

Date and Time
11/12/2020

Service Delivery Unit
NPT

Ward/Department/ Location
NRU

Name and Designation of Auditor
██████████

Question	Guidance	Yes/No/NA	Comments
Hand Hygiene			
1	Are health board approved IPC posters displayed throughout the ward/department?	E.g. My 5 moments, Precautions (standard, contact,droplet,airborne), BBE.	YES
2	Is hand hygiene performed immediately following the removal of personal protective equipment?	Observe practice. Moment 3 - after body fluid exposure risk	NO
3	Is alcohol-based hand rub available throughout the clinical area?	Check entrance to ward and bays, end of beds, clinical room.	YES
4	Are patients given the opportunity to clean their hands at key opportunities such as before meals, when coughing or sneezing and after using the toilet?	Ask patients, observe staff at meal times.	YES
5	Are clinical handwash sinks available and in a good state of repair?	Look at size of sink, elbow operated or automated taps, check sink seals for mould, are IPS panels or splashbacks intact?	NO The ward has single rooms with patient sinks. There is not a clinical sink in the sluice . Only ONE clinical sink in the area.(MEW004)
6	Are handwash sinks free of inappropriate items and dedicated for that purpose?	There should be no communal products or patients own items stored on sink areas. Observe practice to ensure that sinks are not being used for the disposal of fluids.	YES
Hand Hygiene Compliance Rating		RAG Rating	Amber
Personal Protective Equipment (PPE)			
7	Is it clear which PPE is required to be worn by staff working in this area?	Observe signage "Safe PPE in this area signs" at the entrance to the ward or specific areas.	YES AT WARD ENTRANCE. DROPLET PRECAUTIONS SIGNS REQUIRED
8	Do staff have access to the PPE required on entrance to the area?	Is the required PPE (e.g. Fluid repellent surgical masks or AGP PPE) available at the entrance to the ward/department?	YES
9	Are staff wearing the correct PPE as identified for the clinical area when having contact with patients or their environment?	Compare PPE worn by staff with the PPE shown on "Safe PPE in this area" signage.	YES
10	Are gloves and an apron worn for contact or anticipated contact with body fluids or contaminated items?	Observe practice such as handling of contaminated dressings/cleaning equipment.	YES

11	Are staff removing PPE correctly to minimise the risk of contaminating themselves and the environment?	Observe staff doffing PPE during audit.	NO	A MEMBER OF STAFF OBSERVED PULL NG APRON FROM THE FRONT WHILST STILL WEARING GLOVES AND ROLL NG UP IN ONE BALL WITH THE GLOVES. ONLY SANITISED AFTER REMOVAL. STAFF N CORRIDORS IN PPE
12	Is eye and face protection worn by staff when anticipating contact with blood and body fluids with a high risk of splashing into the face and eyes?	Observe practice or ask a member of staff to describe procedure.	YES	
13	Is personal protective equipment disposed of immediately after use in the appropriate waste stream?	Observe practice, refer to local policy for waste stream colour.	YES	
Personal Protective Equipment Compliance Rating			RAG Rating	Amber
Respiratory hygiene and cough etiquette				
14	Are patients provided with paper tissues if they have a cough or runny nose?	Observe bedside tables, ask staff or patients.	YES	
15	Are patients provided with a receptacle to dispose of used tissues?	Observe bedside tables, ask staff or patients.	YES	RECEIVERS
Respiratory Hygiene and Cough Etiquette Compliance Rating			RAG Rating	Green
Patient placement				
16	Are the most recent Clostridiodes difficile severity matrix and treatment algorithms displayed?	Posters showing the severity matrix and 2 treatment algorithms (Aug 2017) should be displayed somewhere in the ward. Ask staff to point these out.	NO	STAFF NOT AWARE
17	Are all patients/residents who require isolation in a single room or appropriate cohort?	Identify all patients/residents who require isolation. A cohort must consist of patients/residents with the same diagnosed infection.	YES	ALL SINGLE ROOMS
18	If a patient requires isolation but a single room is not available, is there a Datix report and a documented risk assessment of the patient/resident?	Check documentation.	N/A	
Patient Placement Compliance Rating			RAG Rating	Red
Control of the Environment				
19	Is the environment within the care area visibly clean?	Observe area i.e. room/bed space check for visible dust on surfaces and body fluid spills.	YES	
20	Does the environment appear free of clutter?	Observe corridor and bay areas.	YES	GLOVES CLINNELL WIPES ON WINDOWSILLS. STAFF DR NK BOTTLE ON WINDOWSILL OUTSIDE PATIENT ROOM
21	Are all items stored off the floor?	Check store rooms, clean utility, sluice.	YES	INCONTINENCE PADS STORED ON FLOOR IN STOREROOM.

