Primary Care Infection Prevention & Control

Self-Assessment Tool

Background

Healthcare-associated infections (HCAI) can develop either as a direct result of healthcare intervention (such as medical or surgical treatment) or from being in contact with a healthcare setting. HCAIs arise across a wide range of clinical conditions and can affect people of all ages. They can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life. Healthcare-associated infections can occur in otherwise healthy people, especially if invasive procedures or devices are used. Healthcare workers, family members and carers are also at risk of acquiring infections when caring for people. A number of factors can increase the risk of acquiring an infection, but high standards of infection prevention and control practice, including providing clean environments, can minimise the risk.

It is estimated that 300,000 patients a year in England acquire a healthcare‑associated infection as a result of care within the NHS. Each one of these infections means additional use of NHS resources, greater patient discomfort and a decrease in patient safety.

The GP contract requires practices to “ensure appropriate arrangements for infection prevention and control and decontamination” but in addition to the contract there are a number of legal requirements and good practice standards in relation to infection, prevention and control. Cleanliness and Infection Prevention and Control are therefore included within the fundamental standards inspected by the Care Quality Commission (CQC). They form an important element of Regulation 12: Safe Care and Treatment (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Introduction

The Hertfordshire CCGs have developed this tool to support General Practices to comply with CQC requirements and identify any areas needed for further improvement. It explicitly identifies Essential Quality Requirements (EQR) (either statutorily or contractually required) and Best Practice (BP) requirements. The CCG encourage GP practices to aspire to BP, following attainment of relevant EQR standards.

EQR = Essential Quality Requirements are the minimum requirements for compliance as detailed in the Health and Social Care Act 2008 (Hygiene Code).

BP = Best Practice are standards that exceed the Essential Quality Requirements and if not already compliant at the time of audit, the Practice should develop detailed plans showing how the practice intends to work towards achieving Best Practice requirement.

Where the practice is not compliant with an EQR, it is recommended that a risk assessment and action plan is developed to address the issue.

This self-audit tool aims to help practices improve knowledge within the practice, raise standards, minimize risk and reduce the spread of infections as well as provide evidence of compliance against The Health and Social Care Act 2008 “*Code of practice on the prevention and control of infections and related guidance”* (2015) and therefore the Infection Prevention & Control elements of CQC Regulation 12: Safe care and treatment.

Frequency of Audits

GP practices are advised to review their level of compliance with standards (and relevant risk assessments and action plans) every 12 months.

For assistance in developing appropriate action plans or risk assessments in relation to this self-audit, the CCG Head of Infection Prevention & Control can be contacted via the following e-mail: herts.hcai@nhs.net

PRACTICE DETAILS

|  |  |
| --- | --- |
| Name of practice | The Loughton Surgery  |
| Practice address  | 25 Traps HillLoughton IG10 1SZ |
| Direct Telephone Number | 0208 508 9949 |
| Lead Partner for Infection control | Dr Larh |
| Practice Nurse Name (1) | Angela Nagle |
| Practice Nurse name (2) | Janet Wingfield  |
| Date audit completed | 30th Nov 2019 |
| Does the practice undertake minor surgery | Yes 🖵 No 🗹 |
| Does the practice undertake IUCD fitting | Yes 🖵 No 🗹 |

KEY:

EQR = Essential Quality Requirements are the minimum requirements for compliance as detailed in the Health and Social Care Act 2008 (*Code of Practice on the prevention and control of infections and related guidance, 2015*). <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

BP = Best Practice are standards that exceed the Essential Quality Requirements and if not already compliant at the time of audit, the practice should develop detailed plans showing how the practice intends to work towards achieving Best Practice requirement.

