

**NAME AND ADDRESS OF PREMISES:**

**TELEPHONE NUMBER:**

**OWNER NAME:**

**EMAIL CONTACT DETAILS**

**NUMBER OF EMPLOYEES**

**DATE OF AUDIT:**

**NAME OF AUDITOR:**

This audit tool is to be used by practitioners, primarily, to enable good practice to be captured and documented. It can also identify best practice gaps which will need action to be taken using an action planning process.

Please allow approximately two hours to undertake the audit. This tool will give you automated % scores for each standard. To undertake manual scoring add the total number of 'Yes' answers and divide by the number of questions answered for that standard (excluding the N/As) and then multiply by 100 to get the percentage. To get the score for all the standards and for the audit overall, add the total number for each standard and divide by the number of questions and multiply to get the overall

\*developed using Infection Prevention Society (IPS) audit tools for monitoring IC guidelines within the community setting (2005); IPS self assessment audit for assessing implementation of HTM 01-05: decontamination in primary care dental practices and related infection prevention and control issues (2009); IPS audit tools for monitoring infection control standards (2004); International Scientific Forum on Home Hygiene (IFH) and IPS home hygiene -prevention of infection at home: a training resource for carers and their trainers (2003)

**GENERIC AUDIT****STANDARD 1****Hands will be decontaminated correctly and in a timely manner using a cleansing agent to reduce the risk of cross infection**

		Yes	No	N/A	Comments
1	There is a liquid hand soap dispenser located near all hand wash basins and sink areas				
2	Liquid soap is in the form of a single use cartridge or disposable pump dispenser				
3	Soft absorbant paper towels in wall mounted paper dispensers are at all wash hand basins and sink areas				
4	There are no re-usable towels used to dry hands				
5	There is an accessible wash hand basin within each treatment/operating area				

6	Hand wash basins are dedicated for the sole use of washing hands				
7	Hand wash basins are free from cups/ drinking facilities and equipment				
8	There are no re-usable nailbrushes used or present at hand wash basins				
9	A supply of clean hot & cold or warm water is available at hand wash basins and sinks				
10	Hand washing facilities are clean and intact (check sink taps, splashbacks (clean and impervious), soap and dispensers)				
11	The hand wash basin has no plugs and water from taps is not directly situated over plug hole				

12	Mixer taps* (preferably hands free e.g. elbow/wrist operated taps) are available at all hand wash basins in treatment/operating areas				
13	A laminated/wipeable handwashing technique poster is displayed by all wash hand basins				
14	Staff toilets have a hand wash basin, a constant supply of hot and cold or warm water, liquid soap and paper towels				
15	Practitioners nails are short, clean and free from nail extensions and varnish				
16	No wrist watches, stoned rings or other wrist jewellery are worn whilst undertaking a procedure				
17	Alcohol hand rub is available in treatment/operating areas for practitioner use. <i>If alcohol hand rub no appropriate consider appropriate other product</i>				

18	Practitioners are encouraged to use hand moisturisers that are pump operated or personal use				
19	There is a foot operated bin for waste towels in close proximity to hand wash basins which are fully operational				
20	All staff members have received hand hygiene procedures training (ask a member of staff), including as part of induction training				
<b>Total</b>		0	0	0	

**Score**

**####**

\* as gold standard

**STANDARD 2****The practice environment is maintained appropriately to reduce the risk of cross infection**

		Yes	No	N/A	Comments
1	Overall appearance of environmental area is in good repair and uncluttered sand free from dirt, grease, stains and dust				
2	All areas are light, to allow good visibility, and well ventilated. A minimum lux of 500 is deemed appropriate to provide good lighting.				
3	There is a documented, regular cleaning programme in operation				
4	Cleaning schedule is adhered to (check cleaning records)				
5	There are designated areas and sufficient surface areas for different activities i.e. clear distinction between 'clean' and 'dirty' operating fields				
6	Operating areas have intact surfaces and are clean and free from extraneous items				

