**IPS Tool for General Practitioner Settings - Centre Quality Improvement Tool 2016**

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# Infection Prevention & Control is Integral to Safety in this Clinical Area

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Does this GP setting, have a ***designated person responsible leading on IPC***, e.g. a link nurse or the GP setting manager? | Ask staff members who leads for IPC in this general practice. This may be a link nurse. |  |  |  |  |
| 2 | Does the ***IPC lead role*** include: audit, feedback to individuals on IPC practices, promoting optimal IPC and close liaison with the IPC team? | Discuss the role with the IPC lead /link nurse and staff members. |  |  |  |  |
| 3 | Is there evidence that ***IPC risks / topics are frequently included in safety briefs*** and ward/clinical area meetings? | Ask staff about the process and look for triangulation, i.e. more than one person stating the same answer. Ask for any relevant documentation. |  |  |  |  |
| 4 | Is there clear information about ***when and how to contact the IPCT*** – including out of hours? | Ask staff to show you where this information is kept? |  |  |  |  |
| 5 | Is there evidence of ***a process of reporting untoward incidents*** to the IPCT? | Ask staff what infection related untoward incidents they know about and would report, e.g. cross-transmission incident, decontamination failure. |  |  |  |  |
| 6 | Is there ***data from local environmental / IPC practice audits***, (to include analysis, feedback and improvement plan)? | Ask to see data from audits and action plans. [Provide positive feedback on good and improved practices]. |  |  |  |  |
| 7 | Are staff in this GP setting ***aware of national surveillance data on antimicrobial prescribing and HAI such as C. difficile***? | Ask staff where the data feedback from national surveillance programmes is kept and how it is interpreted and used to improve practice. |  |  |  |  |
| 8 | Is there ***a local risk assessment*** detailing any challenges to effective IPC in this GP setting? | Ask to see local risk assessment, e.g. register incident book.  Confirm that identified risks are being identified. |  |  |  |  |

# The staff are afforded Health & Safety protection from potential infection risks

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | Have staff in this GP setting been ***offered immunisation*** as per current national guidance? | Ask 2 members of staff if they had their immunisation assessed on appointment. |  |  |  |  |
| 2 | Are staff aware of, and compliant with, the ***policy for being absent from work*** when they are potentially infectious? | Ask staff how long they would remain off work if they had diarrhoea and or vomiting (symptoms of norovirus). |  |  |  |  |
| 3 | Do staff know what to do if they or a colleague sustains an ***inoculation injury***? | Ask two members of staff to describe the procedure. |  |  |  |  |
| 4 | Is the policy/poster for the ***management of an inoculation injury easily accessible***? | Confirm the poster/policy is easily accessible. Confirm staff know where it is. |  |  |  |  |

# There is a competent and confident workforce trained to minimise infection risks

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Have all staff on this GP setting ***received, or have planned (booked), IPC induction*** training? | Check the training programme includes the essential elements of Standard Precautions. |  |  |  |  |
| 2 | Is the ongoing and planned IPC training fulfilling ***mandatory requirements***? | Check training records if available - ensure there is follow-up for any mandatory training non-attendees. |  |  |  |  |
| 3 | Do staff feel they have received ***sufficient training in IPC to enable them to practice safely***? | Discuss with staff their planned and received IPC training. Suggest available training that might further develop their skills. |  |  |  |  |
| 4 | Are staff aware that ***the policy for cleaning*** equipment **not** in contact with broken skin or mucous membranes involves detergent/disinfectant, water and paper towels **Or** detergent/disinfectant wipes? | Ask staff how they would clean a drip stand which is not contaminated with blood or body fluid. |  |  |  |  |
| 5 | Do staff know how to ***decontaminate a blood or body fluid spillage safely***? | Ask staff how they use disinfectants and where instructions on their usage are kept. |  |  |  |  |
| 6 | Do staff know the symbol used to indicate ***single-use***? | Ask staff to indicate the single use symbol on a sterile single use package? |  |  |  |  |
| 7 | Have staff ***who use or discard sharps*** been trained to do so safely? | Ask staff how they handle and discard needles and the instruction received. |  |  |  |  |
| 8 | Do staff know when and how to perform ***hand hygiene***? | Ask staff about the 5moments and when they would and would not use alcohol based hand rub. |  |  |  |  |
| 9 | Have staff who ***order, receive and administer vaccines received training on safe storage***? | Ask staff about their training and safety procedures. |  |  |  |  |
| 10 | Have staff who take, ***secure and send laboratory specimens*** received training on their safe handling. | Ask staff about their training and safety procedures. |  |  |  |  |

# There is evidence of compliance with policies, procedures and guidance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | Are ***extant infection prevention and control policies and procedures available*** to staff in this area? | Check that policies are either live (reviewed constantly as new evidence is published) or are within a 2-year review date.  Check they are accessible to staff. |  |  |  |  |
| 2 | Do staff know ***how to access*** the infection prevention policies and procedures? | Ask staff about how to access and the content of the IPC policies. |  |  |  |  |
| 3 | Do staff follow the requirement to seek ***IPC advice prior to purchase*** of novel/replacement equipment? | Discuss with staff whether they would seek advice (and look for evidence they have in the past)? |  |  |  |  |
| 4 | During the entire assessment ***are staff observed to follow the policies*** and procedures? | Whilst undertaking this assessment, observe for hand hygiene opportunities being taken, linen being discarded safely, sharps being used safely etc., etc. |  |  |  |  |

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# Personal Protective Equipment (PPE) is used to minimise infection risks

