London Ambulance Service NHS
NHS Trust

LA12

Infection Control Audit Tool

Form Completion Guidance:

Initially, the audit tool may be most easily completed by hand; however, **all** sections of the final submission **must be** completed and submitted electronically.

Form Use:

To compete an electronic version of the form:

- Save a copy of the form to your desktop,
- Use the mouse or Tab-key to select fields you wish to complete,
- Completed forms should be emailed to: gdu@lond-amb.nhs.uk

Station:	
Date:	
Audit undertaken by:	
AOM responsible for infection control in station	
Date of last audit:	
Next audit due:	

Inspections should be planned to be completed at the end of December, March, June and September.

Title: Infection Control Audit Tool	Version: 2.0
Date: 17/04/2008	Owner: Governance Development Unit

London Ambulance Service NHS
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Infection Control Audit Tool Audit Summary

1. Kitchen	**% Compliance**
2. Environment	**% Compliance**
3. Waste management	**% Compliance**
4. Sharps	**% Compliance**
5. Sluice room	**% Compliance**
6. Cleaners cupboard	**% Compliance**
7. Linen	**% Compliance**
8. Garage	**% Compliance**
9. General	**% Compliance**
10. Vehicles	**% Compliance**

Overall Compliance	**%**

Note: To calculate your score

$$\frac{\text{Total number of yes answers}}{\text{Total number of Yes \& No responses}} \times 100 = \%$$

London Ambulance Service NHS
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Infection Control Audit Tool

1. Introduction

This audit is a requirement of the Annual Health Check for 2007/8 and must be done in order to maintain the LAS as the highest scoring ambulance service in the country. By completing this basic audit tool on every station we will be able to demonstrate in the event of a Healthcare Commission spot-check that we are taking our infection control policy proactively. It will provide evidence for all our stakeholders that we hold under review the application of the Code of Hygiene which is a key part of our annual declaration.

Tackling healthcare associated infections is a key priority for the NHS. We know that to bring about an improvement in infection control practice it is important that measures known to be effective in reducing the risk of infection are rigorously and consistently applied.

This infection control audit tool for the London Ambulance Services NHS Trust builds on previous work undertaken with the other ambulance services and it has also been previously approved by the Healthcare Commission. It provides a standardised method for monitoring both clinical practice and our environment. Feeding back these audit results will enable the staff to systematically identify where improvements are required, to minimise infection risks and enhance the quality of patient care.

The requirements of the duties set out in the Code of Hygiene and the Healthcare Standards 4a, 4b expect the effectiveness of infection control to be measured. The recent investigation into Clostridium Difficile at Maidstone and Tunbridge Wells NHS Trust stresses the need for systematic monitoring and feedback. The requirement for key indicators to form part of the monitoring of ambulance infection control and standards of practice has highlighted the value of audit tools. This Audit tool is for application at station level.

This audit tool relates to the principles of infection control and includes: Kitchen area, Environment, Waste Management, Sharps, Sluice room, Cleaners Cupboard, Linen, Garage, General and Vehicles. This tool focuses on specific policies, procedures and practice. It is intended for use in the ambulance service setting and the standards/criteria have been developed using consistent evidence based methodology. To update the audit tool for London Ambulance Service NHS Trust a literature review has been undertaken, which included a search for all relevant guidance and evidence. Expert opinion was also sought for many of the standards/criteria as appropriate.

The audit tool will be used to provide objective data on Compliance with policies, guidance and procedures used within the Trust. This data can then be used by the Director of Infection Prevention and Control (DIPC) (who is the Medical Director) to direct the infection control annual programme in meeting the needs of the Trust in relation to infection prevention and control. Year-on-year data can assist in monitoring the effectiveness of infection prevention and control programmes and assist in strategic planning to meet long term infection control objectives.

In line with DOH initiatives a Compliance categorisation has been incorporated into the scoring system to provide a clear indication of Compliance. The allocation of Compliance levels is based on the scores obtained, which for the purpose of these audits the categories will be allocated as follows:

- Not Compliant 75% or less.
- Partial Compliance 76% - 84%.
- Compliant 85% or above.

