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| Practice name: | |
| Practice 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 Hygiene | |
| Personal Protective Equipment (PPE) | |
| Environment | |
| Dirty Utility (Sluice) | |
| Domestic Room | |
| Equipment and Cleaning | |
| Departmental 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 Hygiene

| Question Number | Statement | Yes/No/NA | Comments | Actions (To be completed by Practice Manager) | Date of Completion (To be completed by Practice Manager) |
|-----------------|--|-----------|----------|--|---|
| 1 | Are appropriate hand hygiene facilities & resources 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/patients have access to alcohol based hand gel containing at least 60% alcohol? | | | | |
| 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) | | | | |

**% Audit Score
Hand Hygiene**

2. Personal Protective Equipment (PPE)

| Question Number | Statement | Yes/No/NA | Comments | Actions (To be completed by Practice Manager) | Date of Completion (To be completed by Practice Manager) |
|-----------------|---|-----------|----------|--|---|
| 1 | Is Personal Protective Equipment (PPE) available in key locations? | | | | |
| 2 | Is PPE stored away from the risk of contamination? | | | | |
| 3 | Do staff know how to apply and remove PPE correctly? | | | | |
| 4 | Are staff observed using PPE correctly? (Applying and removing in correct order)? | | | | |

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| % Audit Score PPE | |
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3. Environment

| Question Number | Statement | Yes/No/NA | Comments | Actions (To be completed by Practice Manager) | Date of Completion (To be completed by Practice Manager) |
|-----------------|--|-----------|----------|--|---|
| 1 | Is the general environment and treatment room(s), including the floor, visibly clean? | | | | |
| 2 | Is the general environment/ treatment room(s) clutter free? | | | | |
| 3 | There is no visible damage to the environment? | | | | |
| 4 | Are toilets areas clean? | | | | |
| 5 | Are all toilet areas in good working order? | | | | |
| 6 | Is the baby changing room, including floor, clean, in good condition and cleaning products available (to use in between use) ? | | | | |
| 7 | Are storage areas clean, cleanable and tidy? | | | | |
| 8 | Are all surfaces smooth, impervious (for ease of cleaning)? | | | | |
| 9 | Are all furnishings and fittings in a good state of repair? | | | | |

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| % Audit Score Environment | |
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4. Dirty Utility (Sluice)

| Question Number | Statement | Yes/No/NA | Comments | Actions (To be completed by Practice Manager) | Date of Completion (To be completed by Practice Manager) |
|-----------------|--|-----------|----------|--|---|
| 1 | Does the area have a dirty utility? (If no answer question 2 & 3 only) | | | | |
| 2 | Is there a safe system for discarding all body fluids? (NB if the answer is No a risk assessment to completed) | | | | |
| 3 | Is a there a body fluid spillage poster available? | | | | |
| 4 | Is the area clean and clutter free? | | | | |
| 5 | Are all items stored above floor level? | | | | |
| 6 | Is there an equipment sink (not used for hand hygiene)? | | | | |
| 7 | Are appropriate hand hygiene facilities & resources available (and in good state of repair)? | | | | |

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

| Question Number | Statement | Yes/No/NA | Comments | Actions (To be completed by Practice Manager) | Date of Completion (To be completed by Practice Manager) |
|-----------------|---|-----------|----------|--|---|
| 1 | Does the area have a domestic room? | | | | |
| 2 | Is the domestic room clean, cleanable and tidy? | | | | |
| 3 | Is cleaning equipment stored appropriately? | | | | |
| 4 | Is there a disposal unit for contaminated wastewater? | | | | |
| 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**

6. Equipment/Cleaning

| Question Number | Statement | Yes/No/NA | Comments | Actions (To be completed by Practice Manager) | Date of Completion (To be completed by Practice 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 (or wipes) available? | | | | |
| 4 | Are examination couches maintained, clean and included on a regular checklist in the setting (if appropriate)? | | | | |
| 5 | Are pillows clean and in good condition and fully enclosed in impermeable covers (if applicable)? | | | | |
| 6 | Are all disinfectants including spill kits locked away in a COSHH approved cupboard? | | | | |

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| % Audit Score Equipment/Cleaning | |
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7. Departmental Waste

| Question Number | Statement | Yes/No/NA | Comments | Actions (To be completed by Practice Manager) | Date of Completion (To be completed by Practice 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? | | | | |

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| % 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 Practice Manager) | Date of Completion (To be completed by Practice Manager) |
|-----------------|---|-----------|----------|--|---|
| 1 | Is linen used in the area? | | | | |
| 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? | | | | |

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| % 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 Practice Manager) | Date of Completion (To be completed by Practice 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? | | | | |

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| % 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 Practice Manager) | Date of Completion (To be completed by Practice Manager) |
|-----------------|---|-----------|----------|--|---|
| 1 | Does this GP practice have a designated person responsible for leading on IPC who completes audits and monitors regularly? e.g. GP setting manager? | | | | |
| 2 | Are staff aware of how to contact the community IPCT? | | | | |
| 3 | Are staff able to discuss and demonstrate appropriate PPE for particular precautions e.g. contact or droplet? (if applicable) | | | | |
| 4 | Do staff undertake regular IPC training? | | | | |
| 5 | Is there a process in place to review specimen results to ensure that patients are receiving appropriate antibiotic treatment? | | | | |
| 6 | Are staff aware when not to undertake a dipstick urinalysis of urine for the diagnosis of UTIs? | | | | |
| 7 | Are hydration posters/ leaflets visible and available for patients? | | | | |
| 8 | Have practice audits been undertaken and improvements made? Are recent action plans with a proposed date in progress/completed? | | | | |
| 9 | Are vaccines stored and managed in line with practice policy and national guidance? | | | | |

**% Audit Score
Staff Knowledge of
Infection Prevention
and Control**