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Given the potential exposures to blood, body fluids and pathogens ***in this care setting,*** are the staff aware of the potential risks to themselves and ***when and what PPE to wear***? | Discuss with staff the types of exposures to blood and body fluids which occur in their patient population – and ask about their understanding of the risks and when/what PPE they use. |  |  |  |  |
| 2 | Depending on the assessed ***likely exposure***, is the following PPE available:   * ***Plastic aprons*** or plastic gown? | Look at the PPE available, the sizes available and the ease of access.  Ask members of staff if they are always able to find their size of PPE available.  Ask members of staff if the PPE they need is conveniently located for quick usage.  Offer suggestions for improved placement. |  |  |  |  |
| * ***Single use gloves***\* (in a range of sizes)? |  |  |  |  |
| * ***Eye protection*** (goggles or full face shields)? |  |  |  |  |
| * ***Fluid resistant surgical face mask*** if droplets containing pathogens is a risk? |  |  |  |  |
| 3 | Is the available ***PPE kept away from*** sources of likely of *contamination?* | Look where the PPE is kept to confirm that the PPE is not being exposed to aerosols or splashes. |  |  |  |  |
| 4 | Is ***PPE donned in anticipation*** of possible / actual exposure from blood, body fluids or pathogens to the skin, mucous membranes or personal clothing/uniform: | Observe practice and or ask members of staff when they would consider using PPE. |  |  |  |  |
| * Gloves? |  |  |  |  |
| * Apron? |  |  |  |  |
| * Face protection? |  |  |  |  |
| * Respiratory protection? |  |  |  |  |
| 5 | Are plastic aprons and gloves ***used once and discarded after use***? | Observe practice and or ask members of staff when they would discard PPE |  |  |  |  |
| 6 | Is PPE (gloves and apron) ***changed, between tasks*** on the same patient? | Observe practice and or ask members of staff when they would change PPE for tasks on the same patient. |  |  |  |  |
| 7 | Is ***hand hygiene performed after PPE*** removal? | Observe practice and or ask members of staff what they would do after removing PPE. |  |  |  |  |
| 8 | Are the gloves available **suitable as PPE**? | Check polythene gloves are not used for clinical tasks. |  |  |  |  |

# Environment: General environment safety and cleanliness (including reception/waiting area)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the general environment (size, layout etc.) ***suitable,*** i.e. sufficient space? | Ask whether the staff about the space and facilities and if they are sufficient for the care delivered. |  |  |  |  |
| 3 | Is there an ***environment cleaning schedule*** which is based on a risk assessment and includes: | Ask to see the cleaning schedule and confirm the bullet points are listed.  Confirm the cleaning schedule includes the kitchen/pantry. |  |  |  |  |
| * All areas of the practice? |  |  |  |  |
| * The responsibilities for cleaning? |  |  |  |  |
| * The methods for cleaning? |  |  |  |  |
| * The frequency of cleaning? |  |  |  |  |
| * Soft furnishings? |  |  |  |  |
| 4 | Are the ***cleaning materials*** required to undertake the cleaning available in the GP setting? | Ask staff where the cleaning materials are kept. |  |  |  |  |
| 5 | Does the establishment have suitable equipment to clean carpets? | Check for a carpet cleaner / steamer? |  |  |  |  |
| 6 | Are all staff ***aware of the cleaning schedule*** and where it is kept? | Ask staff where the cleaning schedule is kept. Confirm it is up to date. |  |  |  |  |
| 7 | Is the ***cleaning schedule up to date***? | Check the cleaning schedule. |  |  |  |  |
| 8 | Is the ***general environment*** excluding floors:   * Clean? | Walk through the environment and assess the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin. |  |  |  |  |
| * Free of clutter? |  |  |  |  |
| * In a good condition (free from damage) minimising infection risks? |  |  |  |  |
| 9 | Are all ***horizontal surfaces***, excluding floors:   * Clean? | Check the horizontal surfaces for the specified criteria.  Check surfaces are smooth for easy cleaning. There should be no evidence of moisture seepage. |  |  |  |  |
| * Cleanable (e.g. coved edges)? |  |  |  |  |
| * Free of clutter? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 10 | Is the ***floor covering***:   * Clean? | Check the floor surface is both cleanable and clean.  Check the floor covering is in a good condition, e.g. no rips, tears or tape.  Check the cleaning schedule for the floors. |  |  |  |  |
| * Cleanable (suitable carpets)? |  |  |  |  |
| * Free of extraneous items? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 11 | Is the ***furniture***:   * Clean? | Check the furniture is of a material suitable for the patientt environment. If there is a blood or body fluid risk the material must be impervious. |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 12 | Are other items: e.g. ***TV screens, Computer screens, Telephones,***   * Clean? | Look for such equipment and confirm it is listed for cleaning, clean and able to be cleaned. (Check minimum of 3). |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 13 | Are the ***cleaning outcome audits*** demonstrating effective cleaning? | Check cleaning audit results – if none available score ‘No’. |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