2. Guidance for Using the Audit Tool

The audit tool is intended for use by all Team Leaders/Duty Station officers, but has been designed to be completed by any member of staff and used on every station. This audit tool should be completed quarterly (end of Dec, Mar, Jun and Sep), at the same time as the Workplace Premises Inspection/ Assessment (LA156).The audit tool does not include the distribution of policies and procedures, as these should already have been determined as comprehensive, up to date and reflect appropriate practice by the Trust Board.

3. Planning the Audit Programme

The audit tool is intended for the conduct of the Infection Control Audit Programme, the Infection Control Steering Group, and the production of audit reports. Thorough planning should take place with relevant personnel from the station to be audited to ensure minimal disruption is caused, information/documentation is available and personnel and locations are accessible.

Time Required

It is envisaged that the audit can be completed in one day. Once complete the audit tool should be emailed to gdu@lond-amb.nhs.uk .
The audit form must be completed on station.

4. Scoring

All criteria should be marked either 'Yes' or 'No'. It is not envisaged to have 'N/A' Non-Applicable as a response in a box, as these answers are based on national standards and must be achieved. Therefore if it is not available a 'No' score must be allocated as the action plan will then reflect the change in practice if required. If a standard is not achievable because a facility or a practice is not undertaken, the use of 'N/A' will be acceptable.

Comments should be written on the form for each criterion 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 to the Infection Control Steering Group and the Clinical Governance Committee.

Feedback to all stations will be sent back to them so that results, recommendations, and actions can be considered at Area Governance Committee. Audits and their results should be considered against the criteria set out in the Infection Control Policy and the Code of Hygiene. Comments made can indicate where some Compliance has been observed e.g. eight out of ten sharps boxes are labelled.

5. Manual Scoring

Scoring of the returned audit proforma will be undertaken by the Governance Development Unit. Analysis will be used by the Deputy Director of Operations in his report to the Clinical Governance Committee. The scoring will be provided using the following methodology:

Add the total number of "Yes" answers and divide by the total number of questions answered (including all "Yes" & "No" answers) excluding any "N/A" if appropriate. And multiply by 100 to get percentage (%).
FORMULA:

$$\frac{\text{Total number of yes answers}}{\text{Total number of Yes \& No responses}} \times 100 = \%$$

KITCHEN	YES	NO	Comments
There is no evidence of infestation or animals in the kitchen.		✓	
All cooking appliances are visibly clean.	✓		
The kitchen surfaces and floor clean and dry.	✓		

The score of the above table would be calculated as follows: **2 x 100 = 66.6 = 67%**
3

6.Feedback on Information and Report Findings

It is advisable that the auditor should verbally report any concerns and/or good practice to the AOM in charge of the station being audited when submitting the report. A report from the audit will be fed back to the AOM by the relevant ADO using the attached summary sheet and will clearly identify areas requiring action.

The Director accountable for Infection Prevention and Control (DIPC) may decide that the station should have a re-audit if there are concerns or a minimal Compliance rating is observed. Feedback to the Deputy Director of Operations on any action taken by the designated area should be completed immediately any changes are made to improve the situation. This may involve feedback meetings on station and at area governance committee meetings, and the return of completed action plans to the Governance Development Unit.

7.References:

Standards for Better Health 2006 Standards 4A, 4B

Investigation into outbreak of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust Healthcare Commission October 2007.

Department of Health. (2006) *Health Act, Code of Practice for the Prevention & Control of Healthcare Associated Infections.* London: DoH (Code of Hygiene)

Department of Health. (2003) *Winning Ways – Working Together to Reduce Healthcare Associated Infections in England*. A Report from the Chief Medical Officer. London:DoH.

Infection Control Nurses Association> (2005) *Audit tools for Monitoring Infection Control Guidelines within the Community Setting.* London: DoH

Rozila Horton, Lynn Parker. (2006) *Informed Infection Control Practice*. China: Churchill Livingstone.

