



Hospital Hygiene Unannounced Inspection

Audit Tool

Organisation:

Ward/Area: **Speciality:**.....

Date: **Inspector/Reviewer:**.....

Guidance

The tool is based on the Infection control Nurse Association (ICNA) Audit tools for monitoring infection control standards 2004 and the RQIA Hygiene Inspection of Health and Social Care 2008 and the Hospital Cleanliness Spot Check, Direct Observation Audit Tool (Healthcare Inspectorate Wales).

Inspectors/reviewers will be aware of and follow the RQIA's Inspection Protocol.

Inspectors/reviewers may use digital cameras provided to capture images of particular concern or to highlight examples of good practice. These images should only be taken of the organisations ward/area's environment and should at no time include images of Patients, their relatives or staff. Where appropriate these images will be embedded into the inspection report.

If the inspector/reviewer identifies any serious concerns during the review, they should bring this to the attention of the Team Leader in the first instance. Any area of serious concern which requires immediate action will be brought to the attention of the person in charge and Senior Management before the team leave the premises. These concerns will be reported to the RQIA's Senior Management Team.

The inspections are not intended to be paper based, they will seek information from observations in functional areas as defined in 'Cleanliness Matters, a regional strategy for improving the standard of environmental cleanliness in HSS Trusts, 2005 - 2008' and supplemented by documentary and photographic evidence where appropriate. Some areas of direct questioning and observation of clinical practice have been included.

For the purposes of this inspection, the team will concentrate on two of the functional areas defined in 'Cleanliness Matters' these areas will be specified to the team at the time of the inspection.

Scoring

All criteria should be marked either yes/no or non-applicable.

It is not acceptable to enter a non-applicable response where an improvement in a standard may be achieved. For example where a national standard is not being met, a non-applicable must not be used:

	Hand Hygiene	Yes	No	N/A	Issues Identified/Good Practice
4	Soft absorbent paper towels are available at all hand washing sinks				

In the example above it is not appropriate to mark non-applicable where soft absorbent towels are not in use as the national standard is to use them. Therefore if they are not in use a no score must be allocated. The action plan will then reflect the change in practice required.

Whereas if a standard is not achievable because a facility is absent or a practice not undertaken, the use of non-applicable is acceptable. For example in a clinical area, which does not have isolation facilities the following standard would be not applicable:

(a)	Hand Hygiene	Yes	No	N/A	Issues Identified/Good Practice
34	All staff use the correct procedure for decontaminating hands			x	

Comments should be written on the form for each of the criteria at the time of the audit clearly identifying any issues of concern and areas of good practice. These comments can then be incorporated into the final report.

Manual scoring can be carried out as follows:

Add the total number of yes answers and divide by the total number of questions answered (including all yes and no answers) excluding the non-applicable; multiply by 100 to get the percentage.

Formula

$$\frac{\text{Total number of yes answers}}{\text{Total number of yes and no responses}} \times 100 = \%$$

	Hand Hygiene	Yes	No	N/A	Issues Identified/Good Practice
1	Liquid soap is available at all hand washing sinks	✓			
2	Liquid soap is provided as single use cartridge dispensers	✓			
3	Dispensers and nozzles are visibly clean		✓		<i>Dispenser nozzles were blocked with soap residue.</i>

The score for the above table would be calculated as follows:

$$\frac{2}{3} \times 100 = 66.6 = 67\%$$

Level of Compliance

Percentage scores can be allocated a level of compliance using the compliance categories below. The categories are allocated as follows:

Compliant	85% or above
Partial compliance	76 to 84%
Minimal compliance	75% or below

Weighting Criteria

Millward et al (1993) reported that weighting of the criteria did not significantly influence overall scores. Therefore weighting of criteria has not been attempted.

Feedback of information and report findings

It is advised that the inspection team should verbally report any areas of concern and of good practice to the person in charge of the area being inspected prior to leaving. The person in charge should be invited to the feedback session. At the feedback session outline issues, do not give out scores or compliance rates as audits need to be fully checked. A list of preliminary findings will be formatted and agreed by each team and then forwarded to be checked within ten working days of the inspection.