## Environment: A Consultation Room

| **No.** | **Standard statement** | **Guidance** | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***consultation room*** excluding floors:   * Clean? | Walk around the area and assess whether the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin. Surfaces are smooth for easy cleaning.  Single *just-dropped items* may be excluded if the overall appearance is clean. |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * Free of clutter? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 2 | Are any ***surfaces*** excluding floors and examination couch:   * Clean? | Check the horizontal surfaces for the specified criteria.  Coved edges enable easy cleaning.  There should be no evidence of moisture seepage. |  |  |  |  |
| * Cleanable (e.g. coved edges)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 3 | Are the ***floor coverings***:   * Clean? | Check the floor surface is both cleanable (impervious to moisture) and clean. Check the floor covering is in a good condition, e.g. no rips, tears or tape.  . |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 5 | Are the ***fixtures, fittings and furniture:*** | Check the visible cleanliness of the fixtures, e.g. lights, wall mounted equipment.  Check the cleaning regiment intervals and responsibility.  Check to include any curtains and blinds. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 6 | Is the ***examination couch/chair*** | Visual check |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact with impervious and washable cover)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 7 | Are sheets or disposable couch roll changed between patients? | Visual check. |  |  |  |  |
| 8 | Are extra couch rolls stored off the floor in a couch roll holder? | Visual check |  |  |  |  |
| 9 | Are any ***pillows*** completely covered in an impervious material to prevent moisture seepage and infection risks? | Confirm impervious material covering the pillow is intact. |  |  |  |  |
| 10 | Is there sufficient storage space? | Visible check for items stored off the floor |  |  |  |  |
| 11 | Are there ***facilities available*** for the correct disposal of: | Visible check that the facilities are suitable for the waste generated. |  |  |  |  |
| * Domestic waste |  |  |  |  |
| * Offensive waste |  |  |  |  |
| * Infectious/healthcare waste |  |  |  |  |
| 12 | Are the ***waste bin(s)***: | Ask staff about number and location of waste bins.  Visibly inspect the bins and discus the waste generated. Check all areas including the pedal.  Waste bins to include: infectious/healthcare waste, offensive waste and domestic waste |  |  |  |  |
| * Clean? |  |  |  |  |
| * In good condition minimising infection risks (not overfilled)? |  |  |  |  |
| * Operated by a functioning hands free system |  |  |  |  |
| * Of a sufficient size and number for the area? |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded? |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

## Environment: The Treatment Room

| **No.** | **Standard statement** | **Guidance** | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***treatment room*** including fixtures and fittings, excluding floors:   * Clean? | Walk around the area and assess whether the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin. Surfaces are smooth for easy cleaning. |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * Free of clutter? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 2 | Are any ***surfaces*** excluding floors and examination couch:   * Clean? | Check the horizontal surfaces for the specified criteria.  Coved edges enable easy cleaning.  There should be no evidence of moisture seepage. |  |  |  |  |
| * Cleanable (e.g. coved edges)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 3 | Are the ***floor coverings***:   * Clean? | Check the floor surface is both cleanable (impervious to moisture) and clean. Check the floor covering is in a good condition, e.g. no rips, tears or tape.  . |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 4 | Is the ***examination couch/chair*** | Visual check |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact with impervious and washable cover)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 5 | Is any ***other furniture***: | Visual check |  |  |  |  |
| * Clean? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 7 | Are ***sheets or disposable couch*** roll changed between patients? | Visual check. |  |  |  |  |
| 8 | Are extra couch rolls stored off the floor in a couch roll holder? | Visual check |  |  |  |  |
| 9 | Are any ***pillows*** completely covered in an impervious material to prevent moisture seepage and infection risks? | Confirm impervious material covering the pillow is intact. |  |  |  |  |
| 10 | Is there ***sufficient storage space***? | Check for items stored out of cupboards. |  |  |  |  |
| 11 | Are ***shelves used to store sterile products visibly*** clean? | Visual check |  |  |  |  |
| 12 | Is the ***drug refrigerator*** used only for the storage of drugs? | Visual check |  |  |  |  |
| 13 | Are ***individual fabric items*** laundered after single use? | Ask staff to confirm items are laundered. |  |  |  |  |
| 14 | Are there ***facilities available*** for the correct disposal of: | Visual check confirm the bins are suitable for the waste generated. |  |  |  |  |
| * Domestic waste |  |  |  |  |
| * Offensive waste |  |  |  |  |
| * Infectious/healthcare waste |  |  |  |  |
| 15 | Are the ***waste bin(s)***: | Ask staff about number and location of waste bins.  Visibly inspect the bins and discus the waste generated. Check all areas including the pedal |  |  |  |  |
| * Clean? |  |  |  |  |
| * In good condition minimising infection risks (not overfilled)? |  |  |  |  |
| * Operated by a functioning hands free system |  |  |  |  |
| * Of a sufficient size and number for the area? |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded? |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

## Environment: Hand Hygiene Facilities

Individual hand hygiene facilities may be checked along with individual rooms or areas or separately after the other rooms/areas have been done. Select at least 3 hand hygiene stations.

| **No.** | **Standard statement** | **Guidance** | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***designated wash-hand basin*** used only for hand washing (and not for discarding of any ***other*** fluids)? | Confirm that it is designated for hand washing only.  Ask staff how and where they discard fluids other than the tap water used for hand washing. |  |  |  |  |
| 2 | Is the ***designated wash-hand basin*** accessible for users? | Check the accessibility of the wash-hand basin. |  |  |  |  |
| 3 | Is the ***wash-hand basin*** of a safe design: | Check the design of the wash-hand basins conforms to the listed requirements.  If any of these facilities are unavailable confirm that the staff know how to use the wash-hand basin safely, e.g. turn the taps off with a paper towels. |  |  |  |  |
| * Plug free? |  |  |  |  |
| * Overflow free? |  |  |  |  |
| * Waste offset from tap flow? |  |  |  |  |
| * Providing water at a comfortable temperature, i.e. mixer taps or thermostatically controlled? |  |  |  |  |
| * Elbow operated or sensor taps, ***Or*** * Paper towels used to turn off taps? |  |  |  |  |
| 4 | Is the ***wash-hand basin***: | Check the wash-hand basin for unnecessary items, e.g. tape, discarded waste, etc.  Check for cracks or damage to the surfaces. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Devoid of extraneous items? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 5 | Is the ***soap dispenser***:   * Clean? | Check the soap dispenser for the criteria listed. |  |  |  |  |
| * Containing soap? |  |  |  |  |
| * Wall mounted? |  |  |  |  |
| * Fitted with a single use cartridge? |  |  |  |  |
| 6 | Is the paper ***towel dispenser:***   * Clean? | Check the paper towel dispenser for the criteria listed. |  |  |  |  |
| * Enclosed? |  |  |  |  |
| * Containing paper towels? |  |  |  |  |
| 7 | Is there ***posters*** (wipeable) that promote how to perform hand hygiene? | Confirm the presence of a poster. |  |  |  |  |
| 8 | Are ***alcohol based hand rub containers:***   * Available at the point of care? | Confirm the presence of alcohol based hand rub containers and for alcohol based hand rub inside. |  |  |  |  |
| * Containing alcohol based hand rub? |  |  |  |  |
| * Clean? |  |  |  |  |
| 9 | Is there a waste bin located by wash-hand basins for ***discarding paper towels that is:*** | Check for the presence of a waste bin and for the listed criteria. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Operated by a functioning hands free system |  |  |  |  |
| * Of a sufficient size and number for the area? |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded? |  |  |  |  |