INFECTION PREVENTION & CONTROL AUDIT

Section 1: The Management of Infection Prevention and Control (General Management)

Standard: Infection prevention and control is managed effectively and complies with the Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance.

|  | Questions | EQR /BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Is there a named clinical lead person in the practice for infection prevention and control?  | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 1 |
| 2 | Does the practice have infection prevention and control policies?  | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Appendix D Criterion 9Part 4 Guidance Tables: Table 3  |
| 3 | Is infection prevention and control included in all staff induction programmes? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 6 and 10 |
| 4 | Is there a process for internally recording/reporting untoward incidents in relation to infection prevention and control (e.g. sharps and body fluid splashes)?  | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 5 |
| 5 | Is there a recorded process in place for practice staff to access IPC advice and support as needed (dependent on local arrangements)* Local Hospital Consultant Microbiologists?
* Public Health England Local Health Protection Unit advisors?
 | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 8 |
| 6 | The practice has documentary evidence of infection control audits undertaken, evaluated and actions taken to improve practice standards | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 9 |
| 7 | Has the Practice carried out a risk assessment for Legionella under the Health & Safety Commissions “Legionella’s’ disease – the control of Legionella bacteria in water systems: Approved code of practice & Guidance” (also known as L8) | EQR | ✓ |  |  |  | Water Supply (Water Fittings) Regulations 1999. SI 1999 No 1148. HMSO, 1999. <http://www.legislation.gov.uk/uksi/1999/1148/contents/made> Water Supply (Water Quality) Regulations 2010. SI 2010 No 994. HMSO, 2000. <http://www.legislation.gov.uk/wsi/2010/994/contents/made> Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015)British, European and International Standards. BS 8558:2011. Design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages. Complementary guidance to BS EN 806. British Standards Institution, 2011. |
| 8 |  Does the practice have written scheme for prevention of Legionella contamination in water pipes and other water lines | EQR | ✓ |  |  |  |  *Legionnaires’ disease: A guide for duty holders Leaflet INDG458 HSE Books2012* [*www.hse.gov.uk/pubns/indg458.htm*](http://www.hse.gov.uk/pubns/indg458.htm)*The control of legionella: A recommended Code of Conduct for service providers The Legionella Control Association 2013* [*www.legionellacontrol.org.uk*](http://www.legionellacontrol.org.uk) |

Section 2: The Management of Infection Prevention and Control (Staff Health)

Standard: Infection prevention and control is managed effectively and complies with the Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Have all staff at risk been immunised against hepatitis B and have they had their response to vaccination confirmed by serology for anti HBs antibodies. It is recommended that practices keep a copy *(At risk staff are those who may have direct contact with patient’s blood or blood stained body fluid, used sharp, sharps bins or potentially infectious waste)* | EQR |  | ✓ |  | Dr Larh has sent a reminder to all clinicians to provide this information. We will be chasing up clinicians each week until we get the necessary paperwork | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015):Criterion 9 F Department of Health (2007) Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. |
| 2 | Are all staff routinely advised regarding immunisation against seasonal influenza? | EQR | ✓ |  |  |  |  |
| 3 | Does the practice have access to Occupational Health service or access to appropriate occupational health advice? (This may include pre-employment checks to ensure appropriate immunisations have been given.) | BP |  | ✓ |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 10 Occupational Health Services.  |
| 4 | Has the issue of immunity to Measles, Rubella and Varicella in clinical staff been considered in the practice and a risk assessment undertaken?  | EQR | ✓ |  |  |  | Department of Health (2003) "Chickenpox (varicella) immunisation for healthcare workers" |

Section 3: Environment

Standard: The environment is designed and managed to minimise reservoirs for microorganisms and reduce the risk of cross-infection to patients, staff and visitors.