A written report will be developed by the RQIA and should be given to the Trust for action. The report will clearly identify areas requiring action. The Trust is responsible for developing an action plan to address the issues identified within a given timescale.

The team may decide to re-audit a functional area if there are concerns or a minimal compliance rating is observed to ensure that areas noted in the Quality Improvement Plan have been addressed.

INFECTION CONTROL AUDIT TOOL

ENVIRONMENT - The environment will be maintained appropriately to reduce the risk of cross infection.

		Yes	No	N/A	Issues Identified/Good Practice
General Environment					
1	The external entrance/reception to the facility is clean, tidy, and in good decorative order				
2	The corridors leading to the ward/department are clean, clutter free, fresh smelling and in good decorative order				
3	The ward/department area is clutter free and fresh smelling (first impression)				
The following are free of splashes, soil, film, dust, fingerprints and spillage and are in a good state of repair					
4	Lockers				
5	Chairs and stools				
6	Tables (including bedside tables/trolleys)				
7	Bed frames				
8	Patient trolleys				
9	All chairs and stools in clinical areas are covered in an impermeable material eg vinyl				
10	Floors including edges and corners are free of dust and grit				
11	All high and low surfaces are free from dust and cobwebs				
12	Curtains and blinds are free from stains, dust and cobwebs				

		Yes	No	N/A	Issues Identified/Good Practice
13	Fans are clean and free from dust				
14	Air vents are clean and free from excessive dust				
15	Patient equipment such as call bells, audio visual and wall mounted lamps are visibly clean.				
16	In clinical areas work stations are neat and tidy, equipment is visibly clean, phones, computer keyboards				
17	Radiators interiors and exteriors are clean and free from dust and debris				
General					
18	All walls are clean and in good decorative order				
19	All doors are clean and in good decorative order				
20	All light switches and pull cords are clean				
21	All windows including frames are clean and in good decorative order				
Bathrooms/Washrooms					
22	Bathrooms/washrooms are clean (high and low surfaces and wall tiles and accessories such as soap dispensers, towel dispenser, radiators etc)				
23	Floors including edges and corners are free of dust and grit				
24	Bathrooms/washrooms are in good decorative order				
25	Bathrooms are free from communal items eg creams, talcum powder and shampoos etc				

		Yes	No	N/A	Issues Identified/Good Practice
26	Bathrooms are free from inappropriate equipment eg hoists, spare mattresses, linen, incontinence products etc				
27	Appropriate cleaning materials are available for staff to clean the bath/showers between use ask staff what is the practice observe during visit				
28	Baths, sinks, showers and accessories are clean and free from mould (shower curtains/bath mats)				
29	A foot operated waste disposal bin is available to dispose of used paper towels				
30	The bin is clean, free from spillages inside and out and in a good state of repair				
31	Baths, showers and sinks out of use have a planned provision for running water weekly (see evidence)				
Toilets					
32	Toilets are in good decorative order				
33	The toilet, hand wash sink, handrails and surrounding area is clean and free from extraneous items				
34	Floors including edges and corners are free of dust and grit				
35	Hand washing facilities are available including liquid soap and paper towels				

		Yes	No	N/A	Issues Identified/Good Practice
36	A foot operated waste disposal bin is available to dispose of used paper towels				
37	The bin is clean, free from spillages inside and out and in a good state of repair				
38	There is a facility for sanitary waste disposal				
39	Toilet seats are clean and ready for use (check underneath)				
Clinical Room					
40	There is an identified area for the storage of clean and sterile equipment				
41	The area is clean, free from dust and spillage (check floor, edges and corners) and in good decorative order				
42	Shelves bench tops and cupboards are clean inside and out and free of dust, spills and paper labels				
43	All equipment including medicine fridge is clean and free from dust, spills etc				
44	Check for temperature records of medicine fridge i.e. when storing vaccines, insulin, etc				
45	The drugs trolley is clean and free from dust, spills etc				
46	The clinical room is free from inappropriate items of equipment				