22	Is the environment in a good state of repair	Look at ceilings, walls, doors, fixtures and flooring.	YES	CANNOT ACCESS HMC
Control of the Environment Compliance Rating			RAG Rating	Green
Managing Patient Care Equipment				
23	Are bed frames/trolleys visibly clean and labelled?	Observe random beds/trolleys. Is there evidence they've been cleaned, e.g. use of "Cleaned" labels?	YES	LABELLED AND DATED
24	Are bed mattresses/trolley mattresses visibly clean?	Observe unoccupied mattresses. Open foam mattress covers and check for strikethrough. Is "I am clean tape present inside the mattress cover?"	YES	
25	Are commodes visibly clean and labelled?	Observe random commodes. Is there evidence they've been cleaned, e.g. use of "Cleaned" labels?	YES	
26	Are all items of patient care equipment free of blood and body fluids?	Observe a range of items of equipment.	YES	
27	Is all reusable equipment routinely cleaned between every patient with as per local policy/manufacturer's instructions?	Observe practice or ask a member of staff to describe procedure.	YES	
28	Are the blood glucose meter, and the workstation box, visibly clean?	Observe glucose meter and box for visible blood or body fluids.	YES	
29	Is other patient care equipment visibly clean and labelled?	Observe other equipment such as hoist, Steady, ECG machine.	YES	
Managing Patient Care Equipment Compliance Rating			RAG Rating	Green
Occupational Exposure Management				
29	Are staff aware of the procedure for managing an inoculation exposure injury?	Ask two members of staff to describe the procedure for percutaneous and mucutaneous injury.	YES	
Occupational Exposure Management Compliance Rating			RAG Rating	Green
Management of Blood and Body Fluid Spillages				
30	Are staff aware of the procedures to be used when dealing with spillages of blood or body fluid?	Ask two members of staff to describe the procedure. Blood spillages should be cleaned using chlorine releasing solution at 10,000ppm. Urine spillages should be cleaned using chlorine releasing solution at 1000ppm.	YES	

31	Are there appropriate products available to deal with body fluid spills?	Clinell spill kits or chlorine-releasing tablets, dilutor bottles, single use cleaning cloths, disposable mop heads and white bucket.	YES	
Management of Blood and Body Fluid Spillages Compliance Rating			RAG Rating	Red
Safe disposal of waste				
32	Are sharps disposed of without re-capping or re-sheathing?	Observe practice or ask a member of staff to describe procedure.	YES	
33	Are sharps disposed of safely and at the point of use?	Observe practice or ask a member of staff to describe procedure. Also check that clean trays/bins are available and are compatible with the bins in use.	YES	
34	Are all sharps containers assembled correctly?	Check that the lids are secure on the sharps bins in use.	YES	
35	Are all sharps containers labelled or tagged with date, location and a signature on assembly?	Check the labels on bins in use.	YES	
36	Are the contents of all sharps containers below the 'fill line'?	Check all sharps containers are not overfilled.	YES	
37	Is contaminated waste and waste generated from cubicles disposed of in the infectious waste stream? (Orange bags)	Observe practice or ask a member of staff to describe the different coloured bags available, e.g for offensive and infectious/healthcare risk waste.	YES	
38	Are waste bags capable of being securely tied, and if sealed, are they securely sealed?	Check bags are no more than two thirds full and, if sealed, are securely sealed with a swan neck technique.	YES	
Safe Disposal of Waste Compliance Rating			RAG Rating	Green
Management of Linen				
39	Is clean linen stored in a designated clean storage area?	Check that linen is only stored in linen room, not in bathrooms, sluices or on trolleys.	NO	ON TROLLEY OUTSIDE LINEN ROOM
40	Is all linen stored off the floor?	Visually check.	NO	
41	Is used linen placed directly into appropriate colour coded bags/containers at the point of use?	Red bags for foul or infected linen, white bags for remainder.	YES	
42	Are water-soluble bags used for soiled and/or infected linen?	Observe practice or ask a member of staff to describe procedure also check availability of bags.	YES	

