

Healthcare Associated Infection (HAI) Inspection Audit Tool

Hospital: _____

Ward/Area: _____

Date: _____ **Inspector:** _____

GUIDANCE

The tool is based on the Infection Control Nurse Association (ICNA) audit tools for monitoring infection control standards 2004, the NHS Quality Improvement (NHS QIS) Healthcare Associated Infection (HAI) standards (March 2008), the Regulation and Quality Improvement Authority (RQIA) Hygiene Inspection of Health and Social Care 2008 and Healthcare Inspectorate Wales Hospital Cleanliness Spot Check, Direct Observation Audit Tool.

Inspectors will be aware of and follow the Healthcare Environment Inspectorate (HEI) Inspection methodology.

Inspectors 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 NHS board ward/area 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 identifies any serious concerns during the inspection, they should bring this to the attention of the lead inspector for the team 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 of the NHS board before the inspection team leave the premises. These concerns will also be reported to the Chief Inspector, HEI.

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.

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

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 only, **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 inspection team.

A written report will be developed by HEI and will be given to the NHS board for action. The report will clearly identify areas requiring action. The NHS board 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 action plan have been addressed.

INFECTION CONTROL AUDIT TOOL

General Facilities - 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)				
<i>The following are clean and in a good state of repair:</i>					
4	- Lockers				
5	- Chairs and stools (in clinical areas these should be covered in an impermeable washable material)				
6	- Tables				
7	- Bed frames				
8	- Patient trolleys				
<i>The following are clean and free of dust and grit:</i>					
9	- Floors (including edges and corners)				
10	- High and low surfaces				
11	- Curtains and blinds				
12	- Fans				
13	- Air vents				
14	- Radiators				
15	Patient equipment (eg. call bells, audio visual and ear phones, wall mounted lamps) are visibly clean. Ear pads if used are single use				
16	Work station equipment in clinical areas are visibly clean (eg. phones, computer keyboards)				
<i>The following are clean and in good decorative order:</i>					
17	- Walls				
18	- Doors				
19	- Lights (incl. fittings, switches and pull cords)				

		Yes	No	N/A	Issues Identified/Good Practice
20	- Windows				
Bathrooms/Washrooms/Toilets					
21	Bathrooms/washrooms/toilets are clean and in good decorative order (high and low surfaces and wall tiles and accessories eg. soap dispensers, waste bins, towel dispenser, radiators etc)				
22	Floors including edges and corners are free of dust and grit				
23	Bathrooms are free from communal items (eg. creams, talcum powder and shampoos etc)				
24	Bathrooms are free from inappropriate equipment (eg. hoists, spare mattresses, linen, incontinence products etc) and extraneous items				
25	Handwashing facilities are available				
26	There is a facility for sanitary waste disposal				
27	Toilet seats are clean and ready for use (check underneath)				
28	Appropriate cleaning materials are available for staff to clean the bath between use (and there is information regarding its whereabouts)				
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				
Clinical Room					
32	There is an identified area for the storage of clean and sterile equipment				
33	The area is clean, free from dust and spillage (check floor, edges and corners) and in good decorative order				
34	Shelves bench tops and cupboards are clean inside and out and free of dust and spillage				
35	All equipment including medicine fridge is clean and free from dust, spills etc				