		Yes	No	N/A	Issues Identified/Good Practice
47	Hand washing facilities are available including liquid soap and paper towels				
48	A foot operated waste disposal bin is available to dispose of used paper towels. Check clinical and general waste are segregated correctly				
49	All products are stored above floor level				
50	There is an effective stock rotation system				
51	Sterile equipment items are in date (randomly select items, check date)				
Clean Store					
52	There is an identified area for the storage of clean and sterile equipment				
53	The area is clean (check floor (edges and corners) and in good decorative order				
54	Shelves, bench tops and cupboards are clean inside and out and free of dust, spills and paper labels				
55	The clean store is free from inappropriate items of equipment				
56	All products are stored above floor level				
57	There is an effective stock rotation system				
58	Sterile equipment items are in date (randomly select items, check date)				

		Yes	No	N/A	Issues Identified/Good Practice
Dirty Utility					
59	A dirty utility is available				
60	The area is kept in good decorative order				
61	The integrity of fixtures and fittings are intact				
62	A separate sink is available for decontamination of patient equipment				
63	A sluice hopper is available for the disposal of body fluids				
64	Separate hand washing facilities are available including soap and paper towels				
65	A foot operated waste disposal bin is available to dispose of used paper towels, it is clean and in good repair				
66	The room is clean and free from inappropriate items				
67	The floor is clean and free from spillage				
68	Floors including edges and corners are free of dust and grit				
69	Macerators and bed pan washers are clean and in working order (washer/ disinfectors are regularly tested)				
70	Shelves and cupboards are clean inside and out and free of dust, litter or stains				
71	Equipment used by staff is clean and well maintained				

		Yes	No	N/A	Issues Identified/Good Practice
72	Commodes are clean and ready for use (check underside)				
73	A triggering system is available to identify that commodes have been cleaned and are ready for use				
74	Commodes are in a good state of repair				
75	Bedpans are clean and stored appropriately (on racks)				
76	Bedpan liners are available for use with Maceraters				
77	If re-useable jugs are in use for emptying catheter bags, appropriate washing and disinfection facilities are available				
78	Catheter stands are available, clean and in a good state of repair				
Domestic's Room					
79	A domestics store is available for equipment and cleaning products				
80	The room is in a good state of repair				
81	Information on the colour coding system in use is available in the domestics room				
82	Cleaning equipment is colour coded in line with National Colour Coding Guidelines				
83	A good supply of colour coded equipment and materials is available				

		Yes	No	N/A	Issues Identified/Good Practice
84	Mops and buckets are stored inverted				
85	Mop heads are laundered daily or are disposable (single use)				
86	Floors including edges and corners are free of dust and grit				
87	Equipment used by the domestic staff is clean, well maintained and stored in a locked area				
88	Machines used for floor cleaning are clean and dry				
89	Chemicals used by domestic staff are stored in accordance with COSHH regulations (in a locked area)				
90	Products used for cleaning and disinfection comply with policy and are used at the correct dilution				
91	Diluted products are discarded after 24 hours				
92	No inappropriate materials or equipment are stored in domestic's room				
93	Personal protective clothing is available and appropriately used (May be available from dispensers throughout ward or department)				
94	Hand hygiene facilities including liquid soap and paper towels are available for domestic use				

		Yes	No	N/A	Issues Identified/Good Practice
95	A sluice is available				
96	A waste bin is available for paper towels				
Direct Questioning					
97	A written policy for pre-planned curtain changes is available				
98	Ear phones are single use and changed between patients				
99	Re-useable ear phones are cleaned between patients				
100	Environmental audits are undertaken (see evidence and note frequency , responsibility and follow up)				
101	Staff changing facilities are available				
TOTAL SCORES					
PERCENTAGE ACHIEVED					

INFECTION CONTROL AUDIT TOOL

HANDLING AND DISPOSAL OF LINEN - Linen is managed and handled appropriately to prevent cross infection

		Yes	No	N/A	Issues Identified/Good Practice
Clean linen is:					
1	Stored in a designated area (not in sluice or bathroom or on the floor)				
2	Free from stains and in a good state of repair (Randomly check linen)				
The clean linen store is:					
3	Clean and free from dust				
4	Free from inappropriate items				
5	In a good state of repair (wooden shelves are sealed)				
Used linen is:					
6	Segregated in appropriate colour coded bags according to policy (poster displayed)				
7	Put in linen bags that are less than 2/3 full and capable of being secured				
8	Soiled linen bags are stored in an appropriate holding area prior to disposal				
Direct Questioning					
9	Facilities for laundering staff uniforms are available or a home laundering policy has been issued				
10	Staff are supplied with a sufficient supply of uniforms to facilitate use of laundering facility				

