GP Contractor Details

Practice Name	
Practice Code	
Practice address	
Direct Telephone Number	
Practice Manager Name	
IPC Lead for Practice	
Accompanying Practice Staff (One of whom must be the IPC Lead for the Practice)	
Date audit completed	
External Auditor Name and Designation	
Does the practice undertake minor surgery	Yes ☐ No ☐
Does the practice undertake IUCD fitting	Yes ☐ No ☐

Appendix 1

NHS England

INFECTION PREVENTION & CONTROL AUDIT TOOL ACTION PLAN

This action plan should be used by the contractor, following their annual self-assessment, to record the actions necessary to ensure compliance, at the minimum, with the infection prevention audit EQRs. All columns should be completed except columns E and F, which are only applicable as part of an audit visit.

Where an audit visit, has been carried out by the infection prevention, the nominated clinical lead/contractor should use this template to record the agreed action points during the visit. This template should also be used to record the action points that are not agreed. If there are actions that the contractor does not agree, s/he should undertake further risk assessments on outstanding actions to satisfy themselves that taking no action is appropriate and will not create other unforeseen risks for the practice. The infection prevention/health protection adviser will be able to advise a contractor how to complete this template and about related risk assessments.

Infection prevention audit tool action plan

Name of contractor:								
Date:					Name of nominated clinical lead/GP completing form:			
A	B	C	D	E	F	G	H	I
Q. No:	M, EQR or E (extract from audit tool)	Problem identified (extract from audit tool findings)	Remedial action recommended to resolve problem (extract from audit tool findings)	Does nominated clinical lead/contractor agree with the proposed remedial action? (yes/no response required)	For actions not agreed by the contractor, confirm date when risk assessment will be completed. (to be agreed at visit)	Confirm outcome of risk assessment, if applicable. (to be completed by nominated clinical lead/contractor by the date specified in column F)	Specify person responsible for implementing outcome of risk assessment or remedial action and planned final achievement date. (to be either completed at visit or no later than date specified in column F) *(problems should normally be remedied within a maximum of three months of the problem having been identified, unless building work is required)*	Date when action completed (contractor to advise area team when action complete)

Produced by NHS England London Region and NEL in collaboration with the London Wide Local Medical Committees and Surrey and Sussex Local Medical Committees

To be completed following annual self-assessment or when audit visit has taken place:

Signature of contractor principal:

Name of contractor principal (Block capitals please):

Date:

To be completed when audit visit has been carried out:

Signature of infection prevention/health protection adviser:

Name of infection prevention/health protection adviser (Block capitals please)

Date:

KEY:

- **Mandatory**: either required on a statutory and/or contractual basis and aims to align with relevant CQC requirements that result in CQC reports specifying that a practice 'must do…'
- **An Essential Quality Recommendation (EQR)**: the minimum expected standards for compliance as detailed in the Health and Social Care Act 2008 (Hygiene Code). EQRs will typically align with relevant CQC requirements that result in CQC reports specifying a practice 'should do…'
  Educational (E): these are best practice standards, which align with what practices should 'know about'. Contractors are advised to record that there has been a discussion about these standards within the practice.

Section 1: The Management of Infection Prevention and Control (General Management)
Standard: Infection prevention and control is managed effectively and complies with the Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance (July 2015)

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Is there a named clinical lead person in the practice for infection prevention and control?	M **This is a requirement of Criterion 2 of the Health & Social Care Act 2008 (Amended 2015),** which states that: The IPC Lead should: • be responsible for the organisation's infection prevention (including cleanliness) management and structure and the establishment of a water safety group; • oversee local prevention of infection policies and their implementation; • report directly to the registered provider; • have the authority to challenge inappropriate practice, if appropriate,	Moderate				To ensure that there is a named clinical lead person in the practice for infection prevention and control.			1

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		including antimicrobial prescribing practice; • have the authority to set and challenge standards of cleanliness; • assess the impact of all existing and new policies on infections and make recommendations for change; • be an integral member of the organisation's governance, water safety group, and safety teams and structures where they exist; and • produce an annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request.								
2	**Does the practice have infection prevention and control policies?**	**M** **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to:** Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. A registered provider should, in relation to preventing, reducing and controlling the risks of infections, have in place the appropriate policies concerning the matters mentioned in a) to y) below. All policies should be clearly marked	**Moderate** It is a requirement of the Health and Social Care Act 2008 (Amended 2015) Criterion 9 that practices have and adhere to policies designed for the individual care and provider organisations that will help to prevent and control infections.				To ensure that the practice have up to date infection prevention and control policies.			2

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		with a review date and the review date adhered to. - Any registered provider should have policies in place relevant to the regulated activity it provides. Each policy should indicate ownership (i.e. who commissioned and retains managerial responsibility), authorship and by whom the policy will be applied. Implementation of policies should be monitored and there should be evidence of a rolling programme of audit and a date for revision stated.								
3	**Is infection prevention and control included in all staff induction programmes?**	**M** The Health and Social Care Act 2008 (Amended 2015) Criterion 6, section 6.2 states that 'Infection prevention would need to be included in the job descriptions and be included in the induction programme and staff updates of all employees (including volunteers)'.	**Moderate**				To ensure infection prevention and control included in all staff induction programmes.			3
4	**Does the practice have evidence to show that all clinical and non-clinical staff (including cleaning staff) are up to date with**	**M** **Criterion 6 of The Health and Social Care Act 2008 (Amended 2015)** requires providers to have systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and	**Moderate.** Criterion 6 of The Health and Social Care Act 2008 (Amended 2015) requires providers to have systems to				To ensure the practice have evidence to show that all clinical and non-clinical staff (including cleaning staff)			4

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	infection prevention and control training specific to their roles?	controlling infection.	ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.				are up to date with infection prevention and control training specific to their roles.			
5	**Is there a process for internally recording/reporting untoward incidents in relation to infection prevention and control (e.g. sharps and body fluid splashes)?**	**M** **Under 'Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees'** Recording and investigating the incident – regulation 7(1) Employers must make a record of the sharps injury when they are notified of it, whoever provides that notification. They must investigate the circumstances and causes of the incident and take any action required. The injured person is required to provide sufficient information to their employer to allow them to carry out this investigation. The record of the injury should include	**Moderate - High.** Under the EH 40/2005 Workplace Exposure Limit, it is required that those responsible for controlling exposure to hazardous substances at work are not breaching the Health and Safety at Work Act 1974.				To ensure there is a process for internally recording/reporting untoward incidents in relation to infection prevention and control.			5

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		who was injured, and when and where the incident occurred. If possible, the summary record should contain sufficient detail to identify what type of sharp was involved, at what stage of a procedure or post-procedure/disposal of the sharp the injury occurred, and the severity of the injury. If the employer has an existing accident book or other recording system, it will be appropriate to use this for the record of sharps injuries. Under the EH 40/2005 Workplace Exposure Limit, it is required that those responsible for controlling exposure to hazardous substances at work are not breaching the Health and Safety at Work Act 1974.								
6	Does the practice have a recorded process in place that includes access to:									
6.1	Local IPC advice and support as needed.	EQR & E	Low				Ensuring systems are in place to allow staff to seek expert IPC advice			6

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
6.2	Local Hospital Consultant Microbiologists.	EQR & E	Low				Ensuring systems are in place to allow staff to seek expert microbiology advice.			
6.3	Public Health England Health Protection teams	EQR & E	Low				To ensure that systems are in place to allow staff to seek expert public health advice.			
6.4	Local anti-microbial Pharmacy Lead	EQR & E	Low				To ensure that systems are in place to allow staff to seek expert antimicrobial advice.			
7	Does the practice have documentary evidence of infection prevention and control audits undertaken, evaluated and with actions taken to improve practice standards?	M Criterion 1 of The Health & Social Care Act 2018 (Amended 2015) requires that providers have 'Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them'.	Moderate				To ensure there is documentary evidence of infection prevention and control audits undertaken, evaluated and with actions taken to improve practice			2

