

Primary Medical Services Infection Prevention and Control

Suggested points and questions for inspectors to refer to:

If a practice looks clean and you have not identified any concerns before you inspect, assess which of the questions below you need to follow up on to assure yourself that they are compliant with Regulation 12.

INFECTION CONTROL LEAD	
1. Ask for the name and role of the designated infection control lead for the practice.	This should be verified by speaking to the individual about their role and what it means.
GENERAL CLEANING, SPILLAGE, CLEANING OF MEDICAL DEVICES AND ON SITE DECONTAMINATION	
2. Look around the practice and see if it looks clean	<p>Observation of general state of cleanliness of practice.</p> <p>Observation of storage of cleaning equipment – cloths, mops (you do NOT need to report on colour of mops) etc. Are they in good condition?</p> <p>If there are carpets are they clean? Ask staff how they would clean them in the event of spillage of bodily fluids e.g. vomit or blood. The treatment rooms should not be carpeted. See myth buster.</p> <p>Paper couch roll used rather than fabric?</p> <p>State of curtains and couch covering and date of curtain cleaning (see myth buster).</p>
3. Is there a general cleaning schedule	<p>This should list frequency of cleaning of equipment and areas of the practice.</p> <p>For example, how often are couches cleaned and tops of cupboards, keyboards & telephones?</p>
4. There should be a supply of liquid soap and paper hand towels at sinks in all clinical areas and in staff/public toilets.	Check that there are adequate supplies readily available.
5. Cleaning schedule for specific equipment. For example, spirometer, nebulizer, propulse (ear irrigator)	Check single use equipment is still in covers, for example, masks, tubing and chamber for administering nebulised meds. Ask how often they are checked.
6. There should be	Observation in treatment and consulting rooms (if

supplies of personal protective (PPE) equipment – e.g. gloves & aprons.	not visible, ask where stored). Sterile gloves should be available if IUD fitting and minor surgery is performed at the surgery.
7. There should be a clear policy on dealing with spillage of body fluids	Ask staff how they would deal with spillage of body fluids such as urine, vomit and blood.
8. Does the practice sterilize on site or use all single use items?	If the practice sterilises equipment on-site, they will need to need to show their process for decontamination e.g. including how they maintain the steam steriliser. If re-usable equipment sterilised off-site, it should be stored securely until collection.
SHARPS AND WASTE MANAGEMENT, STORAGE AND DISPOSAL	
9. Ask about disposal of sharps	<p>Are sharps bins available in all treatment rooms, only filled below or to the line (no more than 2/3 full), signed and dated on assembly and locking? The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013</p> <p>Useful reference resource RCN Guidance</p>
10. There should be a 'Sharps injury policy' which is either displayed in treatment rooms or easily accessible.	<p>Ask clinical staff what they would do in the event of an injury.</p> <p>Ask how staff would contact their designated Occupational Health Department.</p>
11. Check that staff are aware of the waste disposal policy/ guidelines for the practice.	<p>Check that clinical waste is segregated from ordinary waste. Are clinical waste bags labelled and secure?</p> <p>Are there clinical (foot pedal operated) waste bins in all treatment rooms with orange colour bags for disposal of clinical waste.</p> <p>Ask if the practice has completed a healthcare waste pre-acceptance audit for the contractor who collects it. (Legal requirement)</p> <p>Please see link here to HTM 07 - 01 safe management of healthcare waste.</p> <p>Look at what is in place for nappy changing bins and sanitary waste.</p>
INFECTION CONTROL AUDIT	
12. Ask to see the latest infection control audit	The practice should have carried out an audit of cleanliness within the practice at some point within the last year. For example, of the cleanliness of the environment, re-usable equipment for patient use or at point of care.

	<p>You should be able to see that any concerns have been highlighted, an action plan in place to address them that has named individuals and time frames.</p> <p>You would also expect to see how the Action plan is being monitored and by whom – with updates as to when actions have been completed.</p>
STAFF TRAINING AND OCCUPATIONAL HEALTH	
13. Is infection control incorporated into induction process of all new employees?	<p>Ask what it includes – it should cover most of what is in this list e.g. hand hygiene, PPE, handling & disposal of sharps, decontamination of equipment, management of body fluid spillage, waste & specimen handling.</p>
14. Infection control training and updates for staff.	<p>Ask if this is recorded anywhere. Do they specify the requirements in their Infection Control Policy? This should include what training is required for what staff roles.</p> <p>Ask about the date of last infection control update for clinical staff.</p> <p>Speak to staff to check they have received training or updates in line with the practice policy.</p>
15. Do occupational health policies require staff to be offered immunization in line with current national guidance?	<p>Hepatitis B vaccination record for clinical staff and arrangements for influenza vaccination should be made annually.</p> <p>Ask to see process for checking staff immunity that includes a procedure for checking locums' immunisation status and contractors, for example, cleaners. This includes chickenpox, measles and rubella.</p> <p>See link to the 'Green Book'</p> <p>This may also be relevant to Regulation 21 and fitness of workers.</p>

Cleanliness and infection control

- 12.—**(1) The registered person must, so far as reasonably practicable, ensure that—
- (a) service users;
 - (b) persons employed for the purpose of the carrying on of the regulated activity; and
 - (c) others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).
- (2) The means referred to in paragraph (1) are—
- (a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection;

- (b) where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection; and
- (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to—
 - (i) premises occupied for the purpose of carrying on the regulated activity,
 - (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and
 - (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection.

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010