		Yes	No	N/A	Issues Identified/Good Practice
Observational					
11	Linen skips and the appropriate bags are taken to bedside/bay (Staff are not carrying soiled linen or leaving it on the floor)				
12	Staff uniforms are visibly clean				
13	Gloves and apron are worn when handling contaminated linen				
14	Aprons are worn when handling used linen				
Ward Based Mini Laundries (staff launder patients clothing/bed linen/towels or mops and cloths)					
15	Ward based washing machines are only used with the agreement of the Infection Control Team and comply with HSG 95(18)				
16	A washing machine if used is situated in an appropriate designated area				
17	If a washing machine is in use a tumble dryer is also available which is externally exhausted				
18	There is evidence that the washing machine and tumble dryer are on a pre-planned maintenance programme				
19	Hand washing facilities including liquid soap and towels are available in the laundry room				
20	A foot operated waste disposal bin is available to dispose of used paper towels				

		Yes	No	N/A	Issues Identified/Good Practice
21	Written guidance regarding the use of the washing machine is available				
22	There is evidence that these guidelines are being adhered to (question staff and observe use)				
TOTAL SCORES					
PERCENTAGE ACHIEVED					

INFECTION CONTROL AUDIT TOOL

DEPARTMENTAL WASTE HANDLING AND DISPOSAL - Waste is disposed of safely without the risk of contamination or injury

		Yes	No	N/A	Issues Identified/Good Practice
Waste Handling					
1	Waste posters on household and clinical waste segregation are displayed. General waste policy is available				
2	All waste bags are tied and clinical waste bags fastext tagged and secured before leaving the place of generation (e.g. ward)				
3	All waste bins are enclosed to minimize the risk of injury				
4	Various bins are available i.e. clinical, household, glass and aerosol and labeled and used correctly (visibly check bin contents)				
5	All waste bins in the area are foot operated, lidded and in good working order				
6	All waste bins are visibly clean and in a good state of repair				
7	Bins are not more than 2/3 full				
8	Bags are not observed in corridors or public areas				
9	Bags are stored in an appropriate internal hold area				

		Yes	No	N/A	Issues Identified/Good Practice
10	All prescription only medicines must be disposed of as hazardous/special waste and the bin labeled accordingly				
11	Answer yes if:- waste bags are not tied onto containers/trolleys				
12	Suction waste must be disposed of in a manner which prevents spillage, e.g. canisters/liners are disposed of into rigid leak-proof containers or suction waste has been solidified with a gelling agent				
13	Approved rigid burn bins are available for disposable of body parts, equipment etc				
14	Internal storage area is inaccessible to the public or locked				
Direct Questioning					
15	Waste bags are removed at least daily. If not observed ask staff				
16	Answer yes if:- there is no transfer of clinical waste from one bag to another				
17	Staff have attended a training session which includes the correct and safe disposal of clinical waste (timescale and see records)				
TOTAL SCORES					
PERCENTAGE ACHIEVED					

INFECTION CONTROL AUDIT TOOL

SAFE HANDLING AND DISPOSAL OF SHARPS - Sharps will be handled safely to prevent the risk of needle stick injury

		Yes	No	N/A	Issues Identified/Good Practice
Check all sharps bins to ensure they:					
1	The bins in use comply with national standards (UN 3291.BS 7320)				
2	Have not been filled above the fill line				
3	Are free from protruding sharps				
4	Have been assembled correctly				
5	Are stored safely (consider when not in use, full and away from the public)				
Sharp bins:					
6	All sharp bins are labeled and signed according to hospital policy				
7	Sharps bins are stored appropriately off the floor				
8	Sharp bins are used in accordance with ergonomic manual handling principles i.e. using brackets				
9	The temporary closure mechanism is used when bins are not in use (this criteria has been checked - it is currently good practice and should be applied)				
10	Once full the bin aperture is locked				
11	Sealed, tagged and locked bins are stored in a locked room, cupboard or container, away from public access				