## Environment: The toilet(s)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***toilet area*** excluding floors: | Visible check of the entire toilet area.  Confirm there are no extraneous items. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 2 | Are all ***horizontal surfaces***, excluding floors: | Check the horizontal surfaces for the specified criteria.  Coved edges enable easy cleaning.  There should be no evidence of moisture seepage. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 3 | Is the ***floor covering***: | Visible check of the entire toilet area. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 4 | Are the ***toilet(s) including raised toilet seats:*** | Visible check including the underside of the seats. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 5 | Is the ***allocated toilet cleaning*** regimen sufficient to maintain toilet cleanliness? | Check the schedule for toilet cleaning. Ask the patients about their experience of toilet cleanliness. Confirm allocated cleaning is being done. |  |  |  |  |
| 6 | Are ***toilet brushes and their holders*** visibly clean? | Visible check. |  |  |  |  |
| 7 | Are all ***items stored off the floor*** (e.g. raised toilet seats)? | Visible check. |  |  |  |  |
| 8 | Are patients ***encouraged and assisted (if required) to wash their hands*** after using the toilet? | Ask patients and HCWs if this is done. Observe practice if possible. |  |  |  |  |
| 10 | Are there ***facilities available*** for the correct disposal of: | Check for the presence of waste facilities. |  |  |  |  |
| * Domestic waste |  |  |  |  |
| * Offensive waste |  |  |  |  |
| 11 | Are the ***waste bins***: | Ask staff about number and location of waste bins. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Sufficient for the waste generated in the area? |  |  |  |  |
| * In a good condition (not overfilled)? |  |  |  |  |
| * Operated via a functioning hands free mechanism? |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded? |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

## Environment: Baby Changing Facilities are available and safe

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***baby changing room***: | Visible check. |  |  |  |  |
| * Clean? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 2 | Are ***all surfaces***: | Visible check. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (smooth impervious, with coved edging) |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 3 | Is the ***surface on which the babies are changed*** | Visible check. |  |  |  |  |
| * Clean? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 4 | Is there a ***specific nappy waste bin*** which is | Visible check. |  |  |  |  |
| * Clean (including lid?) |  |  |  |  |
| * In a good state of repair minimising infection risks? |  |  |  |  |
| * Operated by a working foot pedal? |  |  |  |  |
| * In a good state of repair minimising infection risks? |  |  |  |  |
| 5 | Is there information available for parents on ***how to clean the changing area*** after use? | Visible check. |  |  |  |  |
| 6 | Are there ***cleaning materials available for parents to use?*** | Visible check. |  |  |  |  |
| 7 | Is there a domestic ***waste bin*** that is: | Visible check. |  |  |  |  |
| * Clean? |  |  |  |  |
| * In a good condition (not overfilled)? |  |  |  |  |
| * Operated via a functioning hands free mechanism? |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

## Environment: The Dirty Utility / Sluice Area

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***space available*** in this area sufficient for all the tasks that are undertaken therein; and the items that are stored here before they are used? | Check that staff are not bumping into each other or having to move equipment to gain access to equipment. |  |  |  |  |
| 2 | Is the ***dirty utility/sluice area*** excluding floors: | Observe the entire area including walls, windows, ceilings, and light fittings - confirm as specified free from dust/dirt/debris/insects etc. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| * Free of infestation? |  |  |  |  |
| * Free of clutter? |  |  |  |  |
| 3 | Are all ***horizontal surfaces,*** excluding the floor, clean? | Check the horizontal surfaces for the specified criteria – includes a rack if present.  Coved edges enable easy cleaning. |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| * Free of clutter? |  |  |  |  |
| 4 | Is the ***floor covering***: | Check the floor area, look for signs of leakage in particular from the macerator or washer-disinfector. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 5 | Are cleaning materials and disinfectants as specified in the cleaning schedules available. | Visible check availability. |  |  |  |  |
| 7 | Is there a ***deep sink*** for washing of specified items (not used for hand hygiene)? | May be required if non-disposable jugs are used. |  |  |  |  |
| 8 | Is there a ***safe system for discarding body fluids*** including blood into a disposal unit? | Ask the staff how they discard blood and or body fluids avoiding personal and environmental contamination. |  |  |  |  |
| 9 | Are ***disinfectants (including spill kits) (liquids, tablets, wipes)*** in line with local policy, available from a COSHH approved, i.e. locked cupboard for the decontamination of blood and body fluid spills? | Check disinfectant materials in the policy against those available in the sluice. |  |  |  |  |
| 10 | Is there ***a poster*** detailing how to decontaminate blood or body fluid spills, discard materials and use personal protective equipment? | The poster should be in good condition and in an accessible position. (Poster to be wipable) |  |  |  |  |
| 11 | Is ***PPE*** (Gloves, Apron, Eye protection) available either within or very close to the sluice | These items should be available but kept free from possible splash contamination. |  |  |  |  |
| 12 | Are **any other items**:   * In this area stored in a closed cupboard or away from possible splash contamination? | Look where other items are kept. |  |  |  |  |
| 13 | Are there ***facilities available*** for the correct disposal of: | Assess the waste bins in the areas. |  |  |  |  |
| * Domestic waste |  |  |  |  |
| * Offensive waste |  |  |  |  |
| * Infectious/healthcare waste |  |  |  |  |
| 14 | Are the ***waste bins*** in the sluice/dirty utility area: | Ask staff about number and location of waste bins.  Visibly inspect the bins and discus the waste generated |  |  |  |  |
| * Clean? |  |  |  |  |
| * In a good condition (not over filled)? |  |  |  |  |
| * Operated via a functioning hands free mechanism? |  |  |  |  |
| * Of a sufficient size and number for the area? |  |  |  |  |
| * Correctly colour coded for the waste being generated/discarded? |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE | | | | | | |

