Infection Control Nurses Association

www.icna.co.uk

AUDIT TOOLS FOR MONITORING INFECTION CONTROL GUIDELINES WITHIN THE COMMUNITY SETTING 2005

DH Department of Health

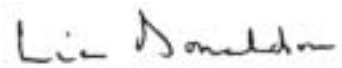
Working in partnership with the Department of Health

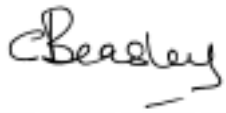
FOREWORD FROM THE CHIEF MEDICAL OFFICER AND CHIEF NURSING OFFICER ENGLAND.

Tackling healthcare associated infections is a key priority for the NHS. We know that to bring about an improvement in infection practice it is important that measures known to be effective in reducing the risk of infection are rigorously and consistently applied.

This infection control audit tool for primary and community care settings builds on previous work for acute Trusts and provides a standardised method for monitoring both clinical practice and the environment. Feeding back audit results will enable staff to systematically identify where improvement is needed, to minimise infection risks and enhance the quality of patient care.

We welcome and commend the audit tool to the NHS as a means of helping to improve performance and patient care forming part of the NHS wide action plan to reduce infection and increase patient safety. As the Department takes forward its work on the Saving Lives programme and adapts this to other care settings this tool is seen as a crucial piece of work.





Sir Liam Donaldson
Chief Medical Officer

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INTRODUCTION

The introduction of Clinical Governance (DOH 1997, National Assembly for Wales 2000), Winning Ways (2003) and the National Audit Office Report (2004) has placed increased emphasis on the use of audit to measure the implementation of policies and procedures relating to infection control. The requirement for key indicators to form part of the monitoring of community infection and standards of practice has also highlighted the value of audit tools.

The Infection Control Nurses Association Audit Tools for Monitoring Infection Control Tools were devised in 2004 for use within acute and intermediate care. Continuing from this work a national revision of the audit tools relevant to the community setting led by the ICNA has been undertaken in conjunction with key stakeholders. The new tools within this document relate to the principles of infection control and include: hand hygiene, environment, kitchen area, disposal of waste, bodily fluid spillage, personal protective equipment, sharps handling, specimen handling, vaccine storage and transport and decontamination.

These tools can be used to focus on specific policies and procedures and practice. These tools are intended for use within the community settings. It is anticipated that audit tools relating to specialist areas (e.g. dentistry, CSSD) will be released at a later date.

The criteria/standards for the audit tools have been developed using a consistent methodology. This has involved individual members of the group leading on specific tools. A literature review was undertaken which included a search for all relevant guidance and evidence. Expert opinion has been sought for many of the standards. A national consultation process was then undertaken and comments where appropriate were incorporated into the final version of the tools. The audit tools were then piloted across the UK, with 36 tools being tested.

The audit tools can be used to provide objective data on compliance to policies within an organisation. This data can then be used to direct the infection control annual programme in meeting the needs of the organisation in relation to infection control.

Year-on-year data can assist in monitoring the effectiveness of infection control programmes and assist in strategic planning to meet long term infection control objectives.

In line with Department of Health (DOH) initiatives (England) a compliance categorisation has been incorporated into the scoring system to provide a clear indication of compliance. The allocation of compliance levels is based on the scores obtained, which will automatically be allocated within the database. For the purpose of these audits the categories will be allocated as follows: minimal compliance 75% or less, partial compliance 76-84% and compliant 85% or above.

REFERENCES

National Audit Office (2004) *Improving patient care by reducing the risk of hospital acquired infection: A progress report*. Report by the Controller and Auditor. Stationary Office, HC 876.London.

Department Of Health. (2003) *Winning Ways – Working Together to Reduce Healthcare Associated Infection in England*. A Report from the Chief Medical Officer. London: DOH

National Assembly for Wales. (2000). *Corporate Governance in the NHS in Wales: Controls assurance statements 1999/2000: Risk Management and Organisational Controls*. Welsh Health Circular (2000) 13.