National Audit Office. (2004) *Improving patient care by reducing the risk of hospital acquired infection:* A progress report. Report by the controller and Auditor, Stationery Office, HC 876. London.

London Ambulance Service NHS
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SECTION ONE: KITCHEN **STANDARD: Kitchen will be maintained to reduce the risk of cross infection**	Yes	No	Comments
1. Evidence of a periodic inspection by the local manager (check signage/schedule).	☐	☐	
2. Separate dedicated hand washbasin is present.	☐	☐	
3. Liquid soap in the form of single use cartridge dispensers for hand-washing is available.	☐	☐	
4. Disposable paper towels and dispenser are available for hand drying.	☐	☐	
5. There are no nail brushes in use.	☐	☐	
6. All opened food is stored in pest proof containers.	☐	☐	
7. There is a clear policy to ensure out of date food is removed from the fridge.	☐	☐	
8. Fridge/Freezers are clean and free from ice build up.	☐	☐	
9. There is evidence that daily temperatures are recorded and appropriate action is taken if standards are not met. Fridge temp must be less that 8˚ C, freezer -18˚ C.	☐	☐	
10. There are no inappropriate items stored in the kitchen.	☐	☐	
11. There is no evidence of infestation or animals in the kitchen.	☐	☐	
12. All cooking appliances are visibly clean.	☐	☐	
13. The kitchen surfaces and floor are clean and dry.	☐	☐	
14. Fixtures and fittings are in a good state of repair.	☐	☐	
15. Disposable paper towelling is used for cleaning and drying equipment and surfaces – not tea towels.	☐	☐	
16. Dish cloths or 'J' cloths are disposed of daily and pan scrubbers are routinely changed. All are stored correctly to dry & air.	☐	☐	
17. Food temperature probe is present and is clean and stored correctly.	☐	☐	
18. Waste bins are foot operated, clean and in good working order.	☐	☐	

19. All kitchen appliances are well maintained.	☐	☐	
SECTION TWO; ENVIRONMENT **STANDARD: The environment will be maintained appropriately to reduce the risk of cross infection.**	**Yes**	**No**	**Comments**
1. Evidence of a station cleaning schedule in place.	☐	☐	
2. The crew room is clean and uncluttered with no inappropriate items of equipment stored.	☐	☐	
3. Crew room floor surfaces are clean, dry and washable.	☐	☐	
4. All Crew room furniture is washable and in a good state of repair (i.e. covers intact). Meal tables are not wooden surface.	☐	☐	
5. The allocation of locker/changing rooms is fit for purpose, uncluttered, clean and tidy.	☐	☐	
6. Fluorescent coats are clean, not visibly soiled and stored separately to personal clothing.	☐	☐	
7. All shower cubicles are clean and in good working order and the shower curtains are clean and free from mould. Tiles are intact and not broken or cracked	☐	☐	
8. Wooden equipment in wash areas such as chairs and **c**ork bath mats are not in use.	☐	☐	
9. Staff have their own personal wash equipment with no communal equipment in use.	☐	☐	
10. Liquid soap for hand-washing is available - not bar of soap.	☐	☐	
11. Nail brushes are not available for use.	☐	☐	
12. Paper towels for hand drying is available and stored in a wall-mounted dispenser.	☐	☐	
13. Female sanitary bins are well maintained and clean.	☐	☐	
14. Toilet areas are not being used to store items of clothing or equipment.	☐	☐	

15. Toilets and surrounding areas are visibly clean with no body substance, dust or lime scale stains, deposits or smears – including underneath toilet seats.	☐	☐	
16. All fixtures and fittings are serviceable and equipped.	☐	☐	
17. Water cooling machines are visibly cleaned and on a planned maintenance programme.	☐	☐	

