**Primary Care Minor Surgery Infection Prevention and Management Audit Tool**

|  |  |
| --- | --- |
| Name and location of setting |  |
| Minor operations services (i.e., injection, aspiration, incision, excision etc) |  |
| Manager name and contact number  |  |
| Date of audit  |  |
| Audit completed by (name and designation)  |  |
| Date action plan submitted |  |
| **Please complete the audit tool overleaf and in the summary below, record the total ‘compliant’ and ‘non-compliant’, and add them together to calculate the total. To calculate the percentage compliance score for each section, divide the number of compliant by the total, then multiply by 100.** |
| **Summary** | **Compliant** | **Noncompliant** | **Total** | **Percentage compliance score** |
| Policies and procedures  |  |  |  |  |
| Environment |  |  |  |  |
| Equipment  |  |  |  |  |
| Hand hygiene  |  |  |  |  |
| PPE |  |  |  |  |
| Surgical site management |  |  |  |  |
| Specimens  |  |  |  |  |
| Sharps  |  |  |  |  |
| Waste  |  |  |  |  |
| **Overall scores:** |  |  |  |  |

**Audit:**

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| --- | --- | --- | --- | --- |
| **Policies and procedures**  | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. The practice has an Infection Prevention and Management (IPM) lead.
 |  |  |  |  |
| 1. The practices IPM policies, procedures and guidance are easily available to all staff.
 |  |  |  |  |
| 1. There is documented evidence of regular IPM audits and resulting action plans.
 |  |  |  |  |
| 1. All staff involved in minor surgical procedures are competent to do so with documented evidence of appropriate mandatory training and ongoing continuous professional development.
 |  |  |  |  |
| 1. All surgical procedures involve a WHO checklist.
 |  |  |  |  |
| **Section Totals** |  |  |  |  |
| **Environment**  | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. There is a dedicated room for minor procedures.
 |  |  |  |  |
| 1. The ceiling is made from non-porous material that can be easily cleaned (suspended ceilings should not be installed in new facilities).
 |  |  |  |  |
| 1. Walls are made from non-porous/monolithic material that can be easily cleaned and disinfected.
 |  |  |  |  |
| 1. Windows are non-openable where specialist mechanical ventilation is provided. Where there is natural ventilation using a window that can be opened, there is a fly screen to prevent the ingress of insects.
 |  |  |  |  |
| 1. Any new build or renovated room where minor procedures are performed, must comply with the requirements of [(HTM 03-01) Specialised ventilation for healthcare buildings](https://www.england.nhs.uk/publication/specialised-ventilation-for-healthcare-buildings/)
 |  |  |  |  |
| 1. Doors are self-closing with a vision panel (with laser protection where appropriate) to facilitate observation of procedures and the movement in and out of the procedure room.
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| 1. There is a defined process to ensure that the doors to the procedure room remain closed while a procedure is in progress.
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| 1. There is a defined process to monitor traffic in and out of the procedure room to ensure it is kept within agreed limits, with a defined number of staff that may be present within the room for each procedure.
 |  |  |  |  |
| 1. Flooring is sealed, coved, impervious and seamless (not carpeted).
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| 1. Fluorescent lighting is in place.
 |  |  |  |  |
| 1. Emergency lighting is available in the case of a loss of power supply and complies with relevant health and safety recommendations.
 |  |  |  |  |
| 1. There is a cleaning schedule covering the minor operations room, which is available on request.
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| 1. The room is clean and dust free.
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| 1. The room is in good decorative order, e.g., no damage that will compromise cleaning.
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| 1. The room is tidy and uncluttered.
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| 1. Workstation equipment, e.g., computer, telephone, is visibly clean and dust free.
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| 1. Couches/chairs/footstools/stools are visibly clean and in a good state of repair.
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| 1. Couch covers, if used, are disposable.
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| 1. Disposable curtains are changed six monthly or immediately if visibly soiled.
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| 1. Linen curtains, if applicable, are laundered in a commercial laundry six monthly or immediately if visibly soiled.
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| 1. Disposable couch roll is used in place of blankets and pillowcases.
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| 1. Detergent or disinfectant wipes are available for cleaning.
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| 1. A spillage kit and a chlorine-based product, e.g., HazTab, Actichlor (or a dual cleaning and disinfecting product, e.g., Chlor-Clean, Actichlor plus, Tristel), is available for disinfecting at 1,000 parts per million (ppm).
 |  |  |  |  |
| 1. A spillage kit and a chlorine-based product, e.g., HazTab, Actichlor, is available for disinfecting at 10,000 ppm.
 |  |  |  |  |
| **Section totals:** |  |  |  |  |