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							standards.			
8	Has the Practice carried out a risk assessment for Legionella under the Health & Safety Executives "Legionella' disease – the control of Legionella bacteria in water systems: Approved code of practice & Guidance" (also known as L8)	M **Legionella disease – The control of legionella in water system: Approved Code of Practice (ACOP):** A suitable and sufficient assessment must be carried out to identify and assess the risk of exposure to legionella bacteria from work activities and water systems on the premises and any precautionary measures needed. The duty-holder is responsible for ensuring the risk assessment is carried out.	**Moderate - High.** A detailed risk assessment will inform the practice of any areas of non-compliance such as dead legs, dirty water tanks and any remedial actions required to minimise the risk of legionella proliferation. Some groups of patients such as immunocompromised may be at risk of infection from the legionella bacteria.				To ensure the Practice has carried out a risk assessment for Legionella under the Health & Safety Executives "Legionella' disease – the control of Legionella bacteria in water systems: Approved code of practice & Guidance.			7, 8, 9, 10
9	Does the practice have a written scheme for prevention of Legionella contamination in water pipes and other water lines?	M **Legionella disease – The control of legionella in water system: Approved Code of Practice (ACOP):** A suitable and sufficient assessment must be carried out to identify and assess the risk of exposure to legionella bacteria from work activities and water systems on the premises and any precautionary measures needed. The duty-holder is responsible for ensuring	**Moderate - High.** A detailed risk assessment will inform the practice of any areas of non-compliance such as dead legs, dirty water tanks and any remedial actions required to minimise the risk of legionella proliferation. Some				To ensure the practice have a written scheme for prevention of Legionella contamination in water pipes and other water lines.			11

	Questions	M= Mandatory EQR= EQR E= Educational	Risk Level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		the risk assessment is carried out.	groups of patients such as immunocompromised may be at risk of infection from the legionella bacteria							

Section 2: The Management of Infection Prevention and Control (Staff Health)

Standard: Infection prevention and control is managed effectively and complies with the Health and Social Care Act 2008: Code of practice on the prevention and control of infection and related guidance (July 2015)

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	**Have all staff at risk been immunised against hepatitis B and have they had their response to vaccination confirmed by serology for anti HBs antibodies? It is recommended that practices keep a copy of the hepatitis B levels. {*At risk staff are those who may have direct contact with patient's blood or blood stained body*	**M** **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to:** Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section F: Prevention of occupational exposure to blood-borne viruses (BBVs) including prevention of sharps injuries* Measures to avoid exposure to BBV's (hepatitis B and C and HIV) should include: mmunisation against hepatitis B, as set out in *Immunisation against*	**High** Low level of immunity or no immunity to Hepatitis B may place HCWs at risk of cross infection especially in cases of inoculation accidents.				Up to date immunisation status and immunity levels on hepatitis B should be kept at the practice and made available on inspection.			12, 13

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	fluids (including cleaning staff)}	*infectious disease*, better known as 'The Green Book' (published by Public Health England); the wearing of gloves and other protective clothing; the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff; and measures to reduce risks during surgical procedures								
2	**Are all staff routinely advised regarding immunisation against seasonal influenza?**	**EQR & E**	**Moderate** Some groups of patients may be at risk of influenza infection which may be transmitted by healthcare workers.				To ensure that clinical staff are encouraged to be immunised against seasonal influenza.			**3, 14, 15**
3	**Does the practice have access to Occupational Health service or access to appropriate occupational health advice? (This may include pre-**	**M** Under the Health and Safety Act 1974, the Occupational Health are required to provide advice on health issues relevant to the working environment. **The Health & Social Care Act 2008**	**Moderate**				To ensure that practice staff have access to occupational health service or appropriate occupational health advice.			**16**

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	employment checks to ensure appropriate immunisations have been given.)	Criterion 10, Section 10.3 Occupational health services in respect of BBVs should include: • having arrangements for identifying and managing healthcare staff infected with hepatitis B or C or HIV and advising about fitness for work and monitoring as necessary, in line with Department of Health guidance; • liaising with the *UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses* when advice is needed on procedures that may be carried out by BBV-infected care workers, or when advice on patient tracing, notification and offer of BBV testing may be needed; • a risk assessment and appropriate referral after accidental occupational exposure to blood and body fluids; and • management of occupational exposure to infection, which may include provision for emergency and out-of-hours treatment, possibly in conjunction with accident and emergency services and on-call infection prevention and control specialists.								
4	Has the issue of	M	Moderate				To ensure that a			14

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	immunity to Measles, Rubella and Varicella in clinical staff been considered in the practice and a risk assessment undertaken?	**Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to:** Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section F: Prevention of occupational exposure to blood-borne viruses (BBVs) including prevention of sharps injuries* Measures to avoid exposure to BBV's (hepatitis B and C and HIV) should include: mmunisation against hepatitis B, as set out in *Immunisation against infectious disease*, better known as 'The Green Book' (published by Public Health England); the wearing of gloves and other protective clothing; the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff; and measures to reduce risks during surgical procedures	Some groups of patients may be at risk of measles, Rubella and Varicella infection which may be transmitted by healthcare workers.				risk assessment is undertaken for all clinical staff on issues of immunity to Measles, Rubella and Varicella.			

Section 3: Environment

Standard: The environment is designed and managed to minimise reservoirs for microorganisms and reduce the risk of cross-infection to patients, staff and visitors.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	**Are all areas including clinical areas and equipment visibly clean and free from extraneous items?**	M Criterion 2 of The Health and Social Care Act 2008 (Amended 2015) requires all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	**Moderate – High** This depends on whether it is a consulting room or treatment room where invasive procedures such as coil fitting is undertaken.				All areas including clinical areas should be visibly clean and free from extraneous items. Clutter allow dust and dirt to settle and may hinder adequate cleaning. To ensure that a thorough cleaning of high level surfaces as			17, 18

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							well as low level surfaces is undertaken. This type of cleaning should be carried out on a regular basis to minimise dust and dirt accumulation.			
2	Are there comprehensive written specifications for cleaning the environment and equipment in the practice?	M Criterion 2 of The Health and Social Care Act 2008 (Amended 2015) requires providers to maintain a clean and safe environment to maintain patient and staff safety.	Moderate				All health care premises should show adequate level of environmental cleaning in line with the revised Cleaning code.			18
3	Are there up to date cleaning schedules which includes regular cleaning of clinical, admin and sanitary areas (e.g. toilets, fans, air conditioners, high areas, curtains, blinds, toys, computer keyboards, telephones and	M Criterion 2 of The Health and Social Care Act 2008 (Amended 2015) requires providers to maintain a clean and safe environment to maintain patient and staff safety.	Moderate				Up to date cleaning schedules which includes regular cleaning of clinical, admin and sanitary areas (e.g. toilets, fans, air conditioners, high areas, curtains, blinds, toys, computer			18

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	desks)?						keyboards, telephones and desks) should be available and cleaning staff should follow the schedule protocol.			
4	Are walls in all areas in good condition (no cracked or peeling paintwork), intact and have smooth easy-to-clean surfaces?	EQR	Moderate – High This depends on the condition of the walls. For example walls in a clinical room affected by damp and mould will pose a higher risk of cross infection if the room is being used for certain invasive procedures.				Wall surfaces and splash back in all clinical areas should be smooth without cracks or joints and easy to clean. Splash backs should be smooth finish, seamless and easy to clean. Ceramic tiles are not recommended because of multiple joints which can get damaged in many ways and may harbour			19

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							harmful micro-organisms. To ensure that the wall surfaces and splash backs are rendered with an impervious and smooth finish.			
5	Is flooring in all areas that are accessible to patients (including corridors, staircase leading to consulting rooms, consulting rooms in a good state of repair and easy-to-clean? (Carpets are not recommended)	EQR Where carpet flooring is available in consulting rooms, these should be in a good state of repairs and steam cleaned on a regular basis. There should be a plan in place for carpet flooring in all patient associated areas to be replaced at the next practice refurbishment with flooring which are impervious to fluids, seamless and without joints and the edges with the walls should be either sealed or continuous to the walls with a coved edge. Flooring for clinical/ treatment rooms is covered in Section 11 of the audit tool.	Moderate – High This depends on whether invasive procedures such as coil fitting is being undertaken in consulting rooms.				Carpets are not recommended for use in healthcare environment used by patients due to risks of contamination and spillage. Where carpet is available, these should be in a good state of repairs and are steam cleaned on a regular basis. There should be a plan in place for carpet			19

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							flooring in all patient associated areas to be replaced at the next practice refurbishment with flooring which are impervious to fluids, seamless and without joints and the edges with the walls should be either sealed or continuous to the walls with a coved edge.			
6	**Are furniture (e.g. chairs, couches, pillows etc) in clinical areas and other areas accessible to patients impermeable / washable / suitable for its use?**	**EQR** Furniture such as seating for patient in clinical rooms / waiting areas, should be impervious and easy to clean as well as compatible with detergents and disinfectants.	**Moderate** HTM 03-01 section 10.21 requires impervious surfaces for easy clean and to avoid the build-up of dust.				Furniture such as seating for patient in clinical rooms / waiting areas, should be impervious and easy to clean as well as compatible with detergents and			**18, 19**