		Yes	No	N/A	Issues Identified/Good Practice
12	An empty sharps bin is available on the cardiac arrest trolley				
13	The sharps bin on the cardiac arrest trolley is stored safely				
14	Sharps trays with integral sharps are available for use				
15	Sharps trays are compatible with the sharps bins in use				
16	Sharps trays in use are visibly clean				
17	Needles and syringes are discarded into a sharps bin as one unit				
Observational					
18	Sharps are disposed of directly into a sharps bin at the point of use				
19	Answer yes if:- inappropriate re-sheathing of needles does not occur. Observe or question a member of staff				
20	Is there a poster for the management of an inoculation injury				
Direct Questioning					
21	Staff have received training which includes the safe handling and disposal of sharps (timescale and see records)				
22	Staff are aware of the action required following an inoculation injury				
TOTAL SCORES					
PERCENTAGE ACHIEVED					

INFECTION CONTROL AUDIT TOOL

PATIENT EQUIPMENT (GENERAL) - There is a system in place that ensures as far as reasonably practicable that all re-useable equipment is properly decontaminated prior to use and that the risks associated with decontaminating facilities and processes are adequately managed. All decontamination must be undertaken in accordance with local policy and manufacturer's instructions.

		Yes	No	N/A	Issues Identified/Good Practice
The following general equipment is visibly clean and free from dust and body fluids (check):					
1	The responsibility for the cleaning of dedicated patient equipment is clearly defined eg bed frames, IV stands, commodes (Good practice-check for triggering systems to indicate equipment is clean and ready for use)				
2	IV Stands				
3	Vital signs monitoring trolley				
4	IV pumps/syringe drivers				
5	Cardiac monitors				
6	Near patient testing equipment e.g. blood gas machines				
7	Dressing trolleys				
8	Blood pressure cuffs				
9	Pillows				
10	Mattresses check if an audit of mattresses has been undertaken (see evidence). If possible spot check mattress with a zip				
11	Bed rails				
12	Wheelchairs and cushions				

		Yes	No	N/A	Issues Identified/Good Practice
13	Oxygen saturation probes				
14	Patient wash bowls are decontaminated appropriately between patients and are stored clean, dry and inverted				
15	Disposable paper towels on couches/trolleys is changed between patient use				
Manual handling equipment is visibly clean (managed according to local policy)					
16	Hoists				
17	Pat slides				
18	Easy slides				
19	Hoist slings				
20	Stand aids				
21	Handling belts				
Resuscitation equipment					
22	Items on the resuscitation trolley/resuscitaire are in date and visibly clean (free from dust and body fluids)				
23	Single use ambu bags are used or filters to ambu bags are changed between patient use				
24	Laryngoscope blades are still in sterile packaging				
25	Laryngoscope handles and blades if not disposable are decontaminated following each use				

		Yes	No	N/A	Issues Identified/Good Practice
Oxygen and suction equipment					
26	Suction equipment is clean, free from dust and dry (including canister)				
27	Answer yes if:- catheter is not attached (clean cover acceptable in some emergency situations)				
28	Disposable suction liners are used and changed between patient use				
Respiratory equipment is changed according to local policy and manufacturers instructions, check					
29	Oxygen masks/nasal cannulae				
30	Wall humidifiers				
31	Nebulisers				
Ventilator equipment is visibly clean and free from dust and body fluids					
32	Humidifiers are managed according to manufacturers instructions and local policy,				
33	Ventilator tubing is protected by filters - expiratory				
34	Ventilator is protected by a filter - inspiratory				
35	Ventilator equipment is on a pre-planned maintenance programme				
36	Ventilator equipment is visibly clean and tubing changed weekly				
Decontamination and Disinfecting Knowledge					
37	Is a written comprehensive decontamination policy, approved by the IPCT/ICC, available to all staff?				