		Yes	No	N/A	Issues Identified/Good Practice
36	Check for temperature records of medicine fridge (ie. when storing vaccines, insulin, etc)				
37	The clinical room is free from inappropriate items of equipment				
38	Hand washing facilities are available including liquid soap and paper towels				
39	A foot operated waste disposal bin is available to dispose of used paper towels. Check clinical and general waste are segregated correctly				
40	All products are stored above floor level				
41	There is an effective stock rotation system				
42	Sterile equipment items are in date (randomly select items, check date)				
Domestic's Room					
43	A domestics room is available, clean and in a good state of repair				
44	Information on the colour coding system in use is available in the domestics room				
45	Cleaning equipment is colour coded in line with National Colour Coding Guidelines				
46	A good supply of colour coded equipment and materials is available				
47	Mops and buckets are stored according to the local policy				
48	Mop heads are laundered daily or are disposable (single use)				
49	Equipment used by the domestic staff is clean, well maintained and stored in a locked area				
50	Machines used for floor cleaning are clean and dry				
51	Chemicals used by domestic staff are stored in accordance with COSHH regulations (in a locked area)				
52	Products used for cleaning and disinfection comply with policy and are used at the correct dilution				
53	Diluted products are discarded after 24 hours				

		Yes	No	N/A	Issues Identified/Good Practice
54	No inappropriate materials or equipment are stored in domestics 'room				
55	Personal protective clothing is available and appropriately used				
56	Hand hygiene facilities are available for domestic use				
57	A sluice is 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 correctly prior to disposal				
Observational					
9	Linen skips and the appropriate bags are taken to the area required (staff are not carrying soiled linen or leaving it on the floor)				
10	Staff uniforms are visibly clean				
11	Gloves and apron are worn when handling contaminated linen				
12	Aprons are worn when handling used linen				
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	Clinical waste posters and/or a waste policy identifying waste segregation are visible in all areas				
2	All bags are tied, labeled and secured before leaving the place of generation (eg. ward)				
3	Various bins are available (eg. clinical, household glass, aerosol) and labeled and used correctly (visibly check bin contents)				
<i>All waste bins in the area are:</i>					
4	- Foot operated				
5	- Lidded				
6	- In good working order				
7	- Clean				
8	- Not more than 2/3 full				
9	Bags are stored in an appropriate hold area (which is inaccessible to the public or locked) and not observed in corridors or public areas				
10	All prescription only medicines must be disposed of as hazardous/special waste and the bin labeled accordingly				
11	Waste bags are not tied onto containers/trolleys				

12	Suction waste must be disposed of in a manner which prevents spillage, (eg. 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				
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				
Sharp bins:					
5	All sharp bins are labeled and signed according to hospital policy				
6	Sharp bins are used in accordance with ergonomic manual handling principles (ie. off the floor and using brackets)				
7	The temporary closure mechanism is used when bins are not in use				
8	Once full the bin aperture is locked				
9	Sealed and locked bins are stored in a locked room, cupboard or container, away from public access				
10	An empty sharps bin is available on the cardiac arrest trolley				
11	Sharps trays with integral sharps are available for use and are visibly clean and compatible with the sharps bins in use				
12	Needles and syringes are discarded into a sharps bin as one unit				
Observational					
13	Sharps are disposed of directly into a sharps bin at the point of use				
14	Is there a poster for the management of 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
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				
<i>The following is visibly clean and free from dust and body fluids:</i>					
2	- IV Stands				
3	- Vital signs monitoring trolley				
4	- IV pumps/syringe drivers				
5	- Cardiac monitors				
6	- Near patient testing equipment (eg. Blood gas machines)				
7	- Dressing trolleys				
8	- Blood pressure cuffs				
9	- Pillows				
10	- Mattresses				
11	- Bed rails				
12	- Wheelchairs and cushions				
13	- Oxygen saturation probes				

		Yes	No	N/A	Issues Identified/Good Practice
14	- Manual handling equipment (including hoists/pat slides etc)				
15	Patient wash bowls are decontaminated appropriately between patients and are stored clean, dry and inverted				
16	Disposable paper towels on couches/trolleys is changed between patient use				
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: <ul style="list-style-type: none"> - available at all hand washing sinks - provided as single use cartridge dispensers 				
2	Dispensers and nozzles are visibly clean				
3	Soft absorbent paper towels are available at all hand washing sinks				
4	Paper towel dispensers are visibly clean, dust free and in a good state of repair				
5	A foot operated waste disposal bin is available to dispose of used paper towels				
6	Wall mounted or pump dispenser hand cream is available for use in at least one location				
Hand wash sinks:					
7	Are free from used equipment and inappropriate items (including nail brushes in clinical areas)				
8	Are clean and dedicated for that purpose				
9	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)				