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							disinfectants.			
7	Are cleaning equipment and materials for cleaning colour coded, suitable for use and stored appropriately?	EQR	Moderate This is to minimise risks of bacterial growth and multiplication.				Mops and buckets used in the practice should be colour coded (Red, Blue, Green & Yellow) to ensure that the appropriate coloured cleaning equipment is used for defined areas such as clinical areas, kitchen, toilets and general areas. To ensure that the appropriate colour coded mops and buckets are available and used. Furthermore, we recommend that brackets			17

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							are placed to hold the mops and ensure adequate drying. This will minimise risks of bacterial growth and multiplication. The brackets should be adequately spaced to prevent the mop heads from touching one another which will defeat the purpose of having separate mops.			
8	Is the area for storing cleaning equipment well ventilated, clean and tidy (no clutter) and is it of an adequate size?	EQR	Moderate Mops and cleaning equipment need to be protected from risk of contamination. A well ventilated cleaning storage area will allow for mop heads to dry.				To ensure that the area for storing cleaning equipment is of an adequate size, well ventilated, clean and tidy.			17

Section 4: Hand Hygiene

Standard: The practice has a clear mechanism to ensure effective implementation of hand hygiene procedures are in place and hand hygiene is practiced at all times to reduce the potential for cross infection between staff, patients, the environment and equipment.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice has a Hand Hygiene Policy?	M Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *A. Standard infection prevention and*	Moderate				To ensure that a hand washing policy is developed. This policy should be made readily available for all staff to refer to as a source of			2

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		control precautions Preventing infections reduces the overall need to use antimicrobials and helps to reduce selection pressure for the development of antimicrobial resistance. • Policy should be based on evidence-based guidelines, including those on hand hygiene at the point of care and the use of personal protective equipment; • Policy should be easily accessible and be understood by all groups of staff, service users and the public. • Compliance with the policy should be audited • Provisions on regular refresher training, support for patients to clean their hands, and products for staff with occupational dermatitis are among the issues that should be covered in the hand hygiene policy. The NHS Outcome Framework enforces the 'treating and caring for people in a safe environment and protecting them from avoidable harm'					reference.			
2	Is the hand hygiene technique displayed as a laminated	EQR	Low This serves as a reminder for staff to				To ensure that posters featuring the			20

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	poster adjacent to the hand washbasin or is it featured on the soap dispenser?		use the correct techniques.				hand hygiene process are displayed adjacent to hand washbasins.			
3	Does your practice policy demonstrate an awareness of the DH uniform policy particularly in treatment rooms and minor surgery room? (E.g. bare below the elbows).	EQR https://www.nice.org.uk/news/article/effective-and-practical-measures-to-prevent-infection-outlined-by-nice	**Moderate** Clinical staff should be free from jewellery, wrist watches, long nails, artificial nails and nail varnish, as these will prevent adequate hand hygiene in clinical environment.				To ensure that clinical staff are free from jewellery, wrist watches, long nails, artificial nails and nail varnish, as these will prevent adequate hand hygiene in clinical environment.			2, 21
4	Are there wash basins dedicated to hand hygiene in each clinical and consulting room which can be easily accessed?	EQR	**Moderate** To comply with HBN 00-09 requirements.				To ensure that a dedicated hand washing sink is available in each clinical and consulting room. This will encourage hand washing and prevent cross infection.			22
5	Do all hand wash basins for use in	EQR	**Moderate** To comply with HBN				To ensure that all clinical hand			18, 22

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	connection with clinical procedures have elbow or wrist operated mixer taps?		00-09 requirements.				washing sinks have taps with elbow or wrist lever operated mixer taps.			
6	Is the hot water thermostatically controlled?	EQR	**Moderate** To comply with HBN 00-09 requirements.				Hot water for hand washing sinks should be thermostatically in order to prevent scalding during hand washing.			23
7	Are taps at all clinical hand wash basins free from swan neck type taps?	EQR	**Moderate** To comply with HBN 00-09 requirements.				Taps with swan neck faucet are not compliant with current infection control guidance as they do not empty completely.			19
8	Are all hand wash basins free from plugs?	EQR	**Moderate** To comply with HBN 00-09 requirements.				Clinical hand washing sink should not contain a plug, as sink with plugs could be used for other purposes for example washing of re-			22

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							usable instruments such as ear syringing equipment.			
9	Are all hand wash basins in clinical and consulting rooms free an overflow?	EQR	Moderate To comply with HBN 00-09 requirements.				Clinical hand washing sinks with overflow are non-compliant because the tube that connects the overflow to the drain may contain a number of biofilms which may increase risks of hand contamination.			22
10	Are hand hygiene facilities clean and free from clutter (check wash basins, taps, splash-backs, soap and paper-towel dispensers)?	EQR	Moderate To prevent contamination and to adhere to Criterion 2 of The Health & Social Care Act 2008.				Hand washing sinks should be free from clutter and clean so as to prevent contamination and for ease of			18

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							access to hand hygiene.			
11	Are hand hygiene facilities free from damage?	EQR	Low To prevent the risks of multiplication of micro-organisms in grooves/ damaged surfaces which are not easily cleaned.				Damage to hand hygiene facilities can prevent proper cleaning and increase the risks of micro-organism settling in.			19
12	Is the tap off-set from the waste outlet?	EQR	Moderate This is a requirement for clinical hand washing sinks as detailed on page 16 of the HBN 00-09.				Taps discharging directly into a drain hole can cause splashing, which could disperse contaminated droplets. The tap outlet flow should not discharge directly into the waste aperture.			22
13	Is liquid soap dispensed from single use cartridges or bottles? (I.e. no bar soap or refillable containers)?	EQR	Low Liquid soap dispensers should be wall-mounted at all wash-hand basins and be designed to be operated without contamination from				Refillable cartridges can present a risk to contamination of the whole container			24

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
			the user's hands coming into direct contact with the dispensing mechanism.							
14	Is alcohol-based hand rub available for use when required, including use during domiciliary visit?	EQR	**Low** Guidance from WHO				To promote hand hygiene compliance during home visits.			20
15	Are paper hand towels available? (I.e. no cloth towels in use).	EQR	**Moderate** As detailed in HBN 00-09. The use of paper towels in rolls should be discouraged; they are difficult to tear off without contaminating the remaining roll.				Fabric towels are a source of cross-contamination and are not recommended in clinical areas.			20
16	Are hand wash basins free from nail brushes?	EQR	**Low**				Nail brushes can be a source of contamination and are not recommended in Practices			25
17	Are there separate arrangements available to dispose of waste materials (e.g. urine) other	EQR	**Moderate** This can be a source of cross contamination.				Waste materials should not be poured down the hand washing sinks			26

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	than using the hand washbasin?						but disposed of in a flushable sluice or toilets.			

Section 5: Personal Protective Equipment (PPE)
Standard: Protective clothing is available/worn for all aspects of care which may involve contact with blood/body fluids or where asepsis is required

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have a policy on the appropriate use of PPE?	M **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to:** Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section f. Prevention of occupational exposure to blood-borne viruses (BBVs) including prevention of sharps injuries* Measures to avoid exposure to BBV's (hepatitis B and C and HIV) should include: mmunisation against hepatitis B, as set out in *Immunisation against infectious disease*, better known as 'The Green Book' (published by Public Health England); he wearing of gloves and other protective clothing; he safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff; and measures to reduce risks during surgical procedures	Moderate				To ensure that a policy on the appropriate use of PPE is developed. This policy should be made readily available for all staff to refer to as a source of reference.			2

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
2 2.1 2.2	Are the following PPE available for staff? Gloves (sterile/non-sterile) are appropriate for use, i.e, latex & latex free nitrile? *Vinyl gloves are not recommended for clinical activities were blood/body fluid may be anticipated.*	EQR	**Moderate** Health and Safety Act 1974				To ensure that the practice have access to latex and latex free gloves. Alternative to non-latex would be to use Nitrile gloves Vinyl gloves can be used to perform many tasks in the health care environment, but are not appropriate when handling blood, blood-stained fluids, cytotoxic drugs or other high risk substances. The risks are: • They			27, 28, 29, 30

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							have absorbent properties • They are brittle and may tear easily			
	Disposable aprons available?	EQR	**Moderate** Health and Safety Act 1974				To ensure that plastic disposable aprons are available in all clinical areas.			31
2.3	Disposable face and eye protection (to be worn by staff if splashing of blood, body fluids or chemicals is anticipated)?	EQR	**Moderate** Infection: Prevention and control of healthcare associated infection in primary and community care. (2012)				To prevent risks of contamination /transmission			31
3	Are staff aware of the principles of wearing and disposing of PPE?	EQR	**Moderate** Training of staff in the use of PPE to minimise risks of				To ensure all staff are aware of the risks when donning			31

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	(i.e. disposable gloves, aprons masks and goggles)		contamination.				and doffing of PPE.			
4	Are PPE items worn as single use items?	EQR	**Moderate** To minimise risks of cross contamination/transmission.				To ensure that items that are designated as single use are not re-used.			31, 32
5	Where required are aprons and gloves changed between different episodes of care on the same patient?	EQR	**Moderate** To minimise risks of cross contamination/transmission.				To ensure that aprons and gloves are changed between different episodes of care on the same patient in order to prevent cross infection.			
6	Are gloves removed and hand hygiene performed after every clinical activity?	EQR	**Moderate** Compliance with the WHO 5 moments of Hand Hygiene.				To ensure hand hygiene is performed in order to prevent risks of cross infection.			
7	Are staff aware on the decontamination process required for re-usable goggles (if available)?	EQR	**Low**				To prevent cross infection.			