		Yes	No	N/A	Issues Identified/Good Practice
38	Staff are aware to contact IPCT for advice when purchasing new equipment (check with person in charge)				
39	Manufacturers' instructions are available for the decontamination of newly purchased equipment (check with person in charge)				
40	Used instruments are safely stored in an appropriate container prior to collection for decontamination in CSSD (rigid container)				
41	Answer yes if:- local decontamination of reusable surgical instruments is not undertaken in clinical areas (check for bench top autoclaves)				
42	Staff can describe the symbol used to indicate single use items				
43	Appropriate disinfectants and dilution charts are available to deal with blood spillages and disinfection of isolation rooms				
44	Correct dilutions of disinfectants are used for blood spillages and decontamination of isolation rooms				
45	Chemical disinfection is only used for heat-labile equipment e.g. fibroscopes				
46	Appropriate measures for compliance with COSHH are in place when using disinfectants e.g. locked cupboards				

		Yes	No	N/A	Issues Identified/Good Practice
47	Data sheets are available for disinfectants used by nursing staff (COSHH)				
48	Staff can state the procedure for decontamination of commonly used patient care equipment e.g. commodes, mattresses, IV stand				
49	Staff are aware of the need for decontamination and a certificate before equipment is maintained/serviced/ repaired within the area or transferred from the area				
50	A Disinfection Policy is in place and known by staff				
TOTAL SCORES					
PERCENTAGE ACHIEVED					

INFECTION CONTROL AUDIT TOOL

HAND HYGIENE - Hands will be decontaminated correctly and in a timely manner using a cleansing agent, at the facilities available to reduce the risk of cross infection

		Yes	No	N/A	Issues Identified/Good Practice
1	Liquid soap is available at all hand washing sinks				
2	Liquid soap is provided as single use cartridge dispensers				
3	Dispensers and nozzles are visibly clean				
4	Soft absorbent paper towels are available at all hand washing sinks				
5	Paper towel dispensers are visibly clean, dust free and in a good state of repair				
6	A foot operated waste disposal bin is available to dispose of used paper towels. Is clean and in a good state of repair				
7	Wall mounted or pump dispenser hand cream is available for use in at least one location				
Hand wash sinks:					
8	Are free from nailbrushes in clinical areas				
9	Are free from used equipment and inappropriate items				
10	Are dedicated for that purpose				

		Yes	No	N/A	Issues Identified/Good Practice
11	Conform to HTM 64. Check that they do not have plugs, overflows or that the water jet does not flow directly into the plughole. (In patient areas a plug is acceptable so that patients can wash)				
12	Are sufficient numbers in accordance with national and local guidance (e.g. one sink per four beds in acute care settings)				
13	Sinks are accessible (not blocked by equipment or furniture etc)				
14	Hand washing facilities are clean and intact. (Check sinks, taps, splash backs)				
15	Have appropriate temperature control to provide suitable hand wash water				
16	Have elbow operated or automated taps in clinical areas				
Alcohol hand rub is available for use throughout clinical cares, check:					
17	Entrance/exits to wards and departments				
18	Directly accessible at the point of care (eg one dispenser per bed/per four beds as per local and national standards)				
19	Posters promoting hand decontamination are available and displayed in areas visible to staff before and after patient contact				

		Yes	No	N/A	Issues Identified/Good Practice
20	Clinical staffs' nails are short and free from nail varnish				
21	Staff working in clinical areas have long hair tied back and off the collar				
22	Non uniform clinical staff do not wear unsecured ties or draped scarves				
23	All staff wear short sleeves or roll sleeves to elbow length				
24	Alcohol hand rub is portable for clinical procedures				
25	No wrist watches/stone rings or other wrist jewellery are worn by staff carrying out patient care (plain band ring acceptable)				
Direct Questioning Staff					
26	Patients are offered hand hygiene facilities after using the toilet/commode/bedpan e.g. hand wipes				
27	Staff have received training in hand hygiene procedures within the last year (Ask a member of medical, nursing, ancillary and AHP staff).				
Observational					
28	Antibacterial solutions/scrubs are not used for social hand washing				
29	Antibacterial solutions are used for invasive procedures and surgical scrubs				