## Environment: The Domestic Service Room (DSR)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***Domestic Service Room* suitable** given the items requiring storage and procedures performed therein? | Ask the domestic how easy it is to undertake the necessary procedures in the space provided.  Look to confirm that there is sufficient space. |  |  |  |  |
| 2 | Is the ***domestic service room*** excluding floors: | Check the DSR. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * Free from clutter? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 3 | Are all ***fixtures, fittings and surfaces,*** excluding the floor: | Check the DSR. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact / coved edges )? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 4 | Is the ***floor covering***: | Check the DSR floor. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| * Free of infestation? |  |  |  |  |
| 5 | Are ***items in the DSR***? | Check the DSR. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 6 | Are ***any unused or cleaned items stored*** such that they are free from any likely splash contamination? | Check the DSR. |  |  |  |  |
| 7 | Is there evidence that ***a colour coded system*** is in operation? | Ask about the colour coded system in use and for any posters or materials explaining the system |  |  |  |  |
| 8 | Do the domestic staff have ***access to PPE*** suitable for their needs? | Ask the domestic where and when s/he uses PPE and from where it is obtained. |  |  |  |  |
| 9 | Are ***mop buckets***, ***mob bucket ringers*** or other reprocessed items:   * Stored clean and dry? | Ask the domestic how mob buckets and ringers are used and stored.  Observe the DSR. |  |  |  |  |
| 10 | Are ***mop heads***:   * Laundered after single use, **Or** * Disposable? | Ask the domestic how mop heads are used and discarded. Observe practice if possible. |  |  |  |  |
| 11 | Are ***cleaning cloths*** used as designated:   * Single use then laundered? **Or** * Single use then disposable? **Or** * Microfiber – used in accordance with manufacturer’s instructions. | Ask the domestic how cleaning cloths are used. Observe practice if possible. Check manufacturer’s instructions. |  |  |  |  |
| 12 | Is there easy access to ***hand washing facilities*** either in the DSR or close by. | Assess the closeness of the hand washing facilities. |  |  |  |  |
| 13 | Is there a disposal unit for the discarding of waste water? | Ask where the mop bucket water is discarded. |  |  |  |  |

## Environment: Kitchen (including food storage)

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the **food refrigerator** used for food only, i.e. no medical items whatsoever? | Visual check of the contents. |  |  |  |  |
| 2 | Is the food in the refrigerator fresh and within expiry dates? | Visual check of the contents. |  |  |  |  |

## Environment: Kitchen chilled water & ice-making

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | Has the ***chilled-water or ice-making machine been connected from a mains supply.*** | Visual check. |  |  |  |  |
| 2 | Are the ***instructions for the correct use*** and maintenance of chilled-water or ice-making machines must be available in the care setting? | Failure to maintain the machines poses infections risks – confirm the instructions are available. |  |  |  |  |
| 3 | Is the ***water cooler/ice machine***:   * Clean? | Check the cleaning regimen, observe for cleanliness and safe usage. |  |  |  |  |
| * Cleaned as per manufacturer’s instructions (including any nozzles)? |  |  |  |  |
| * Subject to planned maintenance? |  |  |  |  |
| * Of a type that dispenses ice from a nozzle on demand? |  |  |  |  |

# Equipment: Safety - in use and not in a store

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is ***there an equipment decontamination schedule*** that includes: | Look at the schedule for the equipment. Confirm all equipment is listed and allocated.  Confirm staff know who cleans all parts of items such as, e.g. upper and lower parts beds, over-bed table surface and underneath. |  |  |  |  |
| * All equipment in the area? |  |  |  |  |
| * The frequency of cleaning / decontamination? |  |  |  |  |
| * The method of cleaning /decontamination? |  |  |  |  |
| * The storage requirements between usage? |  |  |  |  |
| * The responsibility for cleaning / decontamination (domestic / nursing)? |  |  |  |  |
| 2 | Are staff aware of the items of equipment for which they are ***responsible*** for decontamination? | Select 3 items from the list and confirm with staff that they are aware of their responsibility. |  |  |  |  |
| 3 | Are single-use items are ***used once*** and then discarded? | Ask staff if they are aware of any single use items that are reused. |  |  |  |  |
| 4 | Are ***cleaning / decontamination products*** available within the GP setting for cleaning/decontaminating communal patient equipment, e.g. general purpose detergent/disinfectant and disposable paper towels or disposable detergent/disinfectant wipes / disinfectant wipes? | Ask staff where the products are kept and whether they are always available. |  |  |  |  |
| 5 | Is frequently used GP equipment, e.g. stethoscopes, blood pressure monitoring equipment, oxygen saturation machines, Doppler machines, auroscopes, | Visually inspect any such equipment in use and the cleaning schedule. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * In a good state of repair minimising infection risks? |  |  |  |  |
| 6 | Is equipment which is ***a high-risk for blood borne virus cross-transmission / contamination***, e.g. blood glucose monitoring equipment and Doppler machines, visibly clean without any evidence of blood splatter? | Visually inspect any such equipment in use. |  |  |  |  |
| 7 | Is all ***other specialist equipment on the GP settings, e.g. ophthalmoscopes***   * Clean? | Visually inspect any such equipment in use. |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| * Being centrally decontaminated between patient use? * **Or**, decontaminated in the GP setting following the manufacturer/IPCT guidelines? |  |  |  |  |
| * Checked pre-use to confirm it is clean and does not pose a cross-transmission risk? |  |  |  |  |
| 8 | Are all reusable instruments sent to a sterile services provider for decontamination? | Specifically ask about laryngoscope blades and supra glottis airways. |  |  |  |  |
| 9 | Are sterile instrument trays traceable? | Check procedure and items. |  |  |  |  |
| 10 | Are used instruments awaiting collection in a rigid, lidded container? | Check procedure and where equipment is kept awaiting transport. |  |  |  |  |
| 11 | Are ***items sent for service***, ***inspection or repair:***   * Decontaminated before being dispatched? | Ask staff for the procedure and confirm the labelling process in use. |  |  |  |  |
| * Labelled indicating the decontamination status? |  |  |  |  |
| 12 | If ***loaned equipment*** is used:   * Is this done in compliance with hospital policy? | Ask staff for the procedure and confirm the labelling process in use. |  |  |  |  |
| * Is the equipment decontaminated prior to being used? |  |  |  |  |
| 13 | Are tourniquets visibly clean? | Check tourniquets in use are visibly clean. |  |  |  |  |