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Are all areas including clinical areas and equipment visibly clean and free from extraneous items? | EQR | ✓ |  |  |  | National Patient Safety Agency - The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises. Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015):Criterion 2National Patient Safety Agency- National specifications for cleanliness: primary medical and dental premises (2010)National Patient Safety Agency - Primary Care Cleaning Audit Score Sheet (2010) |
| 2 | Are there comprehensive written specifications for cleaning the environment and equipment in the practice? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 2 |
| 3 | Are there up to date cleaning schedules which includes regular cleaning of clinical, admin and sanitary areas (e.g. toilets, fans, air conditioners, high areas, curtains, blinds, toys, computer keyboards, telephones and desks)?  | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 2 |
| 4 | Are walls in good condition (no cracked or peeling paintwork), intact and have smooth easy-to-clean surfaces?* In clinical and consulting rooms?
* In non-clinical rooms?
 | EQRBP | ✓ |  |  |  | Health Building Note 00-09 Infection Control in the Built Environment <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf> Health Building Note 00-10 Part B Walls & Ceilings<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148496/HBN_00-10_Part_B_Final.pdf>  |
| 5 | Are floor coverings in a good state of repair, impervious to fluids and are they easy-to-clean?* In clinical and consulting rooms?
* In non-clinical rooms?
 | EQRBP | ✓ |  |  |  | Health Building Note 00-09 Infection Control in the Built Environment <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf> Health Building Note 00-10 Part A Flooring<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148495/HBN_00-10_Part_A_Final.pdf> |
| 6 | Is the furniture in the Practice suitable for its use, (e.g. impermeable / washable materials?) * In clinical and consulting rooms?
* In non-clinical rooms?
 | EQRBP | ✓ |  |  |  | Health Building Note 00-09 Infection Control in the Built Environment <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf> Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 2 |
| 7 | Are mops and buckets colour coded, clean, dry and stored appropriately? | EQR | ✓ |  |  |  | National Patient Safety Agency: The national specifications for cleanliness in the NHS: Guidance on setting and measuring cleanliness outcomes in primary care medical and dental premises (2010)<http://www.nrls.npsa.nhs.uk/resources/?entryid45=75241> National Patient Safety Agency: national Clean Audit primary Care (2010)<http://www.nrls.npsa.nhs.uk/resources/?entryid45=75241>  |
| 8 | Have cleaning staff received training in infection prevention and control and cleaning in a healthcare environment appropriate to role? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 1 |

Section 4: Hand Hygiene

Standard: The practice has a clear mechanism to ensure effective implementation of hand hygiene procedures are in place and hand hygiene is practiced at all times to reduce the potential for cross infection between staff, patients, the environment and equipment.

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a Hand Hygiene Policy? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 9World Health Organisation 2009 - Section 16National Patient Safety Agency – Clean Your Hands Campaign |
| 2 | Are posters displayed adjacent to hand washbasins featuring the hand hygiene process?  | BP | ✓ |  |  |  | National Patient Safety Agency – Clean Your Hands Campaign |
| 3 | Does your practice policy demonstrate an awareness of the DH uniform policy? (e.g. bare below the elbows) | EQR |  |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 9 DH Uniforms and Work wear 2010 <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114751>  |
| 4 | Are there wash basins dedicated to hand hygiene in each clinical and consulting room which can be easily accessed?  | EQR | ✓ |  |  |  | Health Technical Memorandum - 64 Sanitary assemblies.Health Building Note 00-10 part C Sanitary Assemblies<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148497/HBN_00-10_Part_C_Final.pdf> |
| 5 | Do all hand wash basins for use in connection with clinical procedures have elbow or wrist operated mixer taps? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 2Health Technical Memorandum - 64 Sanitary assembliesHealth Building Note 00-10 part C Sanitary Assemblies<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148497/HBN_00-10_Part_C_Final.pdf> |
| 6 | All hand washing sinks used in connection with clinical procedures are free from plugs? | EQR | ✓ |  |  |  | Health Technical Memorandum - 64 Sanitary assembliesHealth Building Note 00-10 part C Sanitary Assemblies<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148497/HBN_00-10_Part_C_Final.pdf> |
| 7 | Are all hand washing sinks used in connection with clinical procedures free of an overflow? | EQR | ✓ |  |  |  | Health Technical Memorandum - 64 Sanitary assembliesHealth Building Note 00-10 part C Sanitary Assemblies<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148497/HBN_00-10_Part_C_Final.pdf> |
| 8 | Sink areas are uncluttered so as to facilitate cleaning | EQR | ✓ |  |  |  | Health Technical Memorandum - 64 Sanitary assembliesHealth Building Note 00-10 part C Sanitary Assemblies<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148497/HBN_00-10_Part_C_Final.pdf> |
| 9 | Is the tap off-set from the waste outlet in all hand washing sinks used in connection with clinical procedures? | EQR | ✓ |  |  |  | Health Building Note 00-10 part C Sanitary Assemblies<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148497/HBN_00-10_Part_C_Final.pdf> |
| 10 | Is liquid soap dispensed from single use cartridges or bottles so are not decanted or refilled? (no bar soap). | EQR | ✓ |  |  |  | WHO Guidelines on Hand Hygiene in Healthcare 2009<http://www.who.int/gpsc/country_work/en/>  |
| 11 | Are alcohol-based hand rubs available for clinical staff use during domiciliary visits?  | EQR | ✓ |  |  |  | National Patient Safety Agency – Clean Your Hands Campaign |
| 12 | Are paper towels available and stored in a dispenser to avoid contamination? (no cloth towels in use). | EQR | ✓ |  |  |  | National Patient Safety Agency – Clean Your Hands Campaign |
| 13 | Are hand wash basins free from nail brushes?  | EQR | ✓ |  |  |  | MMWR Guidelines for hand hygiene in healthcare settings 2002<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>  |
| 14 | Are there separate arrangements to dispose of waste materials (e.g. urine) other than using the hand washbasin?  | EQR | ✓ |  |  |  | Minor surgery in general practice, Good Practice, Volume 3 Issue 2, October 2012<http://www.themdu.com/section_GPs_and_primary_care_professionals/> <http://www.his.org.uk/files/8813/7389/0782/Guidelines_on_the_facilities_required_for_minor_surgical_procedures_and_minimal_access_interventions.pdf>  |