7	Operating / work surfaces are cleaned and disinfected between clients				
8	All sterile products are stored above floor level				
9	Surfaces are easy to clean and impervious to water				
10	All walls, floors and ceilings should be smooth, impervious to water and kept in good repair as to enable easy and effective cleaning				
11	Floor coverings are washable and impervious to moisture				
12	The complete floor, including edges and corners are visibly clean with no visible body substances, dust, dirt or debris				
13	Furniture, fixtures and fittings are visibly clean with no body substances, dust, dirt or debris or adhesive tape				

14	All dispensers, holders and parts of the surfaces of dispensers of soap and alcohol gels products, paper towel/couchroll/toilet paper holders are visibly clean with no body substances, dust, dirt or debris or adhesive tape				
15	Toilets are visibly clean with no body substances, deposits or smears - including underneath toilet seat				
16	Handwash basins are visibly clean with no body substances, dust, limescale stains, deposits or smears				
17	Waste bins are clean, including lid and pedal				
18	Foot pedals of waste bins are in good working order				
19	All contact surfaces in client areas (e.g. couches/chairs) are easy to clean and impervious to water				



20	Chairs and couches are free from rips and tears and should form part of regular maintenance checks				
21	Disposable paper couch/chair rolls are available for use as required and stored in a manner to avoid contamination (e.g. wall mounted)				
22	Where used, disposable paper couch/chair roll is changed between clients				
23	Trolley/work/table surfaces are visibly clean and uncluttered, to enable cleaning				
24	Inbetween use, mop heads should not be left standing in cleaning solution or i.e should be resting in the drainage part of the mop bucket to allow air drying				
25	Mop cleaning solution is changed or renewed when visibly dirty and on a daily basis. Mop cleaning solution efficacy the efficacy of the solution should be BS EN 1276 standard				
26	Mop heads are renewed regularly				

27	If not disposable, mops heads are removed at the end of each day, cleaned with detergent and warm water, rinsed with disinfectant, wrung out and left to dry before reuse (e.g. wall mounted or left inverted)				
28	Mop buckets are rinsed clean at the end of the day and left upside down to dry before reuse				
29	There is a suitable sink for filling and emptying the mop buckets of water (i.e. not a hand wash basin)				
30	Treatment/operating room cleaning equipment is stored separately from kitchen cleaning equipment, in a dedicated area				
31	Cleaning cloths are single use and non-shedding				
32	Cleaning equipment is colour coded for use as per the national coding scheme (NPSA)				
<b>Total</b>		0	0	0	

**Score**

**#DIV/0!**

**STANDARD 3****Personal protective equipment (PPE) is available and is used appropriately to reduce the risk of cross infection**

		Yes	No	N/A	Comments
1	Staff are trained in the use of PPE as part of their induction				
2	Non sterile gloves (powder free) conforming to European Community (EC) standards are fit for purpose (no splitting etc) and are available for use by practitioners for tattoo and body piercing procedures				
3	Alternatives to natural rubber latex (NRL) gloves are available for use by practitioners and clients with NRL sensitivity				
6	There is an appropriate range of glove sizes available				
7	Gloves are worn as single use items				
8	Hands are washed before and after removal of gloves and other PPE used for infection prevention applications				

9	Gloves are stored appropriately for easy access as well as avoiding contamination				
10	Appropriate gloves are accessible for when handling chemicals (i.e. when cleaning or undertaking decontamination processes)				
11	Single use plastic aprons are changed between procedures				
12	Aprons are stored appropriately to avoid contamination (e.g. in a wall mounted container)				
13	Face (e.g. disposable face mask) and eye (e.g. cleanable goggles) equipment are available for use if there is a risk assessment made of there being a high likelihood of any blood/body fluid splashing into the face and eyes (COSHH regs) NB such exposure is unlikely in this setting				
14	Staff have been trained on the correct use of PPE				

Restricted

15	Staff members are seen wearing / using PPE appropriately				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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**STANDARD 4**

