

Infection Prevention & Control Rapid Self Audit Tool 2023 Adult Social Care Settings (Version 2 July 2023)

Site/Provider:	
Service/Provider Type:	
Service Lead/Manager:	
Date of Audit:	
Audit Completed By:	
Date Audit Report Completed:	

Audit Scoring Key:	
Good Compliance	95 - 100%
Action Required	80 - 94%
Urgent Action/ Improvement Required	79% and below

Standards Audited:	Current % score
Hand/Cough Hygiene	
Personal Protective Equipment (PPE)	
Environment	
Dirty Utility (Sluice)	
Domestic Room	
Equipment and Cleaning	
Waste	
Handling and Disposal of Linen	
Safe Handling and Disposal of Sharps	
Staff Knowledge of IPC	
Overall Score %	

How to use the self-audit tool – please read prior to completing.

Self-assess against each of the audit standards placing a tick in the **Yes, No** or **NA** box. An easy to use scoring system allows you to highlight the percentage for each standard. The end columns are for you to record what action was taken and the date it was completed/anticipated completed. N.B. For questions answered “**NO**” you **must** complete the boxes named **Actions Taken** and **Date Action Completed**. Examples of this could be:

	Question	Yes	No	N/A	Action Taken	Date action completed
1	Are high and low surfaces free from dust and cobwebs etc.?		✓		Issue addressed with cleaner, added to cleaning schedule	01/01/22
2	Is there a designated hand wash basin?	✓				
3	Do staff know what to do if they or a colleague sustains an inoculation injury?		✓		Education has been provided to staff	01/01/22

If the answer to any question is no, the **action you have taken to rectify this must be documented in the Action Taken column.**

How to work out the percentage score for each standard	How to work out the percentage overall score												
<p>1. Add the total number of Yes answers</p> <p>2. Divide by the total number of Yes and No answers, (do not include the N/A answers)</p> <p>3. Multiply by 100 to get the percentage.</p> <p>Formula:</p> $\frac{\text{Total number of Yes answers}}{\text{Total number of Yes and No answers}} \times 100 = \boxed{} \%$	<p>1. Add together % score for each standard</p> <p>2. Divide by number of standards completed (do not include standards that were not audited)</p> <p>Example:</p> <p>92+80+79 = 251</p> <p>251/3 = 84% overall score</p> <table border="1"> <tbody> <tr> <td>Standard 1</td> <td>IPC Safety</td> <td>92%</td> </tr> <tr> <td>Standard 2</td> <td>Staff Knowledge</td> <td>80%</td> </tr> <tr> <td>Standard 3</td> <td>Personal Protective Equipment</td> <td>79%</td> </tr> <tr> <td colspan="2">Overall Score</td> <td>84%</td> </tr> </tbody> </table>	Standard 1	IPC Safety	92%	Standard 2	Staff Knowledge	80%	Standard 3	Personal Protective Equipment	79%	Overall Score		84%
Standard 1	IPC Safety	92%											
Standard 2	Staff Knowledge	80%											
Standard 3	Personal Protective Equipment	79%											
Overall Score		84%											

1. Hand/Cough Hygiene

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/Manager)	Date of Completion (To be completed by service lead/Manager)
1	Are hand hygiene facilities available (Including liquid soap and paper towels)?				
2	Are hand hygiene facilities in a good state of repair?				
3	Are hand hygiene facilities including dispensers for hand hygiene products clean?				
4	Do staff have easy access to alcohol-based hand gel containing at least 60% alcohol (i.e individual bottles)?				
5	Are wipeable hand hygiene posters displayed and available to staff and service users?				
6	Are staff bare below the elbows?				
7	Do staff know when to decontaminate their hands (5 moments etc) -question or observe staff? WHO PSP YOUR 5 MOMENTS POSTER A3 CHAIR WEB (wchc.nhs.uk)				
8	Is good cough etiquette practiced within the setting?				

% Audit Score Hand Hygiene	
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2. Personal Protective Equipment (PPE)

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/Manager)	Date of Completion (To be completed by service lead/Manager)
1	Is Personal Protective Equipment (PPE) available in key locations?				
2	Is PPE stored away from the risk of contamination (i.e not in sluice or sanitary areas)?				
3	Do staff know how to apply and remove PPE correctly?				
4	Are staff observed using PPE correctly (applying and removing in correct order)?				