Section 5: Personal Protective Equipment (PPE)

Standard: Protective clothing is available / worn for all aspects of care which may involve contact with blood/body fluids or where asepsis is required

|  | Questions | EQR /BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a policy on the appropriate use of PPE? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 9 |
| 2 | Is the following PPE available for staff?* Latex non-sterile and sterile gloves (non-powdered)
* Non Latex (e.g. nitrile) non-sterile and sterile gloves?
* Plastic disposable aprons
 | EQREQREQR | ✓ |  |  |  | Legislation.gov.uk Health and Safety Executive "The Personal Protection Equipment at Work Regulations 1992"  |
| Health and Safety Executive: Latex allergies in health and social care<http://www.hse.gov.uk/healthservices/latex/index.htm> Health and Safety Executive: Latex allergies in health and social care<http://www.hse.gov.uk/healthservices/latex/index.htm>  |
| NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012<http://publications.nice.org.uk/infection-cg139/guidance> NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012<http://publications.nice.org.uk/infection-cg139/guidance>  |
| 3 | Is face and eye protection available and worn by staff if splashing of blood, body fluids or chemicals is anticipated? | EQR | ✓ |  |  |  |  |
| 4 | Are staff aware of the principles of wearing and disposing of personal protection equipment (PPE) i.e. disposable gloves, aprons , masks and goggles) e.g.* Are PPE items worn as single use items?
* Where required are aprons and gloves changed between different episodes of care on the same patient?
* Are gloves removed and hand hygiene performed after every clinical activity?
* If re-usable goggles are available are staff aware of how they should be decontaminated?
 | EQREQREQREQR | ✓ |  |  |  | NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012<http://publications.nice.org.uk/infection-cg139/guidance>World Health Organisation: 5 Moments for Hand Hygiene<http://www.who.int/gpsc/5may/background/5moments/en/> <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>MMWR Guidelines for hand hygiene in healthcare settings 2002 |

Section 6: Prevention and management of spillages of blood & high risk body fluids

Standard: Equipment appropriate for cleaning blood or other body fluid is available specifically for dealing with such incidents safely.