**Waste is disposed of safely according to current waste legislation and without risk of contamination or injury**

		Yes	No	N/A	Comments
1	Staff have been trained in the correct and safe handling and disposal of waste				
2	There is evidence that staff are separating waste correctly (look in bins and ask a practitioner)				
3	There is clear signage (posters) identifying waste segregation in all areas				
4	There are foot operated, lidded bins for all waste types (labelled for type of waste to be disposed of) with bin liner bags in place				
5	All waste bins are in working order				
6	All waste bins are visibly clean- externally and internally				
7	Waste bags are removed from the treatment/operating areas daily and kept in the dedicated storage area awaiting collection				

8	There is no emptying of offensive waste from one bag to another				
9	Yellow bags with a black stripe (tiger bags)* are used for disposal of offensive waste				
10	Hazardous (sharps) and offensive waste is segregated from domestic waste in storage				
11	There are no overfull bags. All waste bags, other than domestic, are less than 2/3 full				
12	Offensive waste bags are labelled (with number and full post code of the premises) and secured before disposal and stored in a designated area prior to collection for disposal (segregated from other waste)				
13	Hazardous and offensive waste storage area is marked with a biohazard sign				
14	Hazardous and offensive waste storage area is kept secure, cleanable and not accessible to the public or animals				

15	The waste storage area is clean and tidy				
16	For outside hazardous and offensive waste storage areas, the dedicated area should be under cover from the elements, lockable, free from pests and vermin and inaccessible to animals and unauthorised persons/the public				
17	Collection of hazardous and offensive waste is undertaken by a registered waste management company with a valid licence (check records)				
18	Waste contract and any transfer or consignment notes are kept on site. They should identify the type of waste, type of container, quantity of waste, time and place of transfer and name/address of transfer and transferee.				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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\* New European waste management legislation, reclassifies non-healthcare waste produced from municipal premises, other than domestic, as offensive /hygiene waste (e.g. used swabs, gloves, aprons, dye containers, dressings etc). This waste will now be collected in yellow with black stripe 'tiger' bags, rather than yellow bags.



**STANDARD 5**

**Sharp instruments are handled safely to reduce the risk of injury and sharps/needlestick or splashes involving blood or body fluids are ma**

		Yes	No	N/A	Comments
1	All staff receive training in sharps/splash management of needlestick and are aware of actions to take following an injury (ask a member of staff)				
2	All needlestick/sharps injuries are recorded in an accident book , reported to the manager, and prompt, appropriate action undertaken (i.e. first aid actions taken and then to go to A&E immediately afterwards for risk assessment/treatment)				
3	There is signage (e.g. a poster) displayed for the management of needlestick/sharps injuries or blood/body fluid splashes				
4	Sharps bins are available for use, are of an appropriate size and located within easy reach of practitioner at the point of use				
5	Sharps bins are stored above floor level, below eye level and safely out of reach of children and visitors				

6	Sharps bins conform to British Standard (BS) 7320 (1990)/UN3291				
7	Sharps bins are not filled beyond the indicator mark i.e. less than 2/3full, with no protruding sharps				
8	There are no inappropriate items e.g. packaging or swabs in the sharps bins				
9	Sharps bins are visibly clean with no blood/body substances, dust, dirt or debris				
10	Sharps bins are assembled correctly and the lid is secure				
11	The temporary closure mechanism is used when the sharps bin is not in use				

12	Full sharps bins are sealed only with the integral lock- tape or stickers are not used				
13	The label on sharps bins is completed regarding date and person assembling and closing the bin once full, including the address/ postcode of the premises				
14	Sealed and locked sharps bins are stored in a dedicated, locked area prior to disposal, away from public areas				
15	Sharps bins are collected on a regular basis by a registered waste management company				
16	Sharps bins are not placed in waste bags prior to disposal				
17	Inappropriate re-sheathing does not occur i.e. used razors/needles are not re-sheathed (ask member of staff)				