		Yes	No	N/A	Issues Identified/Good Practice
Observational and Direct Questioning for patients					
30	Patients are offered hand hygiene facilities after using the toilet/commode/bedpan eg hand wipe				
31	Patients are offered hand hygiene facilities prior to meals				
32	Do staff wash or decontaminate hands (before, during, after contact)?				
Observation of Hand Hygiene Practices					
33	All staff can indicate when it is appropriate to use alcohol rub (ask 2 staff)				
34	All staff use the correct procedure for decontaminating hands				
Hand Hygiene is performed in the following circumstances (observe practices)					
35	Following patient contact				
36	After removal of gloves				
37	Prior to clinical procedures				
38	After a clinical procedure				
39	Prior to handling food				
40	After handling contaminated items				
41	After leaving an isolation room				
TOTAL SCORES					
PERCENTAGE ACHIEVED					

INFECTION CONTROL AUDIT TOOL

WARD/DEPARTMENT KITCHENS - Kitchens will be maintained to reduce the risk of cross infection in accordance with legislation

		Yes	No	N/A	Issues Identified/Good Practice
1	The floor is free of dust, grit, litter, marks, water or other liquids				
2	Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots				
3	Answer yes if:- there are no inappropriate items or equipment in the kitchen				
4	Answer yes if:- there is no evidence of infestation or animals in the kitchen. If bate boxes are in place, look for date or dust to determine if still active				
5	Fly screens are in place where required				
6	Insectacutor is clean and well maintained (serviced every year)				
7	Fans, expel airs and extraction units are clean and free from dust and grease				
8	Cleaning materials used in the kitchen are identifiable (e.g. colour coded) and are stored separately to other ward cleaning equipment and away from food(includes chemicals)				
9	Hand wash sink, liquid soap and disposable paper towels are available				

		Yes	No	N/A	Issues Identified/Good Practice
10	Waste bins are foot operated and in good working order				
11	Waste bins are clean and labeled for 'general waste'				
12	Fixtures are in good state of repair and surfaces and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs				
13	Shelves, cupboards and drawers are clean inside and out and are free from damage, dust, litter or stains and in a good state of repair				
14	Kitchen trolleys are clean and in a good state of repair				
15	Refrigerators/freezers are clean and free of ice build up				
16	There is a thermometer in the fridge and freezer				
17	There is evidence that daily temperatures are recorded and appropriate action is taken if standards are not met (refrigerator temperature must be less than 8°C or as local policy. Freezer temperature - 18°C)				
18	Patient and staff food in the fridge is labeled with name and date and stored appropriately (raw and cooked)				

		Yes	No	N/A	Issues Identified/Good Practice
19	Hot and cold food is held in appropriate storage prior to service				
20	The fridge is free from drugs/blood for transfusion or pathology specimens				
21	Microwaves are visibly clean inside and out				
22	Where local policy allows a microwave to be used to heat patient food a temperature probe is used to ensure the correct temperature has been reached (check for probe and calibration records)				
23	Water coolers are visibly clean and on a pre-planned maintenance programme				
24	Water coolers and ice machines for patient use are mains supplied				
25	Ice machines are visibly clean and on a pre-planned maintenance programme and cleaning schedule is in place				
26	Scoop used for ice is stored outside of the machine in a lidded container				
27	Toasters are visibly clean				
28	Bread is stored in a clean bread bin or suitable segregated area (fridge in hot weather)				

		Yes	No	N/A	Issues Identified/Good Practice
29	Milk coolers are visibly clean				
30	Milk is stored under refrigerator conditions				
31	All food products are within their expiry date				
32	All opened food is covered or stored in containers				
33	There is a satisfactory system for cleaning crockery and cutlery such as central wash-up dishwasher, achieving disinfection temperatures evidenced by a maintenance programme(a daily record of wash and rinse cycles is available)				
34	Disposable paper roll is available for drying equipment and surfaces				
Direct Questioning of Staff					
35	There is a policy regarding patient and visitor access to the ward kitchen				
Observational					
36	Hands are decontaminated and a clean plastic apron is worn to serve patient meals and drinks				
37	Cleaning schedules are available				
TOTAL SCORES					
PERCENTAGE ACHIEVED					

INFECTION CONTROL AUDIT TOOL

CLINICAL PRACTICE - Clinical practices will be based on best practice and reflect infection control guidance. The following criteria are areas which can be reviewed. They do not cover all aspects of care but can give some indication that appropriate infection control measures are in place.