## Equipment: Store Room & Stored Equipment

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***Store Room space*** sufficient for all the items stored therein? | Look in the store room and ask a member of staff for their opinion. |  |  |  |  |
| 2 | Is the ***Store Room*** excluding floors: | Visually inspect the store room. |  |  |  |  |
| * Clean |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| * Free of clutter? |  |  |  |  |
| * Free of infestation? |  |  |  |  |
| 3 | Are all ***surfaces,*** excluding the floor: | Visually inspect the store room. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable (intact, coved edging)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 4 | Is the ***floor covering***:   * Clean? | Visually inspect the store room. |  |  |  |  |
| * Cleanable (intact)? |  |  |  |  |
| * In a good condition minimising infection risks? |  |  |  |  |
| 5 | Are all items in the store room ***free from any possible splash*** contamination and protected from dust? | Visually inspect the store room. |  |  |  |  |
| 6 | Apart from items designed to be placed on the floor, e.g. drip stands, are all items in the store room ***placed off the floor***? | Visually inspect the store room. |  |  |  |  |
| 7 | Are the items stored in a way such that they ***maximise available space*** and permit access to all areas of the room? | Visually inspect the store room. |  |  |  |  |
| 8 | Have all items in the store (if used) been:   * ***Cleaned and or*** ***decontaminated*** prior to being placed in the store? | Visually inspect the items in the store room. |  |  |  |  |
| * In a ***good condition*** minimising infection risks? |  |  |  |  |
| * ***Marked safe*** for next patient use? |  |  |  |  |
| 9 | Are ***sterile items***: | Visually inspect the storage of sterile items/ |  |  |  |  |
| * Stored off the floor? |  |  |  |  |
| * In undamaged sealed wrapping? |  |  |  |  |
| * Within expiry date? |  |  |  |  |
| * Stored away from splash contamination? |  |  |  |  |

## Equipment: Toys and Books

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***play area*** | Look around the play area. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Tidy? |  |  |  |  |
| 2 | ***Is there a procedure*** for the management (including purchase) of ***toys?*** | Ask staff to see the procedure. |  |  |  |  |
| 3 | Are the toys: | Check a selection of toys. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * In a good condition? |  |  |  |  |
| 4 | *Are the toys, when not in use, kept in a* ***designated storage area?*** | Observe general area. |  |  |  |  |
| 5 | Is the ***designated toy storage area*** | Observe where toys are kept. |  |  |  |  |
| * Clean? |  |  |  |  |
| * Tidy? |  |  |  |  |
| 6 | Is there a record of ***toy cleaning frequency?*** | Check for presence and frequency of cleaning. |  |  |  |  |
| 7 | Are any ***children’s books clean*** and in a condition minimising infection risks? | Check pages for signs of being chewed. |  |  |  |  |