| **Equipment**  | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. Single-use items are not being reused, e.g., scissors, forceps.
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| 1. Sterile instruments are stored in a clean, dry, dust free environment, and off the floor (cupboard, lidded container).
 |  |  |  |  |
| 1. Sterile items are within their expiry date (check the expiry dates on a selection of items).
 |  |  |  |  |
| 1. Reusable instruments are decontaminated and sterilised in a credited central sterilisation unit which is compliant to quality management systems.
 |  |  |  |  |
| 1. An instrument traceability system is in use for reusable items.
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| 1. There are defined mechanisms in place for recognising sterile integrity of instrumentation.
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| 1. All sterile items have an identifiable event related shelf–life.
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| 1. There is a defined process to change instruments if contamination is identified.
 |  |  |  |  |
| 1. All staff involved in minor operations are competent in the handling of sterile instruments.
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| 1. There is a defined process to ensure that equipment is cleaned to remove all dust prior to it being brought into the procedure room.
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| 1. Dressing trolleys are clean and free from adhesive tape or residue.
 |  |  |  |  |
| 1. Non-invasive medical devices and equipment are decontaminated appropriately.
 |  |  |  |  |
| 1. A [Declaration of Contamination Status form](https://www.infectionpreventioncontrol.co.uk/content/uploads/2020/07/Declaration-of-contamination-status-Form-May-2020-pdf.pdf) is used for equipment prior to inspection, service, or repair.
 |  |  |  |  |
| 1. Instrumentation is set up immediately prior to surgical use.
 |  |  |  |  |
| **Section Totals:** |  |  |  |  |
| **Hand hygiene**  | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. Staff are 'Bare below the elbows' when delivering direct patient care.
 |  |  |  |  |
| 1. Staff performing minor procedures are trained and assessed as competent in performing [surgical hand antisepsis](https://www.afpp.org.uk/filegrab/surgical-hand-antisepsis-poster-final.pdf?ref=1908), gowning, and gloving scrub.
 |  |  |  |  |
| 1. Staff performing minor operations perform [surgical hand antisepsis](https://www.afpp.org.uk/filegrab/surgical-hand-antisepsis-poster-final.pdf?ref=1908) , gowning, and gloving correctly immediately prior to commencing procedures.
 |  |  |  |  |
| 1. A dedicated hand wash basin is available.
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| 1. Hand wash basins have no plug, no overflow and a single lever action/sensor mixer tap which does not run directly into the drain aperture.
 |  |  |  |  |
| 1. Hand wash basins and taps are clean, undamaged, and free from lime scale deposits.
 |  |  |  |  |
| 1. Wall mounted liquid soap and paper towels in a dispenser are available and clean.
 |  |  |  |  |
| 1. Hand moisturiser, if available, is in a pump action dispenser (preferably wall mounted).
 |  |  |  |  |
| 1. A [hand hygiene technique poster](https://cdn.who.int/media/docs/default-source/integrated-health-services-%28ihs%29/infection-prevention-and-control/how-to-handwash-poster.pdf?sfvrsn=8ab212f0_5) is displayed at the hand wash basin.
 |  |  |  |  |
| 1. A [Your 5 Moments for hand hygiene at the point of care poster](https://cdn.who.int/media/docs/default-source/integrated-health-services-%28ihs%29/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_16) is displayed.
 |  |  |  |  |
| 1. Nail brushes, if used, are sterile and single use.
 |  |  |  |  |
| 1. Alcohol handrub is available at point of use and complies with the current British Standard, e.g., BS EN 1500:1997.
 |  |  |  |  |
| **Section Totals:** |  |  |  |  |
| **PPE** | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. Non-sterile non-powdered CE marked clinical gloves which conform to EN 455 (Parts 1-4) are available.
 |  |  |  |  |
| 1. Sterile non-powdered CE marked clinical gloves which conform to EN 455 (Parts 1-4) are available.
 |  |  |  |  |
| 1. Single-use disposable aprons are available.
 |  |  |  |  |
| 1. Eye protection is available.
 |  |  |  |  |
| 1. Fluid resistant surgical masks are available (masks are not usually required except when a sterile device is being implanted, or when there are other issues predisposing to infection. However, face and eye protection are required if splashing is likely).
 |  |  |  |  |
| 1. Staff are aware of the correct order for putting on and removing personal protective equipment (sterile gloves and a plastic apron are the minimum personal protective equipment requirement for carrying out minor surgical procedures. However, full precautions, including fresh sterile gowns for each case, are required for minor surgical procedures if a sterile device is being implanted and when there is a risk of significant post-procedure infection, or if there are other factors predisposing to infection).
 |  |  |  |  |
| **Section Totals:** |  |  |  |  |
| **Surgical site management**  | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. Hair removal is only undertaken where it is necessary to visualise the operative site, and is removed as near to time of incision as possible.
 |  |  |  |  |
| 1. Hair is removed using clippers with single-use disposable head, and staff who are responsible for hair removal have been trained and are competent in performing the procedure.