Section 6: Prevention and management of spillages of blood & high risk body fluids

Standard: Equipment appropriate for cleaning blood or other body fluid is available specifically for dealing with such incidents safely.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have a policy for managing spillages in healthcare premises?	EQR	Moderate COSHH regulation/Health and Safety Act 1974				To ensure that a policy on the management of spillages in healthcare premises is developed. This policy should be made readily available for all staff to refer to as a source of reference.			4, 33
2	Are all staff aware of the procedure for dealing with spillages of blood or other body fluids?	EQR	Moderate COSHH regulation/Health and Safety Act 1974				To ensure staff are aware of dealing with spillages and body fluids.			2, 31
3	Are spillage kits available for dealing with spillages of blood/body fluids, i.e, separate kits for dealing with blood spillages and a separate kit for dealing with urine/vomit spillages?	M COSHH regulation/Health and Safety Act 1974 requirements.	Moderate COSHH regulation/Health and Safety Act 1974				To ensure that a spillage kit available for dealing with spillages of blood/body fluids is available.			34

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
4	Are disposable cloths or mop heads available for cleaning blood or other body fluid spillages?	EQR	Moderate COSHH regulation/Health and Safety Act 1974				To ensure that disposable cloths or mop heads available for cleaning blood or other body fluid spillages.			34

Section 7: Safe handling and disposal of sharps
Standard: Sharps are managed safely to reduce the risk of inoculation injury.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have a policy on safe handling & disposal of sharps?	M **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to:** Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Safe handling and disposal of sharps* Relevant considerations include: • risk management and training in the management of mucous membrane exposure and sharps injuries and incidents; • provision of medical devices that incorporate	Moderate				To ensure that a policy on safe handling & disposal of sharps is developed. This policy should be made readily available for all staff to refer to as a source of reference.			2, 35

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		sharps protection mechanisms where there are clear indications that they will provide safe systems of working for staff; • a policy that is easily accessible and understood by all groups of staff; • safe use, secure storage and disposal of sharps; and • auditing of policy compliance								
2	**Are sharps containers that conform to BS 7320 and UN3291 available in every clinical/consulting area and are they positioned safely; out of reach of vulnerable people?**	M **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to:** Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Safe handling and*	**Moderate - High**				To ensure that all sharps containers are properly assembled and appropriately labelled with a name and date both on assembly and disposal. All sharps			36

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		disposal of sharps Relevant considerations include: • risk management and training in the management of mucous membrane exposure and sharps injuries and incidents; • provision of medical devices that incorporate sharps protection mechanisms where there are clear indications that they will provide safe systems of working for staff; • a policy that is easily accessible and understood by all groups of staff; • safe use, secure storage and disposal of sharps; and • auditing of policy compliance					containers should be positioned safely, that is, above waste level and below shoulder level to minimise risks of accidental injuries.			
3	Are sharps containers discarded when two thirds full	EQR	Moderate				To ensure that used sharps are			35

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	and stored in a secure facility away from public access until collected for disposal?						stored securely so as they cannot be accessed by unauthorised person.			
4	Is blood sampling undertaken by using a 'Sharp Safe' single-use vacuum blood collection system?	EQR	Moderate				To ensure staff are safe from needle-stick injury.			37, 38, 39, 40, 41, 44
5	Is Aseptic Non-Touch Technique (ANTT) used when performing venepuncture?	EQR	Moderate				To prevent contamination of the venepuncture site.			42, 43
6	Are sharps used for taking blood from patients at home/care home disposed of in to an appropriate sharps container which is returned to the surgery for safe disposal?	EQR	Moderate				To ensure that used sharps are disposed of in appropriate sharps containers in order to prevent accidental injuries.			35
7	Is there evidence that the practice has undertaken a review of sharps management within the practice and employed 'safer sharps' techniques where applicable?	EQR	Moderate Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees:				To minimise the risk of needle-stick injury.			44

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
			Use safer sharps (incorporating protection mechanisms) – regulation 5(1)(b) The employer must substitute traditional, unprotected medical sharps with a 'safer sharp' where it reasonably practicable to do so. The term 'safer sharp' means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use.							
8	**Are sharps containers assembled according to manufacturer's instructions and labelled in accordance with legal requirements?**	M **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015)** requires registered provider to: Have and adhere to	**Moderate** As detailed in HTM 07-01: Each container must be labelled in accordance with				To ensure that all sharps containers are properly assembled and appropriately labelled with a			45

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Safe handling and disposal of sharps* Council Directive 2010/32/EU (2010)	the details of the legal requirements for transporting and packaging the waste (the container should be tagged or labelled in a manner that identifies the individual producer).				name and date both on assembly and disposal.			
9	Are staff encouraged to wear gloves when undertaking venepuncture?	EQR & E	Moderate				To ensure a clean and safe medium when undertaking venepuncture and to minimise the risk of infection during an inoculation injury.			37, 41
10	Are staff aware of the correct procedure to follow after a needle stick injury, other sharps or blood splash exposure?	M Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations	Moderate				To ensure staff are aware of procedure to follow after a needle stick injury, other sharps or blood splash exposure.			46

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		that will help to prevent and control infections. *Section g. Management of occupational exposure to BBVs and post-exposure prophylaxis* Management should ensure: • that any member of staff who has a significant occupational exposure to blood or body fluids is aware of the immediate action required and is referred appropriately for further management and follow-up; • provision of clear information for staff about reporting potential occupational exposure – in particular the need for prompt action following a known or potential exposure to HIV or hepatitis B; and • arrangements for post-exposure prophylaxis for								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		hepatitis B and HIV								
11	Are posters available which show staff the emergency algorithm to follow in case of a sharp injury and is it up to date?	EQR	Moderate				To ensure staff are aware of procedure to follow in the event of needle-stick injury			46

Section 8: Waste Management Policy and Procedures

Standard: Waste is managed safely and in accordance with legislation to minimise the risk of infection or injury to patients, staff and the public.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have a policy on waste management?	M Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section P: Safe handling*	Moderate HTM 07-01: Waste can only be handed to such authorised persons as registered carriers, permit/ licence holders or someone who is exempt from either being a registered carrier or operating under a permit/				To ensure that a policy on waste management is developed. This policy should be made readily available for all staff to refer to as a source of reference.			1, 2, 3, 4, 5, 6, 18, 35

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		and disposal of waste The risks from waste disposal should be properly controlled. In practice, in relation to waste, this involves: • assessing risk; • developing appropriate policies; • putting arrangements in place to manage risks; • monitoring, auditing and reviewing the way in which arrangements work; and • being aware of statutory requirements and; legislative change and managing compliance Precautions in connection with handling waste should include: • training and information (including definition and classification of waste); • personal hygiene;	licence.							