# Waste – Safe Discarding & Disposal including the safe use of sharps

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Considering the types and amount of waste generated in this area, are there ***sufficient, appropriately colour-coded bins*** placed throughout? | Take a look at the GP setting and how it functions – ask members of staff for their opinion. |  |  |  |  |
| 2 | Are ***the waste bins***:   * Clean? | Visibly check a selection of at least 3 bins. |  |  |  |  |
| * In good condition (not overfilled)? |  |  |  |  |
| * Operated by a functioning hands free system? |  |  |  |  |
| * Of a sufficient size and number for the area? |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded? |  |  |  |  |
| 3 | Are waste bags ***filled up to 3 / 4 full*** - capable of being tied/secured? | Look at waste bags in the storage and in use. |  |  |  |  |
| 4 | Are waste bags ***labelled before storage***? | Look at waste bags in the storage. |  |  |  |  |
| 5 | Are waste bags ***stored in a designated safe***, lockable area/facility before uplift. | Look at waste bags storage room. |  |  |  |  |
| 6 | Are offensive waste bags stored separately to domestic waste bags? |  |  |  |  |  |
| 7 | Is there a ***poster reminding staff*** of the correct procedures – including colour coding? | Ask staff where any visual reminders are. |  |  |  |  |
| 8 | Considering the area and patient/visitor population is the ***positioning of sharps bins safe***, i.e. out of the reach of vulnerable people? | Look at the positioning of the sharps bins. |  |  |  |  |
| 9 | Are sharps containers ***used correctly*** in this clinical setting:   * Only sharps containers marked BS7320 (1990)/UN3291 used? | Look at the sharps bins in use (at least 3) |  |  |  |  |
| * All containers correctly assembled? |  |  |  |  |
| * All labelled or tagged with date, locality and signature for assembly |  |  |  |  |
| * All discarded sharps are below the fill line? |  |  |  |  |
| * Temporary closures activated between use? |  |  |  |  |
| * Stored secured in a locked facility whilst awaiting uplift |  |  |  |  |
| 10 | Are sharps ***disposed of safely*** in this clinical setting?   * Sharps deposited into an approved container at the point of use? | Look at the sharps bins in use (at least 3) and the surrounding area.  Observe practice. |  |  |  |  |
| * Needles and syringes discarded as a single unit? |  |  |  |  |
| * Absence of resheathing? |  |  |  |  |
| * Containers free from obvious blood and body fluid contamination (and contamination of the surrounding area)? |  |  |  |  |
| 11 | Is, where practicable, the use of ***sharps avoided*** in this clinical setting? | Consider the sharps used and whether needleless devices would be more appropriate. |  |  |  |  |
| 12 | Are outside ***waste containers or storage/waste compound areas*** kept clean ad tidy without evidence of vermin or inappropriate items? | Check there are no items on the floors behind the bins. |  |  |  |  |
| 13 | Is the ***removal of all waste categories infectious/healthcare risk waste and offensive*** removed by a registered contractor (with a valid licence)? | Ask for evidence to confirm. |  |  |  |  |

# Linen: Safe Storage, Segregation and Usage

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Are the areas ***where clean linen is stored*** appropriate, i.e. not exposed to splash or pathogenic, microbial contamination? | Linen can become contaminated if left exposed to microbial contamination from airborne dissemination of skin scales or droplets. Confirm the linen is stored free from contamination risk. |  |  |  |  |
| 2 | Are ***the linen storage facilities*** (including floors and shelves):   * Clean? | Visible check of the area. |  |  |  |  |
| * Cleanable? |  |  |  |  |
| * In a good state of repair minimising infection risks? |  |  |  |  |
| * Free from extraneous items? | Visible check of the area. |  |  |  |  |
| 3 | Is the ***clean linen stored*** ***off the floor***? | Visible check of the area |  |  |  |  |
| 4 | Are ***water soluble bags*** used for soiled or infected linen? | Check for supplies and observe practice. |  |  |  |  |
| 5 | Is soiled linen, contaminated with blood or body fluids, or from an isolation room ***placed in water-soluble bags***? | Look for availability of water soluble bags and ask staff to confirm they are familiar with the practice. |  |  |  |  |
| 6 | Are ***used linen bags able to be secured*** (<2/3rds full)? | To confirm safe disposal. Observe practice and look in the area where used linen is collected from. |  |  |  |  |
| 7 | Is ***used linen stored in a designated area*** where it does not pose an infection risk to others? | To confirm safe disposal. Observe practice and look in the area where used linen is collected from. |  |  |  |  |
| 8 | Are ***rigid linen containers***/trolleys clean? | Check the trolleys. |  |  |  |  |
| 9 | Do staff wear disposable gloves and aprons when ***handling soiled linen***? | Observe practice and ask a member of staff to describe the procedure. |  |  |  |  |

# Transportation of Specimens

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 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? | Ask to see the specimen procedure? |  |  |  |  |
| 2 | Have staff who take, ***secure and send laboratory specimens*** received training on their safe handling. | Ask staff about their training and safety procedures. |  |  |  |  |
| 3 | Are ***patients provided with appropriate container***(s) for specimens to be obtained at home? | Ask staff to provide the procedure |  |  |  |  |
| 4 | Are all s***pecimens for culture in appropriate laboratory containers***? | Check specimens awaiting collection. |  |  |  |  |
| 5 | Are all specimens in ***secured container within a sealed laboratory specimen bag***? | Ask to see the containers used. |  |  |  |  |
| 6 | Is the ***area where specimens await collection*** not in public and staff rest areas? | Ask to see where specimens are stored pre collection. |  |  |  |  |
| 7 | Where required, ***is there a designated specimen fridge*** (used only for specimens and not for vaccines, food or other medical paraphernalia)? | Ask to see any refrigerators for specimens and look inside |  |  |  |  |
| 8 | Is the **specimen refrigerator** devoid of food, medicines and vaccines? | Ask to the specimen refrigerator |  |  |  |  |
| 9 | Are specimens transported in a container that ***complies with (UN 3373)*** regulations? | Look for the UN 3373 signage on the containers. |  |  |  |  |
| 10 | Are specimens transported by post, ***labelled and packaged according to UN 3373 following IATA Dangerous Goods Regulations 56th Edition 2015*** | Confirm staff who send specimens by post have been trained in IATA packing instructions. |  |  |  |  |
| 11 | Are ***specimen transport boxes visibly clean?*** | Check the boxes. |  |  |  |  |
| NB specimens should be collected by a HCW using personal protective clothing.  Hand hygiene is required after removal of PPE as per WHO moment 3 ‘After contact with blood or body fluid’. | | | | | | |

# Safe Vaccine Management

## Policy and Responsibility

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | Is there a ***procedure/policy for the safe receipt, storage and transportation of vaccines***? | Ask to see the policy / procedure and confirm it is up to date. |  |  |  |  |
| 2 | Does the policy include the remedial action of vaccines have been stored outside the desired temperature range, i.e. 20C to 80C | Confirm in the policy |  |  |  |  |
| 3 | Is an ***audit undertaken at least annually*** of the entire vaccine process (receipt, storage, transportation and usage)? | Ask to see the audit results and confirm that any deficits have been rectified. |  |  |  |  |
| 4 | Is there a ***named individual*** who is responsible for the receiving and storage of vaccines? | Ask staff who the named individual is. |  |  |  |  |
| 5 | Is there a ***named deputy*** for the named individual responsible for the receiving and storage of vaccines? | Ask staff who the deputy is. |  |  |  |  |
| 6 | Have ***all staff who receive and store vaccines received training*** (including the maintenance of the cold chain) and been deemed competent on the topic. | Ask staff who has been trained. |  |  |  |  |