18	Sterile disposable needles are used and are single use only, disposed as a single unit if attached to needle bars for tattooing				
19	Staff are aware of what to do if there is a sharps injury (ask a member of staff)				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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Managed in a way to reduce risk of infection

**STANDARD 6****Appropriate chemicals are used correctly and safely to reduce the risk of infection**

		Yes	No	N/A	Comments
1	Chemical detergents/disinfectants and autoclave/ultrasonic bath fluids are used in accordance with the manufacturers' instructions and stored safely. BS EN 1276 means cleaning product is antibacterial.				
2	Trigger spray bottles in use are pre filled (manufactured) environmental cleaning solutions. The bottles are disposed of when empty				
3	Trigger spray bottles are not used for locally made up environmental cleaning solutions				
4	Risk assessments/ data sheets are available in accordance with Control of Substances Hazardous to Health (COSHH) regulations.				
5	Staff are trained on the hazards of products and chemicals they are using in the premises				
6	All chemical containers are labelled with the name of the product and hazard warnings				

7	There are material safety data sheets for products used in the premises				
8	Staff are aware of where material safety data sheets are kept and understand their purpose				
9	Flammable or toxic chemicals are kept in closed containers and locked away when not in use and are not accessible by the general public				
10	Effective chemicals should be available for pre-procedure skin cleaning, which should only be performed with solutions containing ethyl alcohol, or a hypochlorite/hypochlorous solution such as Clinisept+ ®				
11	Eating and drinking is prohibited in areas where products or chemicals are used				
12	Chemical solutions are not decanted (poured from one bottle to another)				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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**Standard 7**

**Staff and clients are protected from blood borne viruses (e.g. hepatitis B, hepatitis C and HIV)**

		Yes	No	N/A	Comments
1	Staff are aware of what to do if there is an environmental blood/body fluid contamination (e.g. a blood spill) (ask a member of staff)				
2	Personal protective equipment (PPE) is available for use for any environmental blood/body fluid contamination incident				
3	Dedicated equipment is available for cleaning up and decontaminating environmental blood and body fluid contamination				
4	Equipment used to clear up environmental blood/body fluid contamination is disposable or able to be decontaminated				



5	Hypochlorite that can be prepared from NaDCC (Sodium Dichloroisocyanurate) to give a solution of 10,000 ppm available chlorine is available for environmental blood contamination				
6	Appropriate disinfectants are available for cleaning environmental body fluid contamination				
7	There are arrangements in place to encourage staff to be immunised against hepatitis B				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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**Standard 8**

**Patients' information is recorded and stored according to data protection requirements.**

		Yes	No	N/A	Comments
1	Records are kept of patient information in a locked and secure place and in line with Data Protection Act 2018 requirements				
2	<u>Records include:</u> <ul style="list-style-type: none"> <li>• Name</li> <li>• Address</li> <li>• Date of birth and Age</li> </ul> Photograph <ul style="list-style-type: none"> <li>• Proof of photographic identification -if patient looks under 25 ( treatment for 18 years old and over)</li> <li>• Part of body to be treated</li> <li>• Medical history</li> <li>• Health related questions and assessment</li> <li>• Signed consent form</li> <li>• Name of practitioner giving treatment/ procedure</li> <li>• Date treatment/ procedure undertaken</li> </ul>				
3	Patient records are documented in English				
4	Patients are given verbal after care information				
5	Patients are informed how to make subject access requests				
6	Patients are given written after care information				

Restricted

**Total**

0	0	0
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**Score**

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**STANDARD 9**

Reusable equipment and instruments are adequately decontaminated (including sterilised as required) and stored correctly prior to any re