		Yes	No	N/A	Issues Identified/Good Practice
Personal Protective Equipment					
1	Sterile and non-sterile gloves are available				
2	Eye protection is available (shatterproof may be required in some areas)				
3	Sterile and non-sterile gloves (powder free) conforming to European Community (EC) standards are fit for purpose (not splitting etc)and are available in all clinical areas				
4	Alternatives to natural rubber latex (NRL) gloves are available for use by practitioners and patients with NRL sensitivity				
5	Disposable plastic aprons are available in wall mounted containers				
Gloves are observed to be worn for:					
6	Invasive procedures				
7	Contact with sterile sites				
8	Contact with mucous membranes				
9	All activities that have been assessed as carrying a risk of exposure to body fluids				
10	Gloves are worn as single use items				

		Yes	No	N/A	Issues Identified/Good Practice
11	Gloves are worn immediately before an episode of patient contact or treatment, when appropriate, and removed as soon as the activity is completed				
12	Hands are decontaminated following the removal of gloves				
Disposable plastic aprons are observed to be worn for					
13	Disposable plastic aprons are worn when there is a risk that clothing or uniform may become exposed to body fluids or become wet				
14	Plastic aprons are worn as single use items for each clinical procedure or episode of patient care				
15	Full body, fluid repellent gowns are worn where there is a risk of extensive splashing of body fluids onto the skin of health care practitioners				
Other PPE					
16	Facemasks and eye protection are worn where there is a risk of any body fluids splashing into the face and eyes				
17	Respiratory protective equipment is available for use when clinically indicated e.g. particulate filtration masks for open pulmonary tuberculosis				

		Yes	No	N/A	Issues Identified/Good Practice
Catheter care					
18	All catheters must be connected to a sterile closed drainage system or valve				
19	Non-sterile gloves are worn for emptying urinary catheter bags				
20	A disposable receptacle or heat disinfected jug is used for emptying urinary catheter bags				
21	Catheter stands are in use, there are no catheters bags touching the floor(bags are below bladder level)				
22	Protocols are in place for catheter hygiene				
Enteral Feeding					
23	Feeds are replaced at appropriate time intervals according to local recommendations e.g. 4 hourly				
24	Aseptic technique is used during all procedures affecting the feed				
Peripheral intravenous lines					
25	Transparent sterile dressings are used to cover intravenous cannulae sites(check if dated)				
26	Evidence of regular site inspection is available (at least daily)				
27	2% Chlorhexidine gluconate in 70% Isopropol alcohol is available for cleaning insertion site or for cannula access				

		Yes	No	N/A	Issues Identified/Good Practice
28	Replacement protocol in place for administration sites and cannula				
Isolation					
29	Isolation facilities are available i.e. identify number of single rooms				
30	Any infected patient presently on the ward is being nursed with the appropriate isolation precautions and according to hospital policy				
31	Clear instructions for staff and visitors are in place when a patient is in isolation (e.g. confidential notice on door)				
32	There are information leaflets available for patients for common infections i.e. MRSA, C-difficile				
33	Separate colour coded cleaning equipment is in use for isolation facilities				
General Questioning					
34	Staff can state the procedure when dealing with specimens from patients with known infections				
35	Staff can state the procedure when handling deceased patients who have had a known infective condition, e.g. HIV, Hepatitis B				
36	Staff can locate the Infection Control Policy Manual				

		Yes	No	N/A	Issues Identified/Good Practice
37	Staff are aware of the on-line Regional Infection Control Manual				
38	Staff can name their ICLN and Link Nurses				
39	Infection control is part of the staff induction programme				
40	Staff have attended mandatory training (random staff including nurses, doctors, support staff)(timescale)				
41	Staff have access to the e-learning infection control programme				
42	Housekeeping staff are aware of the local policy and procedures for cleaning isolation rooms				
43	A rapid response cleaning service is in place				
TOTAL SCORES					
PERCENTAGE ACHIEVED					