INFECTION CONTROL AUDIT TOOLS

Guidelines for using the audit tools

The audit tools are intended for use by infection control specialists, staff with a demonstrated interest in infection control (infection control link practitioners) and trained audit personnel. To enable assessment of practice within each standard, the audit tool includes criterion that determines whether the organisation/area has comprehensive policies and procedures and that structures are in place to ensure distribution, compliance and monitoring of such policies and procedures occur. These policies and procedures should be comprehensive, up to date and reflect appropriate practices.

Planning the audit programme

The audit tool is intended for the conduct of audit programmes and the production of audit reports. Thorough planning should take place with relevant personnel from the area to be audited to ensure minimal disruption is caused, information/documentation is available and personnel or locations are accessible.

Time required

It is envisaged that several audits may be carried out at one visit. The time required to complete a specific audit will vary according to the standards being audited. For example if completing the decontamination audit the amount of time required will significantly increase.

Scoring

All criteria should be marked either 'Yes', 'No' or 'NA' (non-applicable). It is not acceptable to enter an 'N/A' response where a national standard must be achieved.

	Hand hygiene	Yes	No	N/A	Comments
1	The organisation has comprehensive procedures and a policy for Hand Hygiene				

In the example above it is not appropriate to mark "N/A" because it is a national standard to have a hand hygiene policy. Therefore if it is not available a "No" score must be allocated. The action plan will then reflect the change in practice required. If a standard is not achievable because a facility is absent or a practice not undertaken, the use of "N/A" is acceptable.

Comments should be written on the form for each of the criteria at the time of the audit clearly identifying any issues of concern and areas of good practice. These comments can then be incorporated into the final report.

Whilst it is not essential to issue scores to managers, it is useful for them to be recorded for annual comparison of compliance to policies. Comments made can indicate where some compliance has been observed e.g. eight out of ten sharps boxes are labelled.

Manual scoring can be carried out as follows: -

Add the total number of "Yes" answers and divide by the total number of questions answered (including all "Yes" and "No" answers) excluding the "N/As" : multiply by 100 to get the percentage.

Formula

$$\frac{\text{total number of yes answers}}{\text{total number of yes and no responses}} \times 100 = \%$$

	Hand hygiene	Yes	No	N/A	Comments
3	Hand hygiene is an integral part of Induction for all staff		✔		Hand hygiene is not an integral part of induction for new staff
4	Staff have received training in hand hygiene procedures. [Ask a member of staff]	✔			
5	Clinical staff nails are short,clean and free from nail extensions and varnish.	✔			

The score for the above table would be calculated as follows: $\frac{2 \times 100}{3} = 66.6 = 67\%$

If more than one tool has been used in an individual ward or department then each of the overall scores can be added, then divide by the number of tools used. This will provide an overall audit percentage score.

Feedback of information and report findings

It is advised that the auditor should verbally report any areas of concern and of good practice to the person in charge of the area being audited prior to leaving. A written report should also be developed by the auditor and should be given to the relevant clinical area and manager for action. The report should clearly identify areas requiring action.

The team may decide to reaudit the area if there are concerns or a minimal compliance rating is observed. A system of feedback to the Infection Control Specialist on the action taken by the derived area should be in place. This may involve feedback meetings or the return of completed action plans.

INFECTION CONTROL AUDIT TOOLS

Guidelines for using the database

The Audit Tool database can be used to record the data from the audits and calculate scores. Reports can then be generated from this data using preset templates.

Guidelines for the database are available in a separate document accessed from the CD Rom or Infection Control Nurses Association website.

INFECTION CONTROL AUDIT TOOLS

Hand hygiene

Standard Statement: Hands will be decontaminated correctly and in a timely manner using a cleansing agent to reduce risk of cross infection.