SECTION THREE: WASTE DISPOSAL **STANDARDS: Waste will be disposed of safely without the risk of contamination or injury and within current guidelines.**	**YES**	**NO**	**Comments**
1. Foot operated bins are lidded, clean and in working order.	☐	☐	
2. Clinical waste bags/ bins are used for the disposal of clinical waste only.	☐	☐	
3. There is evidence that staff segregate clinical waste and domestic waste correctly and not decanted from one bag to another.	☐	☐	
4. Full waste bags are less than 2/3 full and securely tied.	☐	☐	
5. Clinical waste is stored in a designated area prior to disposal.	☐	☐	
6. The clinical waste storage bin is clean, locked and inaccessible to unauthorised persons and pests.	☐	☐	
7. The clinical waste storage bin is large enough to contain the amount of waste generated.	☐	☐	
8. Clinical waste bags are labelled with source (station name) and dates.	☐	☐	
9. Collection of clinical waste is undertaken at least fortnightly with a registered company and consignment ticket kept available on station.	☐	☐	

10. Bag-less general waste bins are emptied regularly, are clean and are not over flowing.	☐	☐	
11. The general waste skip is not overflowing and the lid is closed and the area is clean.	☐	☐	
12. Re-cycling is undertaken and managed efficiently to reduce general waste.	☐	☐	

SECTION FOUR: SHARPS **STANDARD: Sharps will be handled safely to reduce the risk of inoculation injuries.**	**YES**	**NO**	**Comments**
1. Sharps boxes are available for use and conform to British standards BS7320 (1990)/ UN3291.	☐	☐	
2. Staff are aware of the Infection Control Policy and Procedures and can explain and demonstrate its content (ask staff).	☐	☐	
3. Staff are aware of the accidental Inoculation section of the Infection Control Manual ask staff).	☐	☐	
4. Sharps boxes stored on station are free from dirt, dust and moisture.	☐	☐	
5. Sharps boxes are the correct size for use and assembled correctly – check lid is secure.	☐	☐	
6. Sharps containers are available at the point of use, i.e., drugs and grab bags, also located within easy reach in vehicles.	☐	☐	
7. When in use, the appropriate sharps boxes are stored using correct facilities with lids secured properly using the temporary closure mechanism.	☐	☐	
8. Sharps containers are visibly clean with no body substances, dust, dirt or debris.	☐	☐	

9. There are no inappropriate items, e.g., packaging or swabs in the sharps containers.	☐	☐	
10. Sharps are disposed of directly into sharps box following use by the practitioner only.	☐	☐	
11. When in use, sharps boxes are less than 2/3rds full with no protruding sharps.	☐	☐	
12. When in use, sharps boxes are correctly labelled with station name, fleet number and/or bag number, dates and signed.	☐	☐	
13. There is no evidence of sharps boxes being decanted from one container to another.	☐	☐	
14. There are no used sharps boxes left around the site awaiting disposal.	☐	☐	

SECTION FIVE; SLUICE ROOM **STANDARD; The sluice room environment will be well maintained to reduce the risk of cross infection and contamination.**	**YES**	**NO**	**Comments**
1. The sluice room is clean, dry and free from spillages.	☐	☐	
2. All items of equipment are stored above floor level and if likely to become dirty, wet or dusty are stored in lidded containers.	☐	☐	
3. No clean laundry present.	☐	☐	
4. Equipment used for decontaminating is disposable, well maintained and suitably stored.	☐	☐	
5. Disposable paper towels are provided for hand drying and to dry equipment.	☐	☐	

6. Personal Protective Equipment is supplied for staff to wear when decontamination equipment, e.g., plastic aprons, disposable gloves and eye protection.	☐	☐	
7. Liquid soap and alcohol hand rub, in the form of single use cartridge dispensers, for Hand hygiene is available.	☐	☐	
8. There is no evidence of single use items being reused.	☐	☐	
9. Data sheets are available for detergent/ disinfectant in use with appropriate dilution chart.	☐	☐	
10. Enclosed foot operated bins are in good working order and surface area is clean.	☐	☐	
11. Mop and bucket colour coding information sign displayed.	☐	☐	
12. Evidence of mop and bucket colour coding system being followed.	☐	☐	
13. Mops and Buckets are stored clean, dry and inverted.	☐	☐	