		Yes	No	N/A	Issues Identified/Good Practice
10	Are there sufficient numbers in accordance with national and local guidance (eg. one sink per four beds in acute care settings)				
11	Sinks are accessible (not blocked by equipment or furniture etc)				
12	Have appropriate temperature control to provide suitable hand wash water				
13	Have elbow operated or automated taps in clinical areas				
Alcohol hand rub is available for use throughout clinical areas, check:					
14	Entrance/exits to wards and departments				
15	Directly accessible at the point of care (eg. one dispenser per bed/per four beds as per local and national standards)				
Observational					
16	Clinical staffs' nails are short and free from nail varnish.				
17	Staff working in clinical areas have long hair tied back and off the collar				
18	Clinical staff who do not wear a uniform do not wear unsecured ties or draped scarves				
19	All staff wear short sleeves or roll sleeves to elbow length				
20	Individual alcohol hand rub is available for clinical procedures if required				
21	No wrist watches/stone rings or other wrist jewellery are worn by staff carrying out patient care (plain band ring acceptable)				
22	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
23	Antibacterial solutions/scrubs are not used for social hand washing				
24	Antibacterial solutions are used for invasive procedures and surgical scrubs				
25	Do staff wash or decontaminate hands (before, during, after contact)?				
26	All staff use the correct procedure for decontaminating hands				
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 clean (including edges etc) and free of dust, grit, litter, marks, water etc				
2	There are no inappropriate items or equipment in the kitchen				
3	There is no evidence of infestation or animals in the kitchen. If bait boxes are in place, look for date or dust to determine if still active				
4	Fly screens are in place where required				
5	Insectacutor is clean and well maintained (serviced every year)				
6	Fans, expel airs and extraction units are clean and free from dust and grease				
7	Cleaning materials used in the kitchen are identifiable (eg. colour coded) and are stored separately to other ward cleaning equipment and away from food (includes chemicals)				
8	Hand wash sink, liquid soap and disposable paper towels are available				
<i>Waste bins are:</i>					
9	- foot operated and in good working order				
10	- clean				
11	- labeled '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				

		Yes	No	N/A	Issues Identified/Good Practice
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)				
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				

		Yes	No	N/A	Issues Identified/Good Practice
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				
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				
Observational					
35	Cleaning schedules are available and appropriately completed				
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				
Catheter care					
6	All catheters must be connected to a sterile closed drainage system or valve				
7	Non-sterile gloves are worn for emptying urinary catheter bags				
8	A disposable receptacle or heat disinfected jug is used for emptying urinary catheter bags				
9	Catheter stands are in use, there are no catheters bags touching the floor (bags are below bladder level)				
10	Protocols are in place for catheter hygiene				
Peripheral intravenous lines					
11	Transparent sterile dressings are used to cover intravenous cannulae sites (check if dated)				
12	Evidence of regular site inspection is available (at least daily)				

		Yes	No	N/A	Issues Identified/Good Practice
13	2% Chlorhexidine gluconate in 70% Isopropol alcohol is available for cleaning insertion site or for cannula access				
14	PVC bundle is in use				
Isolation					
15	Isolation facilities are available (ie. identify number of single rooms)				
16	Any infected symptomatic patient presently on the ward is being nursed with the appropriate isolation precautions and according to hospital policy				
17	Clear instructions for staff and visitors are in place when a patient is in isolation (eg. confidential notice on door)				
18	There are information leaflets available for patients for common infections (ie. MRSA, C-difficile)				
19	Separate colour coded cleaning equipment is in use for isolation facilities				
TOTAL SCORES					
PERCENTAGE ACHIEVED					