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures and a policy for Hand Hygiene				
2	Organisational structures are in place to ensure, distribution, compliance and monitoring of the hand hygiene policy and procedures				
3	Hand hygiene is an integral part of Induction for all staff				
4	Staff have received training in hand hygiene procedures. [Ask a member of staff]				
5	Clinical staff nails are short, clean and free from nail extensions and varnish				
6	No wrist watches, stoned rings or other wrist jewellery are worn during clinical procedures				
7	Hand hygiene is encouraged and alcohol hand rubs are made available for visitors				
8	Posters promoting hand hygiene are available and are on display				
9	There is a hand wash basin in each treatment /clinical area				
10	Hand washing facilities are clean and intact (check sinks taps, splash backs, soap and towel dispensers)				
11	Hand wash basins are dedicated for that use only and are free from used equipment and inappropriate items				
12	There is easy access to the hand wash basin				
13	The hand wash basin complies with HTM 64 i.e. no plugs, no overflows, water from taps not directly situated above plug hole				
14	Elbow operated taps are available at all hand wash basins in clinical areas				
15	Liquid soap is available at each hand wash basin				
16	Liquid soap is in the form of single use cartridge dispensers				

		Yes	No	N/A	Comments
17	There is no bar soap at hand washing basins in treatment/clinical areas				
18	Alcohol rub is available for use at the entrance/exits to clinical settings, when appropriate, e.g. community hospitals				
19	Alcohol hand rub is available at the point of care as per local and national standards				
20	Portable alcohol hand rub is available for domiciliary visits				
21	Clinical staff are encouraged to use hand moisturisers that are pump operated or personal use				
22	Soft absorbent paper towels are available at all hand wash sinks				
23	There are no re-usable cotton towels used to dry hands				
24	There are no re-usable nailbrushes used or present at hand wash sinks				
25	There is a foot operated bin for waste towels in close proximity to hand wash sinks which are fully operational				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Environment

Standard: The environment will be maintained appropriately to reduce the risk of cross infection.

		Yes	No	N/A	Comments
1	The organisation has access to the NHS document Infection Control in the Built Environment [www.nhsestates.gov.uk]				
2	The organisation has comprehensive procedures based on the following documents – Revised Guidance for Contract Cleaning, NHS Healthcare Facilities Cleaning Manual, National Specifications for Cleanliness [www.nhsestates.gov.uk]				
3	Organisational structures are in place to ensure, distribution, compliance and auditing of cleanliness				
4	Overall appearance of the environment is tidy and uncluttered with only appropriate, clean and well maintained furniture used				
5	Fabric of the environment and equipment smells clean, fresh and pleasant				
6	The allocation of rooms for clinical practice is fit for purpose				
7	Rooms where clinical practice takes place are not carpeted				
8	Floor coverings are washable and impervious to moisture and are sealed regularly				
9	The complete floor, including edges and corners are visibly clean with no visible body substances, dust, dirt or debris				
10	Furniture, fixtures and fittings should be visibly clean with no body substances, dust, dirt or debris or adhesive tape				
11	All dispensers, holders and all parts of the surfaces of dispensers of soap and alcohol gels, paper towel/couch roll/toilet paper holders are visibly clean with no body substances, dust, dirt or debris or adhesive tape				
12	Toilets are visibly clean with no body substances, dust, lime scale stains, deposits or smears – including underneath toilet seat				

		Yes	No	N/A	Comments
13	Hand wash basins are visibly clean with no body substances, dust, lime scale stains deposits or smears				
14	Hand wash basins are dedicated for that use only and are free from used equipment and inappropriate items				
15	Facilities are available for the safe disposal of sanitary towels				
16	Sanitary bins are replaced regularly with clean to prevent overfilling				
17	Waste receptacles are clean, including lid and pedal				
18	Foot pedals of clinical waste bins are in good working order				
19	There is a procedure in place for regular decontamination of curtains and blinds				
20	Furniture in patient areas e.g chairs and couches are made of impermeable and washable materials				
21	Chairs are free from rips and tears				
22	Couches are free from rips and tears				
23	Disposable paper couch roll is in use on examination couches				
24	Pillows are enclosed in a washable and impervious cover				
25	Furniture that cannot be cleaned is condemned				
26	Tables are tidy and uncluttered to enable cleaning				
27	Medical equipment is cleaned, maintained and stored appropriately				
28	Water coolers are mains supplied, visibly clean and on a planned maintenance programme				
29	Soft toys are not available for communal use				
30	Toys are visibly clean with no evidence of body substances, dust or deposits				
31	Changing mats are free of rips and tears and are visibly clean with no evidence of body substances, dust or deposits				
32	Changing mats are covered in easy-clean material				