SECTION SIX: CLEANERS CUPBOARD **STANDARD: The cleaners Cupboard environment will be well maintained to reduce the risk of cross infection and contamination**	**YES**	**NO**	**Comments**
1. The cleaner's cupboard is clean and free from spillages.	☐	☐	
2. All items of equipment likely to become dirty, dusty or wet are stored in lidded containers and above floor level.	☐	☐	
3. Equipment used by the cleaner is clean, well maintained and suitably stored.	☐	☐	

4. Mops and buckets are stored clean, dry and inverted.	☐	☐	
5. The cleaner has supplies of Personal Protective Equipment and is stored separately from personal clothing.	☐	☐	
6. The cleaner is aware of the Infection Control policy and the Infection Control manual	☐	☐	
7. The cleaner is following best hand hygiene practices.	☐	☐	
8. The cleaner has a copy of the COSHH reports on the chemicals they will be coming across and using.	☐	☐	
9. The cleaner has a copy of the mop and bucket colour coding system in place.	☐	☐	
10. Evidence that the mop and bucket colour coding system is being used throughout the station.	☐	☐	
11. There is a cleaning schedule for the site and it is in use.	☐	☐	

SECTION SEVEN: LINEN **STANDARD: Linen is handled appropriately to prevent contamination and cross infection.**	**YES**	**NO**	**Comments**
1. Used linen is segregated into appropriate bags, e.g., soiled in alginate bag.	☐	☐	
2. Bags are less than 3/4 full and are capable of being secured.	☐	☐	
3. Full used laundry bags are stored in the utility room/ sluice or garage area prior	☐	☐	

to disposal.			
4. Used linen is not re-handled by staff once bagged.	☐	☐	
5. Clean linen is stored in a suitable clean area (not utility/sluice room).	☐	☐	
6. Hand washing is carried out by staff after handling used linen.	☐	☐	
7. Evidence of Personal Protective Equipment when handling used linen, such as disposable gloves, plastic aprons are available for staff.	☐	☐	
8. Clean linen is put into clean storage on arrival at the station and not left sitting in the garage/ sluice room or corridors.	☐	☐	
9. Clean linen when in storage is appropriately covered to prevent getting dusty/ dirty.	☐	☐	
10. Alginate stitched bags are readily available.	☐	☐	
11. Disposable red plastic bags are readily available.	☐	☐	
12. Appropriate linen signage with information for staff to follow is adequately displayed.	☐	☐	

SECTION EIGHT: GARAGE **STANDARD: The garage & vehicles will be maintained appropriately to reduce the risk of cross infection and contamination.**	**YES**	**NO**	**Comments**
1. The garage is clean, tidy and well maintained.	☐	☐	
2. Clinical waste is disposed of in a correctly identified, foot operated enclosed	☐	☐	

bin.			
3. General waste is disposed of in a correctly identified, foot operated enclosed bin.	☐	☐	
4. Mops and Buckets being used are to the colour coding system.	☐	☐	
5. Mops and Buckets used to clean vehicles are clean and in good condition.	☐	☐	
6. Mops and Buckets are stored clean, dry and inverted.	☐	☐	
7. Fresh clean solution for mopping is used for each vehicle.	☐	☐	
8. Consumable stores are put away and not left out gathering dust.	☐	☐	
9. The garage is free from infestation of birds and pests.	☐	☐	
10. Oil and fuel spills are dealt with directly.	☐	☐	
11. The garage is not being used to store inappropriate items.	☐	☐	
12. Different sized yellow clinical waste bags are available for garage bins and vehicle bins.	☐	☐	
13. The vehicle wash area is clean and tidy and the drains are clear.	☐	☐	