|  | Questions | EQR /BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a policy for managing spillages of body fluids in healthcare premises? | EQR | ✓ |  |  |  |  Control of Substances Hazardous to Health, Regulations. COSHH (2002)Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion1.  |
| 2 | Are all staff aware of the procedure for dealing with spillages of blood or other body fluids? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion9NICE: Infection: Prevention and control of healthcare associated infection in primary and community care. 2012<http://publications.nice.org.uk/infection-cg139/guidance>  |
| 3 | Is a spillage kit available for dealing with spillages of blood/body fluids (NB blood spills must always be cleaned using a kit that has disinfectant containing 10,000 ppm available chlorine (e.g. presept granules)?  | EQR | ✓ |  |  |  | NHS Revised Healthcare Cleaning Manual 2009<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830>  |
| 4 | Are disposable cloths or mop heads available for cleaning blood or other body fluid spillages? | EQR | ✓ |  |  |  | NHS Revised Healthcare Cleaning Manual 2009<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830>  |

Section 7: Safe handling and disposal of sharps

Standard: Sharps are managed safely to reduce the risk of inoculation injury.

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a policy on safe handling & disposal of sharps? | EQR | ✓ |  |  |  | Health Technical Memorandum 07-01 Safe Management of Healthcare Waste<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): Criterion 9 |
| 2 | Is there a sharps container conforming to BS 7320 and UN3291 available and is it positioned safely; out of reach of vulnerable people? | EQR | ✓ |  |  |  | Department of Health 1998 Guidance of Clinical Health Care Workers: Protection against infection with Blood-Borne Viruses. Recommendations of the Expert Advisory Group |
| 3 | Are sharps containers discarded when two thirds full and stored in a secure facility away from public access until collected for disposal? | EQR | ✓ |  |  |  | Health Technical Memorandum 07-01 Safe Management of Healthcare Waste<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste> |
| 4 | Is blood sampling undertaken by using a single-use vacuum blood collection system? | BP |  |  | ✓ |  |  |
| 5 | Are sharps used for taking blood from patients at home/care home, disposed of in to an appropriate sharps container which is returned to the surgery for safe disposal? | EQR |  |  | ✓ |  |  |
| 6 | Is there evidence that the practice has undertaken a review of sharps management within the practice and employed ‘safer sharps’ techniques and/or products where applicable.  | EQR | ✓ |  |  |  | European Directive 2010/32/EU (2010) <http://www.hse.gov.uk/healthservices/needlesticks/eu-directive.htm>Framework agreement on prevention from sharps injuries in the hospital and health care sector<https://osha.europa.eu/en/legislation/guidelines/framework-agreement-on-prevention-from-sharp-injuries-in-the-hospital-and-healthcare> RCN (2013) Sharps safety: RCN guidance to support the implementation of the health and safety (sharp instruments in healthcare regulations 2013)<https://www.rcn.org.uk/professional-development/publications/pub-004135>  |
| 7 | Are the sharps containers assembled according to manufacturer's instructions and labelled in accordance with legal requirements?  | EQR | ✓ |  |  |  |  |
| 8 | Are staff aware of the correct procedure to follow after a needle stick injury, other sharps or blood splash exposure? | EQR | ✓ |  |  |  |  |

Section 8: Waste Management Policy and Procedures

Standard: Waste is managed safely and in accordance with legislation to minimise the risk of infection or injury to patients, staff and the public.

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a policy on waste management? | EQR | ✓ |  |  |  | *Health Technical Memorandum 07-01Safe Management of Healthcare Waste*<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): *Criterion various.* |
| 2 | Is the practice registered with the Environment Agency as a producer of hazardous waste? (Premisesare exempt from the requirement to register if theyproduce less than 500 kg of hazardous waste in anyperiod of 12 months) | EQR |  |  | ✓ |  |  Environment Agency - Waste (England and Wales) Regulations 2011)<https://www.gov.uk/government/organisations/environment-agency>  |
| 3 | Is there documentary evidence to show that all infectious waste (including sharps containers) is disposed of by a registered waste collection company? | EQR | ✓ |  |  |  | *Environment Agency - Waste (England and Wales) Regulations 2011)* |
| 4 | Are records of waste transfer and disposal arrangements kept and stored in accordance with the EPA 1990? | EQR | ✓ |  |  |  | *Environment Agency - Waste (England and Wales) Regulations 2011)* |
| 5 | Are there easily accessible foot-operated clinical waste bins, with the appropriate colour coded bag (yellow or orange) available, in each clinical area? (E.g. is the foot operation in working order). | EQR | ✓ |  |  |  |  |
| 6 | Is offensive, infectious and domestic waste correctly segregated (clinical waste in yellow or orange bags, according to waste regulations and domestic waste in black bags)? | EQR | ✓ |  |  |  |  |
| 7 | Are infectious waste bags and sharps bins marked with the practice code / details when securing for disposal?  | EQR | ✓ |  |  |  |  |
| 8 | Are waste bags less than 2/3 full and securely tied?  | EQR | ✓ |  |  |  | *Environment Agency - Waste (England and Wales) Regulations 2011)* |
| 9 | Where infectious waste is not collected directly from clinical areas, is it stored in a separate, secure area for waste which is kept clean and tidy and secure from vermin and/or other inappropriate/extraneous items? | EQR |  |  | ✓ |  | *Environment Agency - Waste (England and Wales) Regulations 2011)* |