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		• segregation and storage of waste; • the use of appropriate personal protective equipment; • immunisation; • appropriate procedures for handling such waste; • appropriate packaging and labelling; • suitable transport on-site and off-site; • clear procedures for dealing with accidents, incidents and spillages; and • appropriate treatment and disposal of such waste Systems should be in place to ensure that the risks to service users from exposure to infections caused by waste present in the environment are properly								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		managed, and that duties under environmental law are discharged. The most important of these are: • duty of care in the management of waste; • duty to control polluting emissions to the air; • duty to control discharges to sewers; • obligations of waste managers; • collection of data and obligations to complete and retain documentation including record keeping; and • requirement to provide contingency plans and have emergency procedures in place								
2	Is there documentary evidence to show that all clinical waste (including sharps containers) is disposed of by a registered waste collection	M HTM 07-01: Safe Management of Healthcare Wastes.	Moderate				To ensure appropriate arrangements are in place in the collection			47

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	company?	Waste can only be handed to such authorised persons as registered carriers, permit/ licence holders or someone who is exempt from either being a registered carrier or operating under a permit/ licence.					and disposal of waste.			
3	Are records of waste transfer and disposal arrangements kept and stored in accordance with the EPA 1990?	EQR	Moderate As detailed in HTM 07-01				To ensure evidence of good practice and to comply with HTM 07-01 requirements.			47
4	Are there easily accessible and compliant foot-operated &fully enclosed clinical waste bins, with the appropriate colour coded bag (yellow or orange) available, in each clinical area? (E.g. the foot operation is in working order)?	EQR	Moderate As detailed in HTM 07-01				To ensure that all clinical waste bins lidded and the waste bin liners are completely enclosed. The clinical waste bins should also be fire rated.			35
5	Is clinical and domestic waste	EQR	Moderate				To ensure			35

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	correctly segregated (clinical waste in yellow or orange bags, according to waste regulations and domestic waste in black bags)?		As detailed in HTM 07-01				proper segregation and disposal of waste as per HTM 07-01 requirements.			
6	Are clinical waste bags marked with the practice code when securing for disposal?	EQR	Moderate Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section P: Safe handling and disposal of waste.*				To ensure traceability of the waste being produced.			35
7	Are waste bags less than 2/3 full and securely tied?	EQR	Low				To prevent spillage and overflowing of waste.			47
8	Where clinical waste is not collected directly from clinical areas, is it stored in a separate, secure area for	EQR	Low				Where clinical waste is not collected			47

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	waste which is kept clean and tidy and secure from vermin and/or other inappropriate/extraneous items?						directly from clinical areas, it should be stored securely and safely. To ensure that the clinical waste bin is always kept locked and all clinical waste sacks and sharps containers are securely stored within the waste bin.			
9	Are staff encouraged to report all incidents (including near misses) to the designated infection control lead at the practice?	EQR	Low				To promote learning and improve the system.			47

Section 9: Management of Specimens

Standard: All specimens will be collected packaged and transported safely in approved containers in line with recognised standards – Packaging Instruction 650 and 621 and requirements of UN3373 or UN3291 to minimise the risk of cross infection.

	Questions	M= Mandatory EQR= EQR E= Educational		Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have a policy or procedure for specimen handling?	M Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations	Moderate				To ensure that a policy or procedure for specimen handling is developed. This policy should be made readily available for all staff to refer to			6

	Questions	M= Mandatory EQR= EQR E= Educational		Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		that will help to prevent and control infections. *Section Q: Packaging, handling and delivery or laboratory specimens* Biological samples, cultures and other materials should be transported in a manner that ensures that they do not leak in transit and are compliant with current legislation. Staff who handle samples must be aware of the need to correctly identify, label and store samples prior to forwarding to laboratories. In addition, they must be aware of the procedures needed when the container or packaging becomes soiled with body fluids.					as a source of reference.			
2	Where applicable are specimens stored in a dedicated refrigerator (not with food, vaccines or	EQR	Moderate				To ensure arrangements are in place to avoid cross			48

	Questions	M= Mandatory EQR= EQR E= Educational		Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	medicines)?						contamination			
3	Are arrangements for specimen testing appropriate in consulting rooms?	EQR	Moderate				To ensure arrangements are in place to avoid cross contamination			48
4	Are staff aware of the appropriate way to handle and transport specimens?	EQR & E	Moderate				To ensure that staff are aware of the appropriate way to handle and transport specimens.			49, 50

Section 10: Decontamination of medical devices

Standard: All medical devices are decontaminated in a safe and appropriate manner to minimise the risk of infection and cross-infection.

Note: Medical devices include not only surgical instruments but a wide variety of other equipment such as dressing trolleys, BP cuffs and baby scales. A risk assessment needs to be carried out on each medical device to ensure that the appropriate level of decontamination is carried out. For those in the high or medium risk categories cleaning and sterilisation must be carried out (e.g. autoclaving). For those in the lowest risk category cleaning or cleaning plus disinfection are needed depending on circumstances

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have a policy which outlines the	M Criterion 9 of The Health	Moderate				To ensure that a policy which			*1.*

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	decontamination processes the GP Practices use for all medical devices?	& Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *j. Decontamination of reusable medical devices* • Decontamination involves a combination of processes and includes cleaning, disinfection and sterilisation, according to the intended use of the device. This aims to render a reusable item safe for further use on service users and for handling by staff; • Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service					outlines the decontamination processes the GP Practices use for all medical devices is developed. This policy should be made readily available for all staff to refer to as a source of reference.			

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		users or their body fluids. There should be a system to protect service users and staff that minimises the risk of transmission of infection from medical devices. This requires that the device or instrument set can be clearly linked in a traceable fashion to the individual process cycle that was used to decontaminate it, such that the success of that cycle in rendering the device safe for reuse can be verified; • Reusable medical devices should be decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This must ensure that the device complies with the 'Essential Requirements' provided in the Medical Devices Regulations 2002 where applicable. This requires that the device								

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		should be clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point of use; • Management systems should ensure adequate supplies of reusable medical devices, particularly where specific devices are essential to the continuity of care; • Reusable medical devices employed in invasive procedures, for example, endoscopes and surgical instruments have to be either individually identifiable or identified to a set of which they are a consistent member, throughout the use and decontamination cycle in order to ensure subsequent traceability; • Systems should also be implemented to enable the identification of								

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		service users on whom the medical devices have been used; • Decontamination of single-patient use devices, i.e. that equipment designated for use only by one patient, should be subject to local policy and manufacturer's instructions								
2	Does the practice use single use surgical instruments?	EQR	Moderate				To avoid transmission and cross infection.			53
3	Does the practice use an accredited external sterile supply service for re-usable surgical instruments and devices that need to be sterile at the point of use?	EQR	Moderate - High				To avoid transmission and cross infection.			53
4	Are all medical devices stored appropriately and above floor level to avoid contamination?	EQR	Moderate				To ensure that all medical devices are stored appropriately in order to prevent the risk of contamination.			54
5	Are all items of sterile equipment within their use-by date?	EQR	High All sterile instruments should be in date to				All sterile instruments should be in date			53

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
			maintain patient safety. Single use instruments should be discarded immediately after use. In the event that unused instrument packs are damaged, they should still be immediately discarded, because they have lost their sterile properties. A strict protocol should be maintained for checking sterile instruments and equipment for their use by date. Those that have exceeded their use by date should be disposed of immediately.				to maintain patient safety. Single use instruments should be discarded immediately after use. In the event that unused instrument packs are damaged, they should still be immediately discarded, because they have lost their sterile properties. A strict protocol should be maintained for checking sterile instruments and equipment for their use by date. Those that have exceeded their use by date should be disposed of			

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							immediately. To ensure that a stringent process for checking expiry dates of sterile items is put in place and that all staff members follow that protocol.			
6	**Are all items of equipment that come into contact with patients cleaned or decontaminated according to guidelines or are disposed of after each use?**	M **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires** registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *j. Decontamination of reusable medical devices*	**Moderate – High** This depends on the re-usable instruments being shared, the decontamination process and also the procedure that these instruments are being used for.				To ensure that all items of equipment that come into contact with patients cleaned or decontaminated according to guidelines or are disposed of after each use in order to prevent cross infection.			26
7	**Is there a cleaning schedule/check list maintained for all items requiring cleaning?**	EQR	**Moderate**				To ensure that a cleaning schedule/check list is maintained for all items/medical equipment			26

	Questions	M= Mandatory EQR=EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							requiring cleaning, such as peak flow meter, nebulisers, ear syringe, spirometer, and other including blood pressure cuffs.			

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Section 11: Clinical Rooms
Standard: The environment is designed and managed to minimise reservoirs for micro-organisms and reduce the risk of cross infection to patients, staff and visitors.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Are all clinical rooms and all work surfaces clean and free from extraneous items?	M Criterion 2 of The Health and Social Care Act 2008 (Amended 2015) requires all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate - High				To provide a safe and clean environment for the service user.			17, 19
2	Is flooring impervious to liquids, non-slip, intact and clean?	EQR	Moderate				Floor in clinical rooms should seamless and without joints and the edges with the walls should be either sealed or continuous to the walls with a coved edge. Carpets are not recommended for use in healthcare environment used by patients due to risks of contamination and spillage.			17, 19

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
3	Does the flooring form a coved skirting (i.e. uplifted at the edges on to the walls) OR is the gap between the floor and the skirting sealed and is the seal maintained?	EQR	Moderate				To avoid build-up of dust and to facilitate cleaning.			55
4	Are walls and ceilings clean, dry and free from visible defects (no cracks, peeling paintwork) and have smooth easy to clean surfaces?	EQR	Moderate – High Walls in clinical areas should be smooth without cracks or joints and easy to clean. If there are textured wall paper in clinical rooms, these should be removed and the walls made smooth. Clinical room affected by damp and mould will pose a higher risk of cross infection if the room is being used for certain invasive procedures.				Walls in clinical areas should be smooth without cracks or joints and easy to clean. If there are textured wall paper in clinical rooms, these should be removed and the walls made smooth. Clinical room affected by damp and mould will pose a higher risk of cross infection if the room is being used for certain invasive procedures.			55
5	Is there an examination couch with an intact, impervious cover and single use roller paper available for use?	EQR	Moderate				All furniture in the Practice should be suitable for its use, (e.g. impermeable /			17, 56, 57