SECTION NINE: GENERAL STANDARD: These criterions will be maintained to reduce the risk of cross infection and contamination.	YES	NO	Comments
1. Equipment is clean and in good state of repair. Defective equipment is logged and where appropriate, stored correctly and safely.	☐	☐	
2. Single use items are not reused.	☐	☐	
3. There is evidence that staff are aware of decontamination being completed before sending equipment/vehicle away for repair or maintenance.	☐	☐	
4. There is evidence that staff are aware of defective equipment, sending for repair/maintenance and the decontamination certificate being attached.	☐	☐	
5. Equipment being stored is visibly clean with no visible body substances, dust, dirt or debris.	☐	☐	
6. Patients transported by crews are done so following precautions as per standard (universal) precautions. (Ask crews)	☐	☐	
7. Staff are aware of the correct procedures when dealing with blood/ body fluid spillages. (Ask Crews).	☐	☐	
8. Staff have received training on the principles of hand hygiene. (Ask Crews).	☐	☐	
9. Appropriate disinfection and dilution charts are available to deal with blood/body fluid spillages.	☐	☐	
10. Blood/ body fluid **s**pillage (Bio-Hazard) kits are available.	☐	☐	
11. Disposable gloves, plastic aprons and face protection are readily available.	☐	☐	
12. Signage demonstrating a good hand washing technique is available at	☐	☐	

strategic points around Trust site.			
13. Hand moisturisers that are pump operated are in place for clinical staff to use at hand washing facilities.	☐	☐	
14. There are fully operational foot operated bins for waste paper towels in close proximity to hand wash sinks.	☐	☐	

SECTION TEN: VEHICLES **STANDARD: These criterions will be maintained to reduce the risk of cross infection and contamination.**	**YES**	**NO**	**Comments**
1. All vehicles are clean; dust free and the interior is well maintained, in good condition to ensure the fabric of the environment and equipment smells fresh and pleasant.	☐	☐	
2. The floor, including edges and corners are visibly clean with no visible body substances, dust, dirt or debris. Floor coverings are washable and impervious to moisture.	☐	☐	
3. Alcohol hand rub is available on all vehicles at the point of care.	☐	☐	
4. Skin cleansers (wet wipes) are available for visibly soiled hands prior to using alcohol hand rub.	☐	☐	
5. Stretcher mattresses and chair covers are clean and free from rips and tears.	☐	☐	
6. Stretcher mattresses are regularly cleaned with both warm water and detergent or appropriate wet wipes between patient use. (Ask Crews).	☐	☐	
7. When used, linen is changed after every patient. (Ask Crews).	☐	☐	

8. All items of equipment are stored away clean, dry and correctly, during and at the end of the shift.	☐	☐	
9. Suction equipment is visibly clean and dry with no visible body substances, dust or debris.	☐	☐	
10. Clinical waste bags are renewed as appropriately after every patient and definitely at the end of the shift.	☐	☐	
11. Sharps boxes are readily available in grab bags and designated areas of vehicle.	☐	☐	
12. Sharps box lids are closed and stored above floor level and safely out of the publics reach.	☐	☐	
13. Sharps boxes are not more than 2/3rds full.	☐	☐	
14. Sharps boxes are correctly labelled with start date, station name, fleet and/ or bag number.	☐	☐	
15. Vehicles are equipped with blood/ body fluid spillage (Bio-Hazard) kits.	☐	☐	
16. Detergent spray & surface wet wipes are stored on the vehicle.	☐	☐	
17. Disposable paper towels are evident on the vehicle.	☐	☐	
18. Disposable protective hooded overalls are stored on the vehicle.	☐	☐	
19. Disposable plastic aprons are stored on the vehicle.	☐	☐	
20. Disposable face masks are stored on the vehicle.	☐	☐	

21. Disposable medical gloves are stored on the vehicle.	☐	☐	
22. All tubing and equipment designed to come into contact with blood/ body fluid is single patient use and disposable.	☐	☐	
23. Ventilator and Entonox equipment Bacterial filters are used.	☐	☐	
24. Body bags are stored on the vehicle.	☐	☐	
25. Rinse Wash Rinse kit is stored on the vehicle and package intact.	☐	☐	
26. Mop and Bucket colour coding system is evidenced as being followed by staff when cleaning vehicles.	☐	☐	