Section 9: Management of Specimens

Standard: All specimens will be collected packaged and transported safely in approved containers in line with recognised standards – Packaging Instruction 650 and 621 and requirements of UN3373 or UN3291 to minimise the risk of cross infection.

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a policy or procedure for specimen handling? | EQR | ✓ |  |  |  | Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): *Criterion 8* |
| 2 | Are specimens stored in a dedicated refrigerator (not with food, vaccines or medicines)? | EQR | ✓ |  |  |  |  |
| 3 | Are arrangements for specimen testing appropriate in consulting rooms? | EQR | ✓ |  |  |  |  |
| 4 | Are staff aware of the appropriate way to handle and transport specimens to minimise risk of leakage and or contamination of hands/ the environment  | EQR | ✓ |  |  |  | Packaging Instruction 650 and 621 and requirements of UN3373 or UN3291 Sample packaging requirements are very clear from the following web page<http://www.kch.nhs.uk/gps/gp-pathology-guide/packaging-requirements>and<http://www.kch.nhs.uk/gps/gp-pathology-guide/sending-samples-by-royal-mail> |

Section 10: Decontamination of medical devices

Standard: All medical devices are decontaminated in a safe and appropriate manner to minimise the risk of infection and cross-infection.

*Note: Medical devices include not only surgical instruments but a wide variety of other equipment such as dressing trolleys, BP cuffs and baby scales. A risk assessment needs to be carried out on each medical device to ensure that the appropriate level of decontamination is carried out. For those in the high or medium risk categories cleaning and sterilisation must be carried out (e.g. autoclaving). For those in the lowest risk category cleaning or cleaning plus disinfection are needed depending on circumstances*

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a policy which outlines the decontamination processes the practice uses for all re-usable medical devices? (Each re-usable item of clinical equipment is included) | EQR |  |  | ✓ |  | 1. Department of Health 2007 Decontamination of re-usable medical devices in the primary, secondary and tertiary care sectors (NHS and Independent providers
2. Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015): *Criterion 2*
 |
| 2 | Are medical devices stored appropriately and above floor level to avoid being contaminated?  | BP | ✓ |  |  |  | MHRA Managing Medical Devices DB2006 (05)<http://www.mhra.gov.uk/home/groups/dts-bs/documents/publication/con2025143.pdf> |
| 3 | Are items of sterile equipment within their use-by date? | EQR | ✓ |  |  |  | Medical Device Directive (93/42/EEC |
| 4 | Are all items of equipment that come into contact with patients cleaned or decontaminated according to practice policy or disposed of after each use? (E.g. all tubing and the mask of the nebuliser should be treated as single use and disposed of as clinical waste after use. Nebuliser machines must be cleaned, spirometer mouthpieces disposed of and spirometers cleaned, ear syringing tips disposed of and the ear syringing machine cleaned?) | EQR | ✓ |  |  |  | Minor surgery in general practice, Good Practice, Volume 3 Issue 2, October 2012<http://www.themdu.com/section_GPs_and_primary_care_professionals/topnav_News_3/hidden_Article.asp?articleID=2638&contentType=Media+release&articleTitle=MDU+advises+GPs+on+avoiding+major+problems+with+minor+surgery> |
| 5 | Is there a schedule for the decontamination of all re-usable items of clinical equipment | EQR |  |  | ✓ |  |  |

Section 11: Clinical Rooms

Standard: The environment is designed and managed to minimise reservoirs for micro-organisms and reduce the risk of cross infection to patients, staff and visitors.