**9a) Handling, storage and general principles of decontamination of reusable equipment :**

		Yes	No	N/A	Comments
1	Equipment is cleaned, maintained and stored appropriately				
2	Evidence that single use equipment is used only once and immediately disposed of				
3	Equipment is stored in fresh tap water within a labelled, robust, washable container or in a high humidity atmosphere (a closed vessel with a small amount of water) until cleaned and disinfected/ autoclaved on the day of use				
4	There is a dedicated and separate decontamination area for equipment/instruments, away from the operating/clinical area				
5	There is a workflow system that segregates clean from dirty procedures and ensures effective segregation of dirty from clean instruments				
6	Once correctly decontaminated (including sterilisation as appropriate as per risk assessment) , instruments are stored clean and dry in clearly labelled, washable, lidded boxes and in clean drawers/cupboards or on shelving until use				
7	Sterile and clean products are stored in appropriate containers and above floor level				
8	Water boilers, hot air heaters, glass bead heaters ('sterilisers'), atmospheric pressure steam 'sterilisers' or ultraviolet light chambers are not used to sterilise instruments				
9	Correct PPE is used for decontamination processes:				

Restricted

Disposable gloves				
Disposable apron				
Goggles				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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Restricted

**Use to reduce the risk of cross infection and to manage any associated risks**

**10b) Manual cleaning and disinfection procedures for reuseable equipment**

		Yes	No	N/A	Comments
1	Correct PPE is used for manual cleaning: Disposable gloves Disposable apron Goggles				
2	Disposable, single use brushes or daily autoclavable brushes or brushes washed after use (and replaced at manufacturer's recommended interval or when damaged) are used for cleaning instruments				
3	There is a separate dedicated sink with hot and cold water available where the cleaning of equipment takes place. The dimensions of this sink should allow items to be washed under water				
4	Manual cleaning occurs with equipment/instruments fully immersed under the water surface (and not cleaned under running water)				
5	Sharp items are never cleaned manually				
6	Appropriate detergent is used for cleaning, and used as per manufacturer instructions. BS EN 1276 products apply to antibacterial.				
7	Equipment is /instruments are rinsed after cleaning and checked for any residual debris before drying				
8	Correct and documented disinfectant/sterilisation of equipment occurs after cleaning, following manufacturer instructions				
9	Disinfectant solution is changed in accordance with manufacturers advice (see data sheet)				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

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**STANDARD 10**  
**LASER LIPLD**

There are adequate processes in place to allow safe use of lasers and/or light therapies

		Yes	No	N/A
1	There is a named LPA appointed with roles & responsibilities clearly defined			
2	There is a named LPS who has specific training for devices in use in addition to CofK			
3	All practitioners working in this field have training of recognised/accredited Core of Knowledge (taken within 5 years as dictated by MHRA)			
4	There are Local Rules in place for each laser on site			
6	There are accurate records of device, serial numbers, intended treatments for each device Patient consent records Separate treatment Protocols for each device Treatment protocol approved by EMP includes: § name and technical specification of equipment & contraindications			
7	There is a suitable entrance warning sign or light entry system which complies with Health and Safety (Safety and Signs and Signals Regulations 1996 and BS EN 60825-1			
8	There is protective eyewear in place as indicated by the Local Rules and covers the correct wavelength. Eyewear covers full wavelength range - scale number e.g. 315-1400nm L7 (IR			
9	There is an Eye/skin adverse incident policy & procedure in place			
10	There is a Laser/light device risk assessment complete and appropriate			
11	Devices are serviced in line with manufacturer guidelines and records made available			

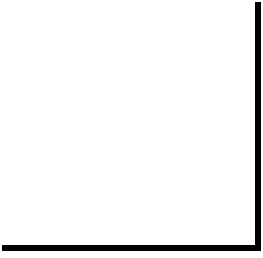


12	There is laser proof blinds/barriers in place at windows, which block optical radiation, if indicated by the local rules			
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>

**Score**

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Comments



**STANDARD 10****Medicine Management. Medicines are stored and managed safely.**

		Yes	No	N/A	Comments
1	Medicines are stored in locked cupboards or refrigerators as appropriate or according to the manufacturer's instructions				
2	There is a medicines register of drug stock in and drugs used and there is evidence of correct drug stock management				
3	There is a system for the supervision and recorded management of medicines cupboard keys				
4	Medical fridge temperatures are recorded daily, with minimum and maximum temperatures.				
5	There is a system in place for checking expiry dates of all medicines				
6	Unused medicines are disposed of in the correct waste stream				
7	Medicines delivered from the pharmacy are checked and distributed to store cupboards and/or fridges without delay				