		Yes	No	N/A	Comments
33	Baby weighing scales are visibly clean with no body substances, dust or deposits				
34	Sandpits have fitted lids				
35	Sand is kept clean and dry and sand is renewed regularly				
36	Animals used for pet therapy have evidence that all appropriate worming and vaccinations are up-to-date and have a flea management programme				
37	Feeding areas, cages and bedding are changed and cleaned regularly				
38	Hand hygiene is actively encouraged after handling animals in healthcare environments – must apply to staff and visitor				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Kitchen Area

Standard Statement : Kitchens will be maintained to reduce the risk of cross infection in accordance with current legislation.

		Yes	No	N/A	Comments
1	The kitchen is subject to a regular inspection from Environmental Health or other agency				
2	The floor is clean and dry				
3	There is no evidence of infestation or animals in the kitchen				
4	Fly screens are in place where required				
5	Cleaning materials used in the kitchen are identifiable and are stored separately to other cleaning equipment and away from food				
6	There is a separate dedicated hand wash sink and liquid soap and paper towels are available				
7	Fixtures and fittings are in a good state of repair				
8	Fixtures, surfaces and appliances are clean and dry				
9	Shelves, cupboards and drawers are clean and dry, free from dust and in a good state of repair				
10	All cooking appliances are visibly clean				
11	Refrigerators/freezers are clean and free from ice build up				
12	There is a thermometer in the refrigerator and freezer				
13	There is evidence that daily temperatures are recorded and appropriate action is taken if standards are not met (refrigerator temperature must be less than $8^{o}C$, freezer - $18^{o}C$ or as local policy)				
14	Patient and staff food is labelled and there is a system in place to determine when it was opened and/or when it should be used by				
15	There are no inappropriate items (e.g. medications or specimens) in the refrigerator				
16	Milk is stored in refrigerator				
17	Bread is stored in a clean dry container				

		Yes	No	N/A	Comments
18	All food products are within their expiry dates				
19	Opened food is covered or stored in containers				
20	Water coolers/ice machines are mains supplied, visibly clean and on a planned maintenance programme				
21	Ice making machines that use storage bins for storing ice in the ice maker are not in use				
22	Ice dispensing machines are used where ice is required for food/drink purposes (i.e. the ice is dispensed from nozzles directly into receptacle on demand)				
23	The daily routine of the ice maker/dispenser is strictly adhered to and is cleaned at least once a week according to manufacturers instructions				
24	There is a satisfactory system for cleaning crockery and cutlery e.g. dishwasher which is clean and well maintained				
25	Disposable paper roll is available for drying equipment and surfaces				
26	There are no fabric tea towels or dish cloths in use				
27	Waste bins are foot operated, clean, and in good working order				
28	There are no inappropriate items or equipment in the kitchen				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Disposal of Waste

Standard Statement: Waste is disposed of safely without the risk of contamination or injury and in accordance with legislation.

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures/policy for the disposal of waste				
2	Organisational structures are in place to ensure distribution, compliance and monitoring of waste procedures				
3	There is evidence that the waste contractor is registered with a valid licence (check records)				
4	If generating clinical waste the Practice is registered to do so				
5	Clinical waste, consisting of the categories listed below, is disposed of and transported in UN approved appropriate sharps containers OR clinical waste bags. [All waste bags and bins must comply with British Standards] **18 01 wastes from natal care, diagnosis, treatment or prevention of disease in humans 18 01 01 sharps (except 18 01 03) 18 01 02 body parts and organs including blood bags and blood preserves (except 18 01 03) 18 01 03 wastes whose collection and disposal is subject to special requirements in order to prevent infection 18 01 04 wastes whose collection and disposal is not subject to special requirements in order to prevent infection (e.g. dressings, plaster casts, linen, disposable clothing, diapers) 18 01 06 chemicals consisting of or containing dangerous substances 18 01 07 chemicals other than those mentioned in 18 01 06 18 01 08 cytotoxic and cytostatic medicines 18 01 09 medicines other than those mentioned in 18 01 08 18 01 10 amalgam waste from dental care **European Waste Catalogue codes				
6	All other waste is classified as Domestic waste and is disposed of in domestic waste bags				