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							washable materials). To ensure that the examination couch is repaired with an impervious cover.			
6	Is the examination couch fitted with a paper roll holder?	E	Low				To ensure that paper roll holder is fitted on examination couches and that paper rolls are placed on their respective paper roll holders to minimise risks of the paper rolls being left on the floor.			17
7	Are there sufficient work surfaces and dressing trolleys of smooth, impervious and cleanable material?	EQR	Low				To ensure the risk of contamination is minimised.			56, 57
8	Are all treatment surfaces in the room cleaned every working day with hot water and detergent or detergent wipes in accordance with written practice cleaning schedules?	EQR	Moderate				To ensure the service users are cared for in a clean environment with minimum risk of contamination/ cross infection.			56, 57

Produced by NHS England London Region and NEL in collaboration with the London Wide Local Medical Committees and Surrey and Sussex Local Medical Committees

Section 12: Vaccine Storage and Cold Chain
Standard: Vaccines are stored and transported safely.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have an up to date cold chain policy (reviewed within the last two years) as per the standards of the Green Book and is this accessible to all staff?	M Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	High				To ensure that an up to date cold chain policy (reviewed within the last two years) as per the standards of the Green Book is developed. This policy should be made readily available for all staff to refer to as a source of reference.			58, 59
2	Is there a designated person/s (at least two recommended) in the practice responsible for the ordering, delivery and storage of vaccines?	EQR	Moderate As detailed in Chapter 3 of The Green Book.				To ensure continuity in the safe delivery of care and maintenance of the Cold Chain responsibility.			58, 59
3	Are vaccines monitored for their expiry dates and the close to expiry stocks clearly labelled?	EQR	Moderate As detailed in Chapter 3 of The Green Book.				To ensure continuity in the safe delivery of care and maintenance of the Cold Chain responsibility.			58, 59
4	Is the refrigerator specialised for the storage of vaccines (eg. the refrigerator has wire	M As detailed in Chapter 3 of The Green Book.	Moderate As detailed in Chapter				To ensure that the practice follow the			58, 59, 62

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	shelves/baskets or shelves capable of allowing air ventilation, there are no vaccines stored in enclosed plastic trays at bottom of refrigerator, domestic type refrigerators are not recommended)?		3 of The Green Book.				standards set out in the Green Book (DH, 2010). Vaccine fridges should be dedicated for vaccine use only.			
5	Are vaccines correctly stored to allow good air flow within the vaccine refrigerator? (eg. vaccines are not stored against the back plates, touching the side of the fridge, at bottom of fridge or in vegetable bins and not stored in containers that are not webbed baskets)?	EQR	Moderate As detailed in Chapter 3 of The Green Book.				The air flow within the vaccine fridge should not be disrupted by any means. Vaccines should be placed in such a way which will allow air to flow within them to maintain a constant temperature. Good air circulation around a vaccine storage unit is essential for proper cooling functions. A storage unit should be well-			58, 59

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							ventilated with space around the sides and top. Vaccines should not be stored in any integral enclosed plastic trays. These prevent the circulation of cool air and may lead to warming of vaccines. (HPS Scotland, vaccine-storage-handling-2013)			
6	Are there measures in place to prevent the fridge from being turned off (switch-less socket or warning label on plug)?	EQR	Moderate As detailed in Chapter 3 of The Green Book.				The vaccine fridge should be directly wired / fused spur to the main electrical supply (The Green Book). The use of multiple plug extension is not recommended.			58, 59, 60
7	Is/Are the vaccine fridge/s	EQR	Moderate				To ensure that			58

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	located in a well-ventilated area. (eg. not located near any heat source, ie radiator, or direct sunlight)?		As detailed in Chapter 3 of The Green Book.				the vaccine fridge is not affected by external heat sources.			
8	Is the temperature of the vaccine fridge continually monitored with a min/max thermometer and the temperatures are recorded each working day to ensure vaccines are maintained at 2-8^{O}C? (Min, max and actual fridge temperatures are recorded)? (*It is best practice to record the temperatures twice daily*)	M As detailed in Chapter 3 of The Green Book.	Moderate As detailed in Chapter 3 of The Green Book.				Temperature recordings on the vaccine fridge should include minimum and maximum temperatures as well as actual temperatures. Vaccine fridge thermometers should be reset on a daily basis. Daily resetting of the thermometer and any out of range temperatures should be documented. To ensure that the correct template is available for recording all the			58, 61

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							parameters of vaccine fridges as recommended in the GREEN BOOK. To ensure that all members of staff are aware of the correct way of recording temperatures and resetting the fridge thermometers.			
9	Does the practice has a maintenance contract that allows for at least yearly servicing, calibration of the temperature gauge?	EQR	**Moderate** As detailed in Chapter 3 of The Green Book.				To ensure that a maintenance contract that allows for at least yearly servicing, calibration of the temperature gauge. All records must be kept for a minimum of 2 years.			58, 59
10	Is a second min/max thermometer or Data Logger temperature recording device, independent of mains electricity supply available and used?	EQR	**Moderate** As detailed in Chapter 3 of The Green Book.				A second battery operated thermometer is recommended for benchmarking temperatures and should there be a			58, 59

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							power cut. According to The Green Book a data logger is recommended for that purpose.			
11	Is the fridge either self-defrosting or is it defrosted monthly or sooner if needed and a validated cool box is then used to maintain the cold chain?	EQR	**Moderate** As detailed in Chapter 3 of The Green Book.				To ensure that there is no build-up of ice which can affect the vaccines and alter the fridge temperature.			60
12	Is there a process in place for safe disposal of expired, damaged or surplus vaccines?	EQR	**Moderate** It is a requirement of the HTM 07-01: Safe management of Healthcare waste.				To ensure that medicinal wastes are disposed of in accordance with HTM 07-01: Safe management of Healthcare waste.			58
13	Does the practice have records of vaccines received, batch numbers, expiry dates, fridge temperatures, servicing and defrosting of the fridge?	EQR	**Moderate** As detailed in Chapter 3 of The Green Book.				To ensure that records of vaccines received, batch numbers, expiry dates, fridge temperatures, servicing and defrosting of the			58, 59, 62

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							fridge are kept.			
14	Is there accessible written guidance on what staff should do in the event of a power cut or a temperature reading outside the required range?	EQR	Moderate As detailed in Chapter 3 of The Green Book.				To ensure that written guidance is available on what staff should do in the event of a power cut or a temperature reading outside the required range.			58, 59, 62

Section 13: Notification of infectious diseases and contamination
Standard: All notifiable diseases are reported on suspicion, within the time frames set out in the Health Protection (Notification) Regulations 2010

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Does the practice have a policy on managing patients with communicable diseases?	M **Criterion 9 of The Health & Social Care Act 2008 (Updated 2015)** requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section d. Isolation of service users with an infection (see also criterion 7)* • The isolation policy should be evidence based and reflect local risk assessment;[1] • Indications for isolation should be included in the policy, as should procedures for the infection prevention and control management of service users in isolation;	Moderate				To ensure that a policy on managing patients with communicable diseases is developed. This policy should be made readily available for all staff to refer to as a source of reference.			63

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		• Information on isolation should be easily accessible and understood by all groups of staff, service users and the public								
2	Does the practice notify all reportable infectious disease on suspicion to the proper officer at the local authority?	M Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section d. Isolation of service users with an infection (see also criterion 7).*	Moderate				To ensure that all reportable infectious disease on suspicion to the proper officer at the local authority.			63
3	Does the practice have access to notification forms?	EQR	Moderate				To ensure that practice staff have access to notification forms.			63
4	Does the practice notifying gastro intestinal disease (food poisoning) on suspicion?	EQR	Moderate				To ensure that the practice notifying gastro			63, 64

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							intestinal disease (food poisoning) on suspicion.			
5	Does the practice notify Gastro intestinal disease (food poisoning) when stool specimen results are received from the microbiology laboratory?	EQR	Moderate				To ensure that the practice notify Gastro intestinal disease (food poisoning) when stool specimen results are received from the microbiology laboratory.			64
6	Is the practice aware of the new requirements to notify cases of contamination and other diseases which may have public health significance that are not listed in the regulations?	EQR	Moderate				To ensure that practice staff are aware of the new requirements to notify cases of contamination and other diseases which may have public health significance that are not listed in the regulations.			63

Section 14: Antimicrobial Stewardship (AMS)
Standard: Prescribers are aware of the relevant guidelines and regularly audit their own, and discuss in practice meetings, their antibiotic prescribing patterns. GPs are aware of TARGET: Treat Antibiotics Responsibly. Guidance, Education, Tool.