 |  |  |  |  |
| 1. There is a defined skin disinfection process agreed by a multi-disciplinary team that states the specific agent, application method, timing, and person responsible
 |  |  |  |  |
| 1. All products used for skin disinfection are intended for use as a surgical skin disinfectant and must have an associated management protocol. E.g., multi-dose bottles: date of opening and use by date.
 |  |  |  |  |
| 1. All patients are kept warm and comfortable before and during the procedure, and are adequately covered to conserve heat and only exposed during surgical preparation.
 |  |  |  |  |
| 1. All staff involved in minor procedures are trained and assessed as competent in the maintenance and management of the sterile field.
 |  |  |  |  |
| 1. All staff involved in minor procedures maintain and manage sterile field correctly.
 |  |  |  |  |
| 1. Non-linting, non-woven swabs are used in all minor surgery and dressings procedures
 |  |  |  |  |
| 1. There is a defined range of interactive wound dressings available for all procedures.
 |  |  |  |  |
| 1. Wound management information is provided to the patient verbally and in written form. This includes information on how to look after their wound, what to expect and how and when to ask for help.
 |  |  |  |  |
| 1. There is access to a tissue viability expert.
 |  |  |  |  |
| **Section totals:** |  |  |  |  |
| **Specimens**  | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. Staff collecting specimens use standard precautions, e.g., hand decontamination before and after collection, appropriate PPE, and aseptic technique.
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| 1. Specimens are in their appropriate container.
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| 1. Specimens are labelled clearly and include relevant clinical details
 |  |  |  |  |
| 1. Specimens are secured in a sealed leak proof plastic bag.
 |  |  |  |  |
| 1. Specimens awaiting collection are placed in a cleanable rigid container with a lid.
 |  |  |  |  |
| 1. Specimens awaiting collection are stored in a designated storage area.
 |  |  |  |  |
| 1. Specimens are sent to the laboratory as soon as possible and within 24 hours of collection.
 |  |  |  |  |
| 1. If collection is delayed, specimens are placed in a 'specimens only' refrigerator.
 |  |  |  |  |
| **Section totals:** |  |  |  |  |
| **Sharps** | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. Sharps safety devices are in use.
 |  |  |  |  |
| 1. Sharps containers state they conform to UN3291.
 |  |  |  |  |
| 1. The appropriate colour coded sharps container is in use e.g., orange-lidded for non-medicinally contaminated, purple-lidded for cytotoxic and cytostatic contaminated, and yellow-lidded for other medicinally contaminated sharps.
 |  |  |  |  |
| 1. Sharps containers are assembled correctly, e.g., the lid is snapped firmly in place.
 |  |  |  |  |
| 1. Sharps containers when assembled are signed and dated on the label.
 |  |  |  |  |
| 1. Sharps containers in use are stored safely and off the floor.
 |  |  |  |  |
| 1. Brackets are used where appropriate, e.g., trolley or wall.
 |  |  |  |  |
| 1. The temporary closure mechanism is in use.
 |  |  |  |  |
| 1. Sharps are disposed of at the point of use.
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| 1. Needles and syringes are disposed of as a single unit (there is no evidence of re-sheathed needles in the sharps container).
 |  |  |  |  |
| 1. The contents of sharps containers are below the fill line.
 |  |  |  |  |
| 1. Sharps containers are disposed of when the fill line is reached or every 3 months even if not full.
 |  |  |  |  |
| 1. Containers awaiting collection are stored in a locked area out of public access.
 |  |  |  |  |
| 1. Inoculation injury posters are displayed.
 |  |  |  |  |
| 1. Staff can state the action required following an inoculation injury.
 |  |  |  |  |
| **Section totals:** |  |  |  |  |
| **Waste** | **Compliant** | **Non-compliant** | **Not applicable**  | **Comments** |
| 1. Waste is segregated into the appropriate waste stream, e.g., orange for infectious, yellow, and black for offensive/hygiene, black for domestic.
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| 1. Waste bins have a foot pedal operated lid.
 |  |  |  |  |
| 1. Waste bins are clean and in a good state of repair.
 |  |  |  |  |
| 1. Waste bags are no more than 2/3rds full.
 |  |  |  |  |
| 1. Waste bags are tied securely “swan necked” (neck of bag twisted, bent in half, and fastened), and tied using a plastic tie or secure knot and labelled to identify the source.
 |  |  |  |  |
| 1. Waste bags awaiting collection are stored in a dedicated locked area out of public access.
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| **Section Totals:** |  |  |  |  |

**SMART action plan**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  | Area of non-compliance  | Situation before change  | Actions | Persons responsible | Staff involved | Review time frame | Measure of success | Evidence  | Situation after change  | Date achieved  |
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**Resources:**

* [Guidelines on the facilities required for minor surgical procedures and minimal access interventions](https://www.journalofhospitalinfection.com/article/S0195-6701%2811%2900444-0/fulltext)
* [One Together assessment toolkit](https://www.onetogether.org.uk/downloads/OneTogether-Assessment-Booklet3.pdf)