		Yes	No	N/A	Comments
7	Staff have attended a training session which includes the correct and safe disposal of clinical waste				
8	There is evidence that staff are segregating waste correctly				
9	Staff are aware of the waste segregation procedures (randomly question a member of staff)				
10	There is clinical waste signage (posters) identifying waste segregation available in all areas				
11	The waste storage area is clean and tidy				
12	Clinical waste sacks are labelled and secured before disposal				
13	There is no storage of waste in corridors or in other inappropriate areas inside/outside the facility whilst waste is awaiting collection				
14	Hazardous and offensive waste is segregated from other waste for transportation				
15	All plastic waste sacks are fully enclosed within bins to minimise the risk of injury				
16	All waste bins used are foot operated, lidded and in good working order				
17	All waste bins are visibly clean – externally and internally				
18	Glass and aerosol boxes are not used for prescription only medicine bottles				
19	Waste bags are removed from clinical areas daily				
20	There is no emptying of clinical waste from one bag to another				
21	There are no overfilled bags. Bags are no more than 2/3 full				
22	All clinical waste containers are kept secured and are inaccessible to the public				
23	The clinical waste containers are clean				
24	Where there is a dedicated area for the safe storage of clinical waste [outside compound], it is under cover from the elements and free from pests and vermin and the area is locked and inaccessible to animals and to the public				

		Yes	No	N/A	Comments
25	There is no storage of inappropriate items in the waste compound				
26	The waste compound is kept clean and tidy				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Spillage and/or Contaminationwith blood/body fluids

Standard Statement: Body Fluid spillage or contamination is dealt with in a way that reduces the risk of cross infection.

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures/ policy for dealing with body fluid spillages				
2	Organisational structures are in place to ensure, distribution, compliance and monitoring of the body fluid spillage policy and procedures				
3	Staff have received training in dealing with body fluid spillages. [Ask a member of staff]				
4	Staff who come in contact with spillages have been successfully immunised against Hepatitis B				
5	Staff are aware of how to contact the Occupational Health Department in the event of an inoculation accident				
6	All equipment and the environment is visibly clean with no body substances, dust dirt or debris				
7	Dedicated spillage kits are available for decontaminating and cleaning body fluids				
8	Personal protective equipment is available				
9	Equipment used to clear up body fluid spillages is disposable or able to be decontaminated				
10	Appropriate disinfectants are available for cleaning all body fluid spillages [see 8]				
11	Sodium hypochlorite solution in the strength 1:10,000ppm (1%) OR NaDCC (Sodium Dichloroisocyanurate) is available				
12	Medical equipment that has been contaminated with body fluids is cleaned appropriately and a Permit to Work document completed (e.g. decontamination certificate/label)				

		Yes	No	N/A	Comments
13	Furniture that has been contaminated with body substances and cannot be cleaned is condemned				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Personal Protective Equipment

Standard Statement: Personal protective equipment is available and is used appropriately to reduce the risk of cross infection.

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures/policy for the appropriate use of personal protective equipment				
2	Organisational structures are in place to ensure, distribution, compliance and monitoring of all policies that include the use of personal protective equipment policy				
3	Staff are trained in the use of personal protective equipment as part of local departmental induction				
GLOVES					
4	Sterile and non-sterile gloves (powder free) conforming to European Community [EC] standards are fit for purpose (no splitting etc) and are available in all clinical areas				
5	Alternatives to natural rubber latex (NRL) gloves are available for use by practitioners and patients with NRL sensitivity				
6	Powdered or polythene gloves are not in use in clinical areas				
7	There is an appropriate range of sizes available				
8	Gloves are worn as single use items for each clinical procedure or episode of patient care				
9	Hands are decontaminated following the removal of gloves				
10	Gloves are stored appropriately				
APRONS					
11	Disposable plastic aprons are worn when there is a risk that clothing or uniform may become exposed to body fluids or become wet				
12	Disposable plastic aprons are worn as part of food hygiene practices. i.e. food preparation and serving meals				

