cool box with a maximum and minimum thermometer with cool packs? |   |   |   |   |
| **31** | Have all staff who receive and store vaccines received training (including maintenance of the cold chain)? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreVaccine Transportation/Storage** |   |  |  |  |

**10. Dirty Utility and Sluice**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is space readily available to prevent staff bumping into each other and all tasks can be undertaken in? |   |   |   |   |
| **2** | Is the floor, walls and all surfaces, clean, cleanable and in good condition? |   |   |   |   |
| **3** | Is the environment free from clutter? |   |   |   |   |
| **4** | Are appropriate cleaning material and disinfectants available? |   |   |   |   |
| **5** | Are all disinfectants including spill kits locked away in a COSHH approved cupboard? |   |   |   |   |
| **6** | Is there an equipment cleaning sink (not used for hand hygiene)? |   |   |   |   |
| **7** | Is there a dedicated hand washing sink? |   |   |   |   |
| **8** | Is the handwash basin easily accessible to users? |   |   |   |   |
| **9** | Is the hand wash basin plug free? |   |   |   |   |
| **10** | Is the hand wash basin overflow free? |   |   |   |   |
| **11** | In the clinical hand wash basin, is the drain for wastewater offset (away from direct water flow) ? |   |   |   |   |
| **12** | Are elbow/sensor taps available or paper towels used to turn off taps? |   |   |   |   |
| **13** | Are mixer or thermostatically controlled taps available? |   |   |   |   |
| **14** | Is the hand wash basin clean, in good condition and free from extraneous items? |   |   |   |   |
| **15** | There are no re-usable nail brushes evident at hand wash sinks? |   |   |   |   |
| **16** | Is the soap dispensed from a single use cartridge? |   |   |   |   |
| **17** | Is the liquid soap dispenser wall mounted and containing soap? |   |   |   |   |
| **18** | Is the soap dispenser visibly clean? |   |   |   |   |
| **19** | Are paper towels available from an enclosed dispenser? |   |   |   |   |
| **20** | Is the paper towel dispenser visibly clean and containing paper towels? |   |   |   |   |
| **21** | There are no re-usable cotton towels used to dry hands? |   |   |   |   |
| **22** | Is there a laminated hand hygiene poster displayed? |   |   |   |   |
| **23** | Is there a safe system for discarding all bodily fluids? |   |   |   |   |
| **24** | Is a poster available for the management of blood and bodily fluid spillages? |   |   |   |   |
| **25** | Is PPE available either within or very close to the sluice and stored within an appropriate dispenser? |   |   |   |   |
| **26** | Are all items stored away from the risk of possible splash contamination? |   |   |   |   |
| **27** | Are appropriate waste bins available for the disposal of domestic, offensive/infectious waste? |   |   |   |   |
| **28** | Are the waste bins, clean, in good condition and hands free operated? |   |   |   |   |
| **29** | Is the waste segregated correctly? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreDirty Utility/Sluice** |   |  |  |  |

**11. Kitchen/Chilled Water**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is the food refrigerator used for food only i.e. no medical items whatsoever? |   |   |   |   |
| **2** | Is the food in the refrigerator fresh and within expiry date? |   |   |   |   |
| **3** | Has the chilled water machine been connected from a mains supply? |   |   |   |   |
| **4** | Are the instructions for the correct use and maintenance of chilled-water or ice-making machines available? |   |   |   |   |
| **5** | Is the water cooler/ice machine clean, cleaned in line with manufacturer’s instructions and subject to planned maintenance? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreKitchen/Chilled Water** |   |  |  |  |

**12. Storeroom & Equipment Storage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is the storeroom sufficient for all items? |   |   |   |   |
| **2** | Is the environment including floor visibly clean, cleanable and in good condition? |   |   |   |   |
| **3** | Is the storeroom free from infestation? |   |   |   |   |
| **4** | Is the storeroom free from clutter? |   |   |   |   |
| **5** | Are all items in the storeroom stored away from any possible splash contamination and protected from dust? |   |   |   |   |
| **6** | Are all items stored above floor level apart from items designed to be placed on the floor? |   |   |   |   |
| **7** | Are all items of equipment clean? |   |   |   |   |
| **8** | Is all equipment in good condition? |   |   |   |   |
| **9** | Is all equipment marked clean ready for next patient use? |   |   |   |   |
| **10** | Are sterile items undamaged and within expiry date? |   |   |   |   |
| **11** | Are sterile items stored away from splash contamination? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreStoreroom & Storage of Equipment** |   |  |  |  |

**13. Baby Changing Facilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is the baby changing room, including floor, clean, in good condition? |   |   |   |   |
| **2** | Is baby changing equipment in good condition and clean? |   |   |   |   |
| **3** | Is there information displayed for parents on how to clean the baby changing area afterwards? |   |   |   |   |
| **4** | Are cleaning materials for parents available? |   |   |   |   |
| **5** | Is there a dedicated hand washing sink? |   |   |   |   |
| **6** | Are hand hygiene products readily available including soap and paper towels |   |   |   |   |
| **7** | Is a laminated hand hygiene poster available? |   |   |   |   |
| **8** | Are there facilities available for correct disposal of domestic and offensive (if applicable) waste? |   |   |   |   |
| **9** | Is the waste bin, clean, in good condition and hands free operated? |   |   |   |   |
| **10** | Is the area free from extraneous items? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreBaby Changing Facilities** |   |  |  |  |

**14. Patient Toilets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Are all toilet areas, including the floor, visibly clean, clutter free and in good condition? |   |   |   |   |
| **2** | Are toilets and hand wash basins visibly clean and in good working order? |   |   |   |   |
| **3** | Are toilet brushes and their holders visibly clean? |   |   |   |   |
| **4** | Is there a hand hygiene poster available? |   |   |   |   |
| **5** | Are hand hygiene products readily available including soap and paper towels? |   |   |   |   |
| **6** | Are there facilities available for correct disposal of domestic and offensive waste? |   |   |   |   |
| **7** | Is the waste bin, clean, in good condition and hands free operated? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScorePatient Toilets** |   |  |  |  |

**15. Linen**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions(To be completed by Practice Manager)** | **Date of Completion (To be completed by Practice Manager)** |
| **1** | Is linen used in this area? |   |   |   |   |
| **2** | If so, are areas where clean linen is stored appropriate, in good condition, cleanable and off the floor? |   |   |   |   |
| **3** | Is used linen stored in a designated area where it doesn’t pose an infection risk to others? |   |   |   |   |
| **4** | Is used linen taken to an off-site laundry and NOT washed in the practice/at home? |   |   |   |   |
|  |  |  |  |  |  |
|  | **% Audit ScoreLinen** |   |  |  |  |