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| **Local Service Audit Template - IPC** |

**This audit should be completed by a suitably experienced person on a MONTHLY / QUARTERLY basis**

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| **Service Name** |  | **Date of Audit** |  | **Completed by** |  |

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| **No** | **Audit Criteria** | **Y/N/NA** | **Evidence, Observations & Actions Identified**  |
| **Part 1: Information Displays & Record Keeping** |
| **1.1** | Is there a hand hygiene poster displayed in the consulting room? |  |  |
| **1.2** | Is a dispenser available for visitors to gel their hands near to a consulting room? |  |  |
| **1.3** | Are there Infection Control posters displayed for Patients & Visitors **e.g. Catch it Bin it Kill it**? |  |  |
| **1.4** | Is the record keeping up to date and signed for fridge temperature checks? |  |  |
| **Part 2: Staff Awareness & Training** |
| **2.1** | Has the staff member received training on Infection Prevention & Control in the last 12 months?  |  |  |
| **2.2** | Can the staff member name their Infection Prevention & Control Lead?  |  |  |
| **2.3** | Does the staff member know where to find PC24's Infection Prevention & Control Policies / Procedures? |  |  |
| **2.4** | Is the staff member aware of the Practices / Out of Hours Centre Infection Prevention & Control audit results? |  |  |
| **2.5** | Does the staff member have access to alcohol-gel toggles? |  |  |
| **2.6** | Could the staff member demonstrate the correct hand washing technique? |  |  |
| **2.7** | Were paper towels disposed of without touching the waste bin lid?  |  |  |
| **2.8** | Does the staff member understand the meaning of decontamination? |  |  |
| **2.9** | Can the staff member explain Moment 1 for hand hygiene? |  |  |
| **2.10** | Can the staff member explain Moment 2 for hand hygiene? |  |  |
| **2.11** | Can the staff member explain Moment 3 for hand hygiene? |  |  |
| **2 2.12** | Can the staff member explain Moment 4 for hand hygiene? |  |  |
| **2.13** | Can the staff member explain Moment 5 for hand hygiene? |  |  |
| **2.14** | Was the staff member bare below the elbow at the time of the audit? |  |  |
| **2.15** | Was the staff member nails free from nail varnish +/- false nails? |  |  |
| **2.16** | Were the staff member's cuts and grazes covered with a waterproof plaster? |  |  |
| **2.17** | Can the staff member locate personal Protective Equipment (PPE)? |  |  |
| **2.18** | Can the staff member state the inoculation injury procedure? |  |  |
| **2.19** | Is the staff member able to explain the procedure when a patient is identified as MRSA+VE? |  |  |
| **2.20** | Can the staff member identify where the spillage kit is located?  |  |  |
| **Part 3: Consulting Room** |
| **3.1** | All Sharps & Clinical Waste stored safely away from the public? |  |  |
| **3.2** | All Sharps boxes signed? |  |  |
| **3.3** | All Sharps containers less than 2/3 full? |  |  |
| **3.4** | Does the sharps bin contain the correct waste? |  |  |
| **3.5** | Is the suction Machine clean **e.g.** Emergency Equipment?  |  |  |
| **3.6** | Is the Blood Glucose Monitor clean? |  |  |
| **3.7** | Is the Blood Pressure Sleeve clean? |  |  |
| **3.8** | Is there personal protective equipment available? |  |  |
| **3.9** | Is the consulting room visibly clean and free from clutter? |  |  |
| **3.10** | Are Sharp Safety Devices available **e.g.** Safer Needles? |  |  |
| **3.11** | Is the clinical sink equipped with mixer/elbow/sensor taps? |  |  |
| **3.12** | Is the clinical sink equipped with liquid soap and paper towels? |  |  |
| **3.13** | Are hand washing basins easily accessible? |  |  |
| **Part 4: Patients Toilets** |
| **4.1** | **I**s the sink, handrails and surrounding area clean and free from extraneous items? |  |  |
| **4.2** | Is soap available? |  |  |
| **4.3** | Are roller towels/paper available? |  |  |
| **4.4** | Is there a waste paper basket available? |  |  |