		Yes	No	N/A	Comments
13	Disposable plastic aprons are worn as single-use items for each clinical procedure or episode of patient care				
14	Full body, fluid repellent gowns are worn where there is a risk of extensive splashing of body fluids onto the skin of health care practitioners				
15	Aprons are stored appropriately				
PROTECTIVE BIBS/COVERS					
16	Bibs and covers used to protect the patients during treatment are disposable OR are impermeable and decontaminated between each patient				
FACE and EYE PROTECTION					
17	Clean facemasks and eye protection are worn where there is a risk of any body fluids splashing into the face and eyes [COSHH Control of Substances Hazardous to Health]				
RESPIRATORY EQUIPMENT					
18	Equipment is visibly clean with no body substances, dust, dirt or debris				
19	Respiratory protective equipment is available for use when clinically indicated e.g. particulate filtration masks for nail drilling				
20	Staff are trained in the fit testing of respiratory equipment				
21	Where applicable equipment used is maintained as per manufacturers instructions				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Prevention of blood/body fluid sharp injuries, bites and splashes

Standard Statement: Sharps/needlestick injuries, bites and splashes involving blood or other body fluids are managed in a way that reduces the risk of injury or infection.

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures/policy for the management of sharps/needlestick injuries or splashes and bites in a way that reduces injury or infection				
2	Organisational structures are in place to ensure, distribution, compliance and monitoring of the management of sharps/needlestick injuries, bites and splashes policy and procedures				
3	There are arrangements in place that ensure staff are immunised against Hepatitis B [ask a manager]				
4	There are arrangements in place that ensures staff are dealt with appropriately in the event of a needlestick or bite/splash [ask a member of staff]				
5	All staff receive training in sharps/splash/bite management and are ware of the actions to take following an injury [Ask a member of staff]				
6	All needlestick/sharps/bites/splash injuries are recorded				
7	There are appropriate devices used for exposure prone procedures				
8	There is signage (e.g. a poster) displayed for the management of needlestick/sharps injuries and/or bites and splashes				
9	Sharps containers comply with BS 7320 (1990)/UN 3291				
10	Community pre-assembled sharps containers are available for domiciliary visits				
11	Sharps containers are correctly assembled				
12	All sharps containers in use are labelled with date, locality and signed				
13	Sharps containers are available at the point of use				

		Yes	No	N/A	Comments
14	When full and ready for disposal all sharps containers are dated and signed				
15	Sharps containers are stored safely away from the public and out of reach of children				
16	Sharps containers are not filled beyond the indicator mark i.e. 2/3 full				
17	There are no inappropriate items e.g. packaging or swabs in the sharps containers				
18	Needles and syringes are discarded as a single unit				
19	Syringes with a residue of Prescription Only Medication are disposed of according to current legislation				
20	The temporary closure mechanism is used when the bin is not in use				
21	Full sharps containers are sealed only with the integral lock – tape or stickers are not used				
22	Sharps containers are not placed in waste bags prior to disposal				
23	Sealed and locked bins are stored in a locked facility away from public access				
24	Sharps containers are available for use and located within easy reach				
25	Sharps containers are visibly clean with no body substances, dust, dirt or debris				
26	Inappropriate re-sheathing of needles does not occur. [Ask a member of staff]				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Specimen Handling

Standard Statement: Specimens are handled in a way that negates the risk of cross-infection to all staff.

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures/policy for Specimen Handling				
2	Organisational structures are in place to ensure, distribution, compliance and monitoring of the specimen policy and procedures				
3	All staff handling specimens, including reception staff, are trained in doing so				
4	Specimens that are to be sent to the microbiology laboratory are in appropriate containers				
5	Patients are provided with appropriate specimen containers if required to produce specimens at home [ask a member of staff]				
6	Specimens are sealed in designated plastic transit bags				
7	Request forms are not in the same section of the bag as the specimen				
8	Transit bags are not sealed with paper clips or staples				
9	Specimens awaiting transit are kept in a designated area away from the public and staff rest areas				
10	Refrigeration is available where required				
11	Specimens are not stored with food				
12	Specimens are transported in leak-resistant boxes with lids that can be fastened				
13	Specimen transport boxes are visibly clean with no body substances, dirt, dust or debris				
14	There is no evidence of leaking or externally contaminated specimen containers being sent to the laboratory				
15	Specimen testing is undertaken in an appropriate, designated area				