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Are the room and all work surfaces uncluttered?  | BP | ✓ |  |  |  | National Patient Safety Agency 2007 the national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes.Health Building Note 00-09 Infection Control in the Built Environment: Space for Health |
| 2 | Is the flooring impervious to liquids, non-slip, intact and clean? | EQR | ✓ |  |  |  | National Patient Safety Agency 2007 the national specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes.Health Building Note 00-09 Infection Control in the Built Environment: Space for Health |
| 3 | Does the flooring form a coved skirting (i.e. uplifted at the edges on to the walls) OR is the gap between the floor and the skirting sealed and is the waterproof seal maintained? | EQR | ✓ |  |  |  | HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services. |
| 4 | Are the walls and ceilings clean, dry and free from cracks or visible defects? | EQR | ✓ |  |  |  | HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services.Department of Health - Health and Social Care Act 2008 Code of Practice for the prevention and control of healthcare associated infections and related guidance (2015) |
| 5 | Is there an examination couch with an intact, impervious cover and single use paper roll available for use?  | EQR | ✓ |  |  |  |  |
| 6 | Are there sufficient work surfaces and dressing trolleys of smooth, impervious and cleanable material?  | BP | ✓ |  |  |  |  |
| 7 | Are all treatment surfaces in the room cleaned every working day with hot water and detergent or detergent wipes, in accordance with written practice cleaning schedules?  | EQR | ✓ |  |  |  |  |

Section 12: Minor Surgery rooms

Standard: The environment is designed and managed to minimise reservoirs for micro-organisms and reduce the risk of cross infection to patients, staff and visitors

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Are sterile packs and other equipment stored appropriately i.e. clean and dry? | EQR |  |  |  |  | DH Health building note 46: General medical practice premisesNHS Primary Care Commissioning Prepare schedules of accommodation.  Health Building Note 00-09 Infection Control in the Built Environment |
| 2 | Are the walls intact, free from visible cracks or visible defects, washable and easy to clean?  | EQR |  |  | ✓ |  | DH: Consulting Room: Design Manual: England (and other Design Manual documents available from http://www.spaceforhealth.nhs.uk/articles/room-description-and-layout-consulting-room) |
| 3 | Is the flooring impermeable, intact with coved edging up the walls?  | EQR |  |  | ✓ |  | DH: Consulting Room: Design Manual: England (and other Design Manual documents <http://www.spaceforhealth.nhs.uk/articles/room-description-and-layout-consulting-room>) Health Building Note 00-09 Infection Control in the Built Environment |
| 4 | Are the ceilings intact and free from visible cracks or visible defects? | BP |  |  | ✓ |  |  |
| 5 | Is the ceiling light protected / enclosed from potential contamination? | EQR |  |  | ✓ |  |  |
| 6 | Has the room adequate ventilation - natural or mechanical (not desktop fans)? | EQR |  |  | ✓ |  | HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services.Available from Space for Health |
| 7 | Is the heat source and pipe work in the room enclosed to prevent accumulation of dust and dirt? | EQR |  |  | ✓ |  | DH: Consulting Room: Design Manual: England (and other Design Manual documents available from <http://www.spaceforhealth.nhs.uk/articles/room-description-and-layout-consulting-room>)HBN 11-01 Health Building Notes for Primary and community care Facilities for Primary and Community Care Services. Available from Space for Health |
| 8 | Is the treatment couch protected with disposable paper towel that is changed after each patient? | EQR |  |  | ✓ |  |  |
| 9 | Are skin antiseptics (e.g. chlorhexidine) and paper towels available for aseptic hand washing? | EQR |  |  | ✓ |  |  |
| 10 | Is an antiseptic (e.g. alcohol based chlorhexidine) used for skin prep prior to all cutting procedures? | EQR |  |  | ✓ |  |  |
| 10 | Are single use sterile gloves available in latex and non-latex (e.g. nitrile) material? | EQR |  |  | ✓ |  |  |
| 11 | Is there a designated stainless steel trolley available for use in this room only? | EQR |  |  | ✓ |  |  |
| 12 | Is there a clean infectious waste bin with a foot pedal that is in operation and is hands free? | EQR |  |  | ✓ |  |  |

Section 13: Vaccine Storage and Cold Chain

Standard: Vaccines are stored and transported safely.