## Receipt of vaccines

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | When vaccines are delivered are they checked against the ***delivery note***? | Ask to see the records and confirm the correct data are present. |  |  |  |  |
| 2 | Are the vaccines ***placed immediately into a designated refrigerator,*** i.e. on delivery? | Ask staff about the procedure. Observe the procedure. |  |  |  |  |
| 3 | Is ***critical information*** recorded: | Ask to see the records and confirm the correct data are present. |  |  |  |  |
| * Type of vaccine |  |  |  |  |
| * Quantity received |  |  |  |  |
| * Expiry date |  |  |  |  |
| * Batch number |  |  |  |  |
| * Date and time of delivery |  |  |  |  |

## Vaccine storage in the practice

| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Are the ***vaccines stored in a designated vaccine refrigerator*** which is fit for purpose (not a domestic model)? | Ask which refrigerator is the designated for vaccines? |  |  |  |  |
| 2 | Does the refrigerator have an ***uninterrupted electricity supply***? | Check the supply is directly into a supply (and clearly marked do not turn off). |  |  |  |  |
| 3 | Is the ***vaccine refrigerator***: | Look at the refrigerator, its functionality and the surrounding area for the listed criteria. |  |  |  |  |
| * Suitably placed, i.e. away from an external heat source with air able to circulate around it |  |  |  |  |
| * Kept locked? |  |  |  |  |
| * Kept in an area with restricted public access? |  |  |  |  |
| * Checked, defrosted and cleaned monthly? |  |  |  |  |
| * Serviced regularly in line with manufacturer’s instructions? |  |  |  |  |
| * Of an appropriate size for the vaccines stored? |  |  |  |  |
| * Fitted with a minimum and maximum thermometer? |  |  |  |  |
| * Alarmed - which is activated if the temperature exceeds 80C or falls below 20C? |  |  |  |  |
| 4 | When the vaccine refrigerator is being ***cleaned and defrosted:*** | Ask to see evidence of defrosting and appropriate temporary storage. |  |  |  |  |
| * Are the vaccines kept in an approved cool box? |  |  |  |  |
| * Kept in the cool box within the maximum and minimum temperature range / or in a second refrigerator |  |  |  |  |
| 4 | ***Are the vaccines*** in the refrigerator: | Look in the refrigerator and confirm all the criteria are being met. |  |  |  |  |
| * Distributed evenly to allow the air to circulate? |  |  |  |  |
| * Of no more than 4 weeks’ stock? |  |  |  |  |
| * Stored in the original packaging? |  |  |  |  |
| * Within expiry date? |  |  |  |  |
| * Used according to date (oldest vaccines used first)? |  |  |  |  |
| 5 | Are the ***temperature checks***: | Ask the staff what happens, how the select vaccines for use and confirm the records support best practice. |  |  |  |  |
| * Performed and recorded each working day? |  |  |  |  |
| * Performed using a minimum and maximum thermometer? |  |  |  |  |
| * Inclusive of both minimum and maximum temperatures? |  |  |  |  |
| * Within the acceptable range of +20C to 80C |  |  |  |  |
| 6 | Is the minimum and maximum ***thermometer reset*** after being read? | Check thermometer and ask the staff how its done. |  |  |  |  |
| 7 | Is there a system in place for the ***safe disposal of expired/surplus or temperature damaged vaccines***? | Ask the staff what happens to unusable vaccine. Any out-of-date stock should be labelled, removed from the refrigerator and disposed. of |  |  |  |  |
| 8 | Are there ***records of the servicing***, defrosting and cleaning, calibration and electrical testing? | Ask to see the records. |  |  |  |  |
| 9 | Is there ***a back-up plan*** in the event of a refrigerator failure? | Ask to see the plan. |  |  |  |  |

## Vaccines used off site and returned to base

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | Are vaccines ***only removed from the base vaccine refrigerator immediately*** before leaving for an external session? | Ask to see the procedure and ask staff how this happens. |  |  |  |  |
| 2 | During ***transport, are vaccines***:   * Wrapped in bubble wrap (or similar insulation material)? | Ask staff to show you the process and records. |  |  |  |  |
| * Placed in an approved cool box with minimum maximum thermometer (with cool packs usually stored at +20C to 80C)? |  |  |  |  |
| * Temperatures of cool boxes should be monitored when in use at the start and the end of each session. |  |  |  |  |
| 3 | Are ***vaccines returned immediately*** to the base refrigerator after an external session? | Ask staff to confirm the process. |  |  |  |  |

Vaccination References:

1. **Vaccine Preventable diseases & Vaccine Management:**
   1. Chapter 12 Immunisation of healthcare and laboratory staff. **The Green Book**. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book> (20th March 2013 Chapter 12).
   2. Vaccine general Immunisation Against Infectious Disease. **The Green Book**. The Stationery Office. 2013 update. Chapter 3. <http://media.dh.gov.uk/network/211/files/2012/09/Green-Book-updated-140313.pdf>
   3. **Vaccine storage Scotland**: <http://www.documents.hps.scot.nhs.uk/immunisation/general/vaccine-storage-handling-2013-09.pdf>
   4. **Vaccine Storage Wales:** <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=59367>
   5. **Vaccine Storage Ireland:** <http://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/>