		Yes	No	N/A	Comments
16	The test area is cleaned after use				
17	Samples tested on site are discarded in a toilet or sluice				
18	Specimens sent by post are packaged according to post office regulations				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Vaccine transport and storage

Standard Statement: Vaccines are stored and transported safely

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures/policy for the storage and transport of vaccines				
2	Organisational structures are in place to ensure distribution, compliance and monitoring of vaccine procedures and policy				
3	Vaccines are stored immediately on delivery into a dedicated refrigerator				
4	The vaccine refrigerator is fit for purpose and is not a domestic refrigerator				
5	The refrigerator has an uninterrupted electrical supply				
6	The refrigerator for vaccines has a thermometer that shows external and internal temperatures				
7	Temperature checks are performed and recorded daily				
8	Recorded temperatures are within the acceptable range of 2-8^{O}C				
9	There is a validated system for maintaining the cold chain				
10	The refrigerator is used for vaccine storage only [COSHH]				
11	Vaccines are not stored in the door of the refrigerator or in a separate drawer at the bottom of the fridge				
12	Storage of vaccines in the refrigerator is adequate i.e. up to 50% full				
13	Alternative and appropriate storage is available in the event of a breakdown or repair of the vaccine refrigerator				
14	A system is in place for safe disposal of expired/surplus/damaged vaccines				
15	All vaccines are in date				

		Yes	No	N/A	Comments
16	Vaccines stocks are rotated and used according to date				
17	The top surface of the vaccine refrigerator is not used for storage				
18	There is a named responsible person that has overall responsibility for correct use, storage and transport of vaccines				
19	Staff have attended training which includes guidelines and information on vaccine use, storage and the maintenance of the cold chain				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

INFECTION CONTROL AUDIT TOOLS

Decontamination

Standard Statement: Decontamination of re-useable medical instruments will ensure all such instruments are adequately decontaminated prior to re-use and any associated risks are managed.

		Yes	No	N/A	Comments
1	The organisation has comprehensive procedures and a policy for the cleaning, disinfection, inspection, packaging, disposal, sterilisation, transport and storage				
2	Organisational structures are in place to ensure, distribution, compliance and monitoring of the decontamination policy and procedures				
3	There is no evidence that the organisation is re-using single use items				
4	If the organisation contracts out decontamination services, the service provider complies with (MDD) 93/42 EEC and is registered with a MHRA approved notified body **If this question applies, go to question 35**				
	Washer Disinfectors **If this does not apply Go to question 12 and mark questions 5 to 11 as N/A**				
5	Contaminated instruments are stored safely prior to decontamination				
6	A Washer Disinfector – (W/D) is available and is used routinely for washing/disinfecting re-usable surgical instruments				
7	The W/D is subject to commissioning, periodic testing by a suitable qualified test person as identified in HTM 2030				
8	The daily and weekly housekeeping and safety checks are carried out and recorded				
9	All users receive training and a certificate on proper use of the machine is available				
10	The W/D produces a print out of all cycles to enable documentation of cycle variables				
11	Instruments are inspected following W/D, and is reflected in policies and/or procedures				