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Are GP prescribers in the practice aware of the TARGET toolkit?	EQR H&SC Act 2008 – Criterion 3 Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. Antimicrobial prescribing should follow local policies and national guidance such as PHE primary care guidance: Managing common infections; guidance for primary care and TARGET. Evidence to demonstrate adoption and adherence to policies and guidelines should be available to commissioners.	Moderate				To ensure that all GP prescribers in the practice are aware of the TARGET toolkit.			65
2	Have all GP prescribers	EQR	Moderate				To ensure that all			66

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	completed the Antimicrobial Stewardship Self-Assessment Checklist available in TARGET? (Give number of GP prescribers using the self-assessment checklist against those who do not) _____ / _____						GP prescribers completed the Antimicrobial Stewardship Self-Assessment Checklist available in TARGET.			
3	Is the document "Antimicrobial prescribing and stewardship competencies" available and/or has it been read by prescribers in the practice? (Give number of prescribers who are aware of this document against those who are not) _____ / _____	EQR	Low				To ensure that the document Antimicrobial prescribing and stewardship competencies" is available and/or has it been read by prescribers in the practice.			67
4	Are all the prescribers in the Practice aware of the Public Health England AMR local indicators?	EQR	Moderate				To ensure that all the prescribers in the Practice aware of the Public Health England AMR local indicators.			68
5	Is the practice aware of how they may access their antibiotic prescribing data online?	EQR	Low				To ensure that practice aware of how they may access their antibiotic prescribing data online.			69
6	Are all prescribers in the practice aware of the NICE	EQR	Low				To ensure that all prescribers in the			70

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	guidelines on AMS.						practice aware of the NICE guidelines on AMS.			
7	Do all prescribers give information to their service users of how they should correctly use antimicrobial medicines and the dangers associated with their overuse and misuse?	EQR	Low				To ensure that all prescribers give information to their service users of how they should correctly use antimicrobial medicines and the dangers associated with their overuse and misuse.			71
8	Are all prescribers aware of the UK's 5-year Antimicrobial Resistance Strategy?	E	Low				To ensure that all prescribers are aware of the UK's 5-year Antimicrobial Resistance Strategy.			72
9	Does the practice actively participates in the European Antibiotic Awareness Day/Week (EEAD) held in November each year?	E	Low				To ensure that the practice actively participates in the European Antibiotic Awareness Day/Week (EEAD) which is held in November.			73
10	Are all clinical staff in the Practice aware of the PHE Antibiotic Guardian campaign?	E	Low				To ensure that all clinical staff in the Practice aware of the PHE Antibiotic Guardian campaign.			74
11	Does the practice have an	E	Moderate				To ensure that			81

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	identified sepsis lead / link?						there is an identified sepsis lead/ link in the practice.			
12	Are clinicians/GPs aware of and/or have received training in identifying sepsis?	EQR	Moderate				To ensure that clinicians/ GPs have been trained in identifying sepsis.			82
13	Does the practice promote the use of the GRASP Fever Audit tool?	E	Moderate				To ensure that the practice promote the use of the GRASP Fever Audit tool.			83
14	Does the practice make use of the National Early Warning Signs (NEWS) tool to assess adults for sepsis and the Paediatric Early Warning Signs (PEWS) tool to assess children?	EQR	Moderate				To ensure that the practice make use of the National Early Warning Signs (NEWS) tool to assess adults for sepsis and the Paediatric Early Warning Signs (PEWS) tool to assess children.			84

Section 15: Minor Surgery rooms

Standard: The environment is designed and managed to minimise reservoirs for micro-organisms and reduce the risk of cross infection to patients, staff and visitors

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
1	Is there is a dedicated room for minor surgery (for practices performing level 3 minor surgery) or is the clinical room of sufficient standard for undertaking level 2 minor surgery?	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	High The risk depends on the level of minor surgical procedures being undertaken.				To ensure that minor surgery (level 2 & 3) are carried out in a dedicated room.			55
2	Are all sterile packs and other equipment stored appropriately and is there adequate storage space?	M for Level 2 & 3 minor surgery Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent	Moderate				To ensure that all sterile packs and other equipment stored appropriately.			19, 75, 76

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		and control infections. *j. Decontamination of reusable medical devices* • Decontamination involves a combination of processes and includes cleaning, disinfection and sterilisation, according to the intended use of the device. This aims to render a reusable item safe for further use on service users and for handling by staff; • Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service users or their body fluids. There should be a system to protect service users and staff that minimises the risk of transmission of infection from medical devices. This requires that the device or								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		instrument set can be clearly linked in a traceable fashion to the individual process cycle that was used to decontaminate it, such that the success of that cycle in rendering the device safe for reuse can be verified; • Reusable medical devices should be decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This must ensure that the device complies with the 'Essential Requirements' provided in the Medical Devices Regulations 2002 where applicable. This requires that the device should be clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		of use; • Management systems should ensure adequate supplies of reusable medical devices, particularly where specific devices are essential to the continuity of care; • Reusable medical devices employed in invasive procedures, for example, endoscopes and surgical instruments have to be either individually identifiable or identified to a set of which they are a consistent member, throughout the use and decontamination cycle in order to ensure subsequent traceability; • Systems should also be implemented to enable the identification of service users on whom the medical devices have been used; • Decontamination of single-patient use								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		devices, i.e. that equipment designated for use only by one patient, should be subject to local policy and manufacturer's instructions								
3	Is the practice using disposable single use instruments, supplied by a recognised manufacturer of sterile disposable instruments*?* *If the answer is 'No' the practice should contact the local IPC advisors for advice.*	M for Level 2 & 3 minor surgery Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *j. Decontamination of reusable medical devices* • Decontamination involves a combination of processes and includes cleaning, disinfection and sterilisation, according to the intended use of the device. This aims to	Moderate				To ensure that all disposable single use instruments, supplied by a recognised manufacturer of sterile disposable instruments.			40, 54

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		render a reusable item safe for further use on service users and for handling by staff; • Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service users or their body fluids. There should be a system to protect service users and staff that minimises the risk of transmission of infection from medical devices. This requires that the device or instrument set can be clearly linked in a traceable fashion to the individual process cycle that was used to decontaminate it, such that the success of that cycle in rendering the device safe for reuse can be verified; • Reusable medical devices should be								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This must ensure that the device complies with the 'Essential Requirements' provided in the Medical Devices Regulations 2002 where applicable. This requires that the device should be clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point of use; • Management systems should ensure adequate supplies of reusable medical devices, particularly where specific devices are essential to the continuity of care; • Reusable medical devices employed in invasive procedures, for								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		example, endoscopes and surgical instruments have to be either individually identifiable or identified to a set of which they are a consistent member, throughout the use and decontamination cycle in order to ensure subsequent traceability; • Systems should also be implemented to enable the identification of service users on whom the medical devices have been used; • Decontamination of single-patient use devices, i.e. that equipment designated for use only by one patient, should be subject to local policy and manufacturer's instructions								
4	Where applicable, is an accredited external sterile supply service used for re-usable surgical instrument that need to be sterile at the point	M for Level 2 & 3 minor surgery Criterion 9 of The Health & Social Care Act 2008	High				To ensure that where re-usable surgical instrument are used, these are supplied by an			40, 54

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	of use? If a GP contractor wishes to have advice about in-house decontamination arrangements, they should contact NEL to establish what this would entail, together with the associated monitoring.	(Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *j. Decontamination of reusable medical devices* • Decontamination involves a combination of processes and includes cleaning, disinfection and sterilisation, according to the intended use of the device. This aims to render a reusable item safe for further use on service users and for handling by staff; • Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service					accredited external sterile supply provider.			