% Audit Score PPE	
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3. Environment

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/Manager)	Date of Completion (To be completed by service lead/Manager)
1	Is the general environment clean, including bedrooms?				
2	Is the general environment, including bedrooms, clutter free?				
3	There is no visible damage to the environment?		<i>(N.B. answer yes if there is no visible damage)</i>		
4	Are toilets / wash facilities / bathrooms clean?				
5	Are all toilets / wash facilities in good working order?				
6	Are storage areas clean, cleanable and tidy?				

% Audit Score Environment	
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4. Dirty Utility (Sluice)

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/Manager)	Date of Completion (To be completed by service lead/ Manager)
1	Does the area have a dirty utility? (if the answer is no, answer question 2, 3 & 4 only)				
2	Is there a safe process in place to ensure reusable items/bedpans /urinals are cleaned/disinfected correctly or, if pulp products used, disposed of correctly?				
3	Is there a body fluid spillage poster available?				
4	Are bedpans/urinals in good condition if in use?				
5	Is the dirty utility clean, free from visible damage and clutter free?				
6	Is there a bedpan washer/macerator available?				
7	Is the bedpan washer/macerator clean and in working order?				
8	Are all items stored above floor level?				

% Audit Score Dirty Utility (Sluice)	
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5. Domestic Room

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/Manager)	Date of Completion (To be completed by service lead/Manager)
1	Does the area have a domestic room?				
2	Is the domestic room clean, cleanable, tidy and free from visible damage?				
3	Is cleaning equipment stored appropriately?				
4	Is there a disposal unit for contaminated wastewater (within the domestic room or close by)?				
5	Is there easy access to hand washing facilities?				
6	Is there evidence of up-to-date cleaning schedules that have been signed and dated?				

% Audit Score Domestic Room	
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6. Equipment/Cleaning

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/Manager)	Date of Completion (To be completed by service lead/Manager)
1	Is shared equipment cleaned in-between use?				
2	Is shared equipment included within a cleaning checklist?				
3	Does the setting have appropriate cleaning/disinfection products available?				
4	Are mattresses maintained, clean and included on a regular checklist in the setting (if appropriate)?				
5	Are pillows clean and in good condition ?				

% Audit Score Equipment/Cleaning	
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7. Waste

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/ Manager)	Date of Completion (To be completed by service lead/ Manager)
1	Is the waste bin, clean, in good condition and hands free operated				
2	Are all waste bins under 2/3 full and not overflowing?				
3	If required is there a wipeable poster available explaining the segregation of waste?				

% Audit Score Departmental Waste	
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8. Handling and Disposal of Linen

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/ Manager)	Date of Completion (To be completed by service lead/ Manager)
1	Is linen in use within the setting?				
3	If linen is used, is it stored off the floor, in a clean and cleanable area?				
4	Is used linen appropriately segregated and decontaminated either off site/or designated laundry area?				

% Audit Score Handling and Disposal of Linen	
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9. Safe Handling and Disposal of Sharps

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/ Manager)	Date of Completion (To be completed by service lead/ Manager)
1	Are sharps containers assembled correctly?				
2	Are sharps containers stored appropriately and safety cover/temporary closure in place following use?				
3	Are sharps containers only used for the disposal of sharps i.e. no other waste?				
4	Is there a wipeable inoculation injury poster?				
5	Are sharp trays available, clean and in good condition?				
6	Do staff know what to do if they or a colleague sustains an inoculation injury?				
7	Are sharp safety devices in use?				

% Audit Score Safe Handling and Disposal of Sharps	
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10. Staff Knowledge of Infection Prevention and Control

Question Number	Statement	Yes/No/NA	Comments	Actions (To be completed by service lead/ Manager)	Date of Completion (To be completed by service lead/Manager)
1	Are staff able to discuss and demonstrate appropriate PPE for particular precautions e.g. contact or droplet? (if applicable)				
2	Are staff aware of how to contact the community IPCT?				
3	Do staff undertake regular IPC training?				
4	Are staff trained in urine sample collection and understand when not to undertake dipstick urinalysis e.g. if a UTI is suspected?				
5	Are specimen results followed up with the service users GP to ensure a review has taken place?				
6	Are service users supported and encouraged to keep hydrated (as appropriate to their health status)?				

% Audit Score Staff Knowledge of Infection Prevention and Control	
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