		Yes	No	N/A	Comments
	Ultra sonic cleaners – USC **If this does not apply Go to question 26 and mark questions 12 to 25 as N/A**				
12	USC is located in designated washroom/dirty room				
13	Instruments are not manually cleaned prior to loading in the USC				
14	There is a defined loading pattern and Max load				
15	USC has tight fitting lid				
16	The Chamber is emptied after each cycle				
17	Instruments are inspected for cleanliness following cleaning cycle – this is reflected in policies and or procedures				
18	All users receive training and a certificate on proper use of the machine is available				
19	Tank water is cleaned when; visibly dirty, and daily– this is reflected in policy and or procedures				
20	Strainer and filter is cleaned or changed daily				
21	Quarterly performance tests are carried out				
22	Test results and maintenance documentation is kept with machine				
23	Quarterly and annual testing is performed by independent authorised test person, in accordance with HTM 2030				
24	USC are used only when W/D is contra indicated, or prior to decontamination in W/D				
	Bench Top Sterilizers **if this does not apply mark questions 26 – 34 N/A and go to Q 35**				
25	A validated steam sterilizer is used, maintained and operated in accordance with Health Technical memorandum 2010 Part 1 and MDA DB 9605				
26	Automatic control test - Temperature recordings and holding times are recorded daily before use in the sterilizer log book. In accordance with HTM 2010				
27	Sterilizing Equipment is clean and in a good state of repair				
28	The reservoir is drained and left clean and dry at the end of each session				

		Yes	No	N/A	Comments
29	Only 'sterile water for irrigation' is used in the autoclave and opened bottles are discarded				
30	Only trained staff are permitted to use the sterilizer				
31	Equipment to be sterilized is not wrapped and does not contain lumens unless sterilizer contains a vacuum cycle				
32	Instruments required to be sterile at the point of use are pre-packed sterile or sterilized immediately prior to use				
33	Sterilizer is positioned in a clean room				
	Environment **The principles of HBN 13 should be followed**				
34	Separate Washroom/dirty room and clean room are available				
35	If transport containers are in use they are clean and in good working order				
36	A workflow system segregates clean from dirty procedures				
37	There is effective segregation of dirty from clean instruments				
38	All equipment is stored dry and is covered				
39	There are appropriate Personal Protective Equipment available i.e. disposable gloves, plastic apron, goggles				
40	Sterile and clean products are stored in appropriate containers, above floor level				
41	Furniture and the environment is visibly clean, with no body fluids, dust, dirt or debris				
42	There is no evidence of single use items being reused				
43	Single use sigmiodoscopes and proctoscopes are used				
44	There is adequate ventilation in the clean and dirty room to service W/D and sterilizer				
	TOTALS				

OVERALL SCORING
POTENTIAL TOTAL
PERCENTAGE %
STATUS

DATE OF NEXT AUDIT

AUDIT OF INFECTION CONTROL STANDARDS

Summary feedback report

Sheet one

Clinical Setting		**DATE**	
Location		**AUDITOR/S**	
Audit tool		**% Score for compliance**	
Compliance Rating			

Evidence of quality care and best practice

Summary of areas of non-compliance

INFECTION CONTROL AUDIT

Feedback Report to Departmental Staff

Sheet Two

Date			
Location			
Compliance Rating			
Audit Tool			
Areas of non-compliance The following criteria were not met and a negative score was recorded	Target date for review	Action taken	Signed

INFECTION CONTROL AUDIT

Audit Summary Report

Date			
Location			
Compliance Rating			
Audit Tool			
Question	Result	Positive Comment	Negative Comment

REPORT TEMPLATE

Single audit tool report for several areas

1.0 Introduction

The audit tool was used over the following areas

The date range selected for this report was from to

2.0 Overall score and level of compliance for the audits undertaken

A total of audits were undertaken using the

The overall Score was % with a Compliance Rating of

Figure 1 Overall compliance to the standard per location/clinical area

3.0 Percentage compliance to each of the criteria scoring or above

4.0 Percentage compliance to each of the criteria scoring below

5.0 Main findings

[Add your comments here]

6.0 Recommendations for action

[Add your comments here]

7.0 Conclusions

[Add your comments here]

REPORT TEMPLATE

All audits completed in a given time period

1.0 Introduction

This report covers the period from to

2.0 Overall Score and Compliance Rating for each of the Audit Tools Used

3.0 Main findings
(free text)

4.0 Recommendations for action
(free text)

5.0 Conclusions
(Free Text)

REPORT TEMPLATE

Annual report making comparisons with previous years data

1.0 Introduction

This report covers the period from to

2.0 Overall Score and Compliance Rating for each of the Audit Tools Used

3.0 Main findings
(free text)

4.0 Recommendations for action
(free text)

5.0 Conclusions
(Free Text)

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