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale / Resources |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the GP Practice follow the standards set out in the Green Book (DH, 2010)? | EQR | ✓ |  |  |  | Department of Health Green Book Chapter 3 Storage, Distribution and Disposal of Vaccines |
| 2 | Is there a designated person in the practice responsible for the ordering, delivery and storage of vaccines? | BP | ✓ |  |  |  |  |
| 3 | Are there measures in place to prevent the fridge from being turned off (switch-less socket or warning label on plug)? | EQR | ✓ |  |  |  | NPSA Vaccine Cold Storage<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112> |
| 4 | Is the temperature of the vaccine fridge monitored continually with a min/max thermometer and are the temperatures recorded each working day to ensure vaccines are maintained at 2-8OC? (Min, max and actual fridge temperatures should be recorded. | EQR | ✓ |  |  |  | WHO: Temperature sensitivity of vaccines<http://www.who.int/vaccines-documents/DocsPDF06/847.pdf>Department of Health Green Book Chapter 3 Storage, Distribution and Disposal of Vaccines |
| 5 | Is the min/max fridge thermometer calibrated annually and are records retained? | EQR | ✓ |  |  |  |  |
| 6 | Is the fridge either self-defrosting or is it defrosted monthly or sooner if needed and is a validated cool box then used to maintain the cold chain? | EQR | ✓ |  |  |  | NPSA Vaccine Cold Storage<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112> |
| 7 | Is the fridge serviced annually? | EQR | ✓ |  |  |  |  |
| 8 | Is there a process in place for safe disposal of expired, damaged or surplus vaccines? | EQR | ✓ |  |  |  | Department of Health Green Book Chapter 3 Storage, Distribution and Disposal of Vaccines |
| 9 | Does the practice have records of vaccines received, batch numbers, expiry dates, fridge temperatures, servicing and defrosting of the fridge?  | EQR | ✓ |  |  |  | NPSA Vaccine Cold Storage<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112> |
| 10 | Is there accessible written guidance on what staff should do in the event of a power cut or a temperature reading outside the required range? | EQR | ✓ |  |  |  | NPSA Vaccine Cold Storage<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112> |

Section 14: Notification of infectious diseases and contamination

Standard: All notifiable diseases are reported on suspicion, within the time frames set out in the Health Protection (Notification) Regulations 2010

|  | Questions | EQR / BP | Yes(✓) | No(✓) | N/A(✓) | Remedial action to resolve problem | Rationale |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the practice have a policy on managing patients with communicable diseases i.e. notification of communicable diseases and procedures within the practice for isolating potentially infectious patients? | EQR | ✓ |  |  |  | Health Protection (Notification) Regulations 2010 |
| 2 | Do you notify all reportable infectious disease on suspicion to the proper officer at the local authority? | EQR | ✓ |  |  |  | Health Protection (Notification) Regulations 2010<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report> |
| 3 | Do you have access to notification forms? | EQR | ✓ |  |  |  | Health Protection Legislation (England) Guidance 2010*Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority*<https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners>  |

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INFECTION PREVENTION & CONTROL ACTION PLAN

|  |
| --- |
| Name of Practice:  |
| Date:  | Name of staff member completing form:  |
| Designation of staff member completing form: |

| Question Number | EQR or BP | Problem identified | Remedial action to resolve problem | Person responsible for outcome and planned achievement date.*(Problems should normally be remedied within a maximum of 3 months of the problem having been identified, unless building work is required)* | Date when action completed |
| --- | --- | --- | --- | --- | --- |
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