8	Medicines are 'managed' in line with the SPC and used accordingly unless otherwise directed.				
9	Medicines are administered against the signed, legible directions of an appropriate prescriber.				
10	Blank Prescriptions are stored securely				
11	patients are provided with a copy of the medicines patient information leaflet				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

**#DIV/0!**

**STANDARD 12****Health and Safety - General**

**There are H&S systems in place to ensure the safety of staff, visitors and patients**

		Yes	No	N/A	Comments
1	The employer understands their role responsibilities in relation to Health and Safety				
2	The employer provides medical / health screening if appropriate and any required medical / health surveillance				
3	The employer has access to competent health and safety advice and assistance and there is evidence of risk assessment complete with risks identified , hazards and controls				
4	Health and safety is reviewed annually and there is written evidence to show this has been completed and actions recorded				
5	The liability insurance is current and other insurance in place as appropriate to the business undertaking				
6	The working environment (temperature, space, ventilation, noise) is an appropriate safe and healthy one. Space - there should be enough space to reach 2 sides of the couch. Ventilation - there should be 10 air changes per hour, Temperature - this should be comfortably for the patient and staff member to comfortably work in				
7	Welfare facilities are offered (toilets, washing, drinking water, changing) is provided				
8	There is dedicated hand washing facilities. The sink must not be dual purpose e.g. a kitchen or bathroom sink				

9	There are appropriate laundry facilities and supplies of clean linen/towels sufficient for each treatment/procedure and for additional use for modesty reasons as required?				
10	The substances which fall under the Control of Substances Hazardous to Health Regulations 2001 are kept in a suitable storage with safety data sheet				
11	Facilities are provided to ensure modesty and privacy appropriate to the treatment/procedure				
12	The door to the clinical area is lockable				
13	There a clinical couch available with a multi positioning back rest and is able to facilitate emergency positioning				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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**STANDARD 13**

**Health and Safety - Fire and Emergencies are managed in line with Regulatory Reform (F**

		Yes	No	N/A	Comments
1	There a means of raising the alarm and fire detection in place				
2	There are appropriate means of fighting fire in place				
3	There are effective means of escape in place including unobstructed routes and exits				
4	There a named person(s) responsible for managing emergencies				
5	There are fire-fighting equipment, preventive measures and emergency arrangements maintained, including through tests and practise drills				
6	There is a fire log/record book kept to record fire checks and evacuation drills				
7	There is evidence of a bespoke fire safety risk assessment				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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**ire Safety) Order 2005**

**STANDARD 14**

**Health and Safety - there are adequate first aid arrangements in place in line with First Aid**

		Yes	No	N/A	Comments
1	There are adequate arrangements for first aid materials				
2	There are adequate trained first aid persons been recorded (this is optional where there are fewer than 5 employees)				
3	There is process for recording incidents and accidents and all staff are aware of this				
4	Provision, level of training and the equipment/facilities for First Aid is determined by the number of employees and type of injuries likely to be encountered				
5	All legally reportable accidents, incidents and ill-health are reported to the enforcing authority and are investigated to enable suitable remedial action is taken				
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	

**Score**

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Restricted

## **ACTION PLAN FOR STANDARD NUMBER.....**

Please complete legibly and retain a copy of this plan and the other comment sheets etc for your own records. Please copy as required for each standard.

**Premises name:**

**Action plan completed by (print name and position):**

**Date:**

**Problem/s identified :**

**Action planned to resolve problem:**

**Resources required to achieve outcome/potential or actual :**

**Resource limitations and how these might be overcome:**

**Person responsible for outcome:**

**Planned date to achieve outcome:**

**Planned date to review outcome/reaudit:**