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		users or their body fluids. There should be a system to protect service users and staff that minimises the risk of transmission of infection from medical devices. This requires that the device or instrument set can be clearly linked in a traceable fashion to the individual process cycle that was used to decontaminate it, such that the success of that cycle in rendering the device safe for reuse can be verified; • Reusable medical devices should be decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This must ensure that the device complies with the 'Essential Requirements' provided in the Medical Devices Regulations 2002 where applicable. This requires that the device								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		should be clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point of use; • Management systems should ensure adequate supplies of reusable medical devices, particularly where specific devices are essential to the continuity of care; • Reusable medical devices employed in invasive procedures, for example, endoscopes and surgical instruments have to be either individually identifiable or identified to a set of which they are a consistent member, throughout the use and decontamination cycle in order to ensure subsequent traceability; • Systems should also be implemented to enable								

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		the identification of service users on whom the medical devices have been used; • Decontamination of single-patient use devices, i.e. that equipment designated for use only by one patient, should be subject to local policy and manufacturer's instructions								
5	**Is the minor surgery room clean and free from extraneous items?**	**M** H&SC Act 2008 – Criterion All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	**High**				All areas including clinical areas should be visibly clean and free from extraneous items. Clutter allow dust and dirt to settle and may hinder adequate cleaning. To ensure that a thorough cleaning of high level surfaces as well as low level surfaces is undertaken. This type of cleaning should be carried out on a regular			77

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							basis to minimise dust and dirt accumulation.			
6	Are walls in good condition (no cracked, damaged or peeling paintwork or rough surface finishes), intact and have smooth easy-to-clean surfaces?	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate - High. The risk will depend on the type and condition of the wall surfaces. Evidence of damp for example will be considered as a high risk for the minor surgery room.				To ensure that wall surfaces in all clinical areas are smooth without cracks or joints and easy to clean. Any damage/ cracks on wall surfaces in the minor surgery room should be repaired and made smooth.			77
7	Is flooring impermeable, intact and have continuous edging coved up the walls?	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate				Floor in the minor surgery room should seamless and without joints and the edges with the walls should be either sealed or continuous to the walls with a coved edge.			19, 77
8	Are ceilings intact and free from visible cracks or visible defects?	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the	Moderate				Ceilings in the minor surgery room should be intact and free from visible cracks and defects.			35

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		purpose, kept clean and maintained in good physical repair and condition.								
9	Are ceiling lights protected / enclosed from potential contamination?	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate				Ceiling light in the minor surgery room should be protected / enclosed to minimise risks from potential contamination. To ensure that the ceiling light is enclosed.			35
10	Does the room have adequate ventilation - natural or mechanical (no desktop fans)? *For level 3 minor surgery, the room should have mechanical ventilation with a minimum of 10 air exchanges as per current guidelines.*	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate				To ensure that the room where minor surgery is carried out adequately ventilated - natural or mechanical (no desktop fans)? *For level 3 minor surgery, the room should have mechanical ventilation with a minimum of 10 air exchanges as per current guidelines.*			35, 79, 80
11	Is the heat source and pipe work in the room enclosed to	M for Level 2 & 3 minor surgery	Moderate				To ensure that the heat source and			35, 77

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	prevent accumulation of dust and dirt?	H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.					pipe work in the room where minor surgery is performed is enclosed to prevent accumulation of dust and dirt.			
12	Is the treatment couch intact and is protected with disposable paper towel that is changed after each patient?	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate				To ensure the service users are cared for in a clean environment with minimum risk of contamination/ cross infection.			78
13	Are all work surfaces intact, smooth, and impervious easy to clean and are able to withstand cleaning with chemical disinfectants?	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate				To ensure that all work surfaces are intact, easy to clean, smooth and impervious to fluids. All surfaces should be able to withstand cleaning with chemical disinfectants.			
14	Are all wall cabinets intact with doors? (open shelves are not	EQR	Moderate				To ensure that all wall mounted			17, 19

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	recommended, wall cabinets should continue to ceiling level or have sloped tops).	H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.					cabinets are either continuous to the ceiling or have sloped top. All open shelving should be removed in order to minimise dust settlement.			
15	Does the clinical hand wash basin conforms to current recommended guidance (HTM 00-10; HBN 00-09) with the following available facilities: • Elbow, foot operated mixer taps • No swan neck fittings on taps • Thermostatically controlled hot / cold water • Free from sink plugs and overflows • Water from the tap does not drain directly into the drainage outlet • Hand hygiene facilities are intact.	M for Level 2 & 3 minor surgery H&SC Act 2008 – All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	Moderate				To ensure that all clinical hand washing sinks have taps with elbow or wrist lever operated mixer taps. - Taps with swan neck faucet is not compliant with current infection control guidance as they do not empty completely. - Hot water for hand washing sinks should be thermostatically in order to prevent scalding from hot water. - Clinical hand washing sinks with			35, 77

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
							overflow are non-compliant because the tube that connects the overflow to the drain may contain a number of biofilms which may increase risks of hand contamination.			
16	**Are there wall mounted dispensers for liquid soap and is the liquid soap dispensed via non-refillable cartridges? (Antiseptic hand wash must also be dispensed via wall mounted dispensers and dispensed from non-refillable cartridges)**	**M for Level 2 & 3 minor surgery** **H&SC Act 2008 –** All parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition.	**Moderate**				Liquid soap dispensers should be wall-mounted at all wash-hand basins and be designed to be operated without contamination from the user's hands coming into direct contact with the dispensing mechanism.			**19, 35**
17	**Are there wall mounted dispensers with good quality disposable paper hand towels?**	**M for Level 2 & 3 minor surgery** **H&SC Act 2008 –** All parts of the premises from which it provides care are suitable for the purpose, kept clean and	**Moderate**				Paper towel dispensers should be wall-mounted by all wash-hand basins and be designed to be operated without contamination from			**19, 35**

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		maintained in good physical repair and condition. As detailed in HBN 00-09. The use of paper towels in rolls should be discouraged; they are difficult to tear off without contaminating the remaining roll.					the user's hands coming into direct contact with the dispensing mechanism.			
18	Is the clinical hand wash basin free from re-usable nail brushes?	M for Level 2 & 3 minor surgery	Moderate				Re-usable nail brushes should not be used.			19, 77
19	Are single use sterile and non-sterile gloves available in latex and non-latex nitrile material?	M for Level 2 & 3 minor surgery	Moderate				To ensure that single use sterile and non-sterile gloves are available in latex and non-latex nitrile material.			78
20	Is there is a designated stainless steel trolley available for use in this room only?	M for Level 2 & 3 minor surgery	Moderate				A designated stainless steel trolley should be available for use in this room only.			78
21	Is there a clean clinical waste bin with a foot pedal with waste bag fully enclosed and is it in good operating condition? (Waste bags must not be attached to cupboards /	M for Level 2 & 3 minor surgery HTM 07-01: Management of Healthcare Wastes	Moderate				All clinical waste bins should have a lid and the waste bin liners are completely			78

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
	trolleys etc).						enclosed. The clinical waste bins should also be fire rated.			
22	Do all staff use recommended PPE (including disposable goggles) when splashing of body fluids is anticipated?	M for Level 2 & 3 minor surgery Criterion 9 of The Health & Social Care Act 2008 (Updated 2015) requires registered provider to: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. *Section f. Prevention of occupational exposure to blood-borne viruses (BBVs) including prevention of sharps injuries* Measures to avoid exposure to BBV's (hepatitis B and C and HIV) should include: immunisation against hepatitis B, as set out in *Immunisation against infectious disease*, better known as 'The Green	Moderate				To ensure that all staff use the recommended PPE (including disposable goggles) when splashing of body fluids is anticipated.			78

	Questions	M= Mandatory EQR= EQR E= Educational	Risk level	Yes (✓)	No (✓)	N/A (✓)	Remedial action recommended to resolve problem	Action agreed by the Practice	Action for detailed risk assessment	Ref
		Book' (published by Public Health England); the wearing of gloves and other protective clothing; the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff; and measures to reduce risks during surgical procedures								
23	Are disposable sterile drapes available and used for level 2 and level 3 minor surgeries?	M for Level 2 & 3 minor surgery	Moderate				To ensure that disposable sterile drapes are available and used for level 2 and level 3 minor surgeries.			78
24	Does the GP Practice audit post-operative wound infections and are records kept?	M for Level 2 & 3 minor surgery	Moderate				It is recommended that the Practice audit post-operative wound infections and records are retained.			26, 78

Appendix 3

RISK ASSESSMENT

Risk Management

It is not possible to provide healthcare in a risk free environment, indeed it can be argued that it is in fact undesirable to attempt to function in this way as resources focus on avoiding harm rather than providing benefit.

The challenge of risk management is to identify those significant risks to which the practice is exposed and to put in place appropriate controls to reduce them to an acceptable level while at the same time not compromising the ability of clinicians and other staff to provide effective healthcare.

Ideally, risks will be proactively identified and managed appropriately. Nevertheless, adverse events and 'near misses' will occur and their consequences must be managed. In addition and of equal importance is the analysis of the root cause of any adverse event, the consequent learning and, where appropriate, introducing change to reduce the risk of recurrence of similar adverse events.

Risk management ***can be considered as the systematic processes and procedures that the practice puts in place to ensure that it identifies, assesses, prioritises and takes action to manage risks which compromise its ability to achieve its objectives.***

Risks may be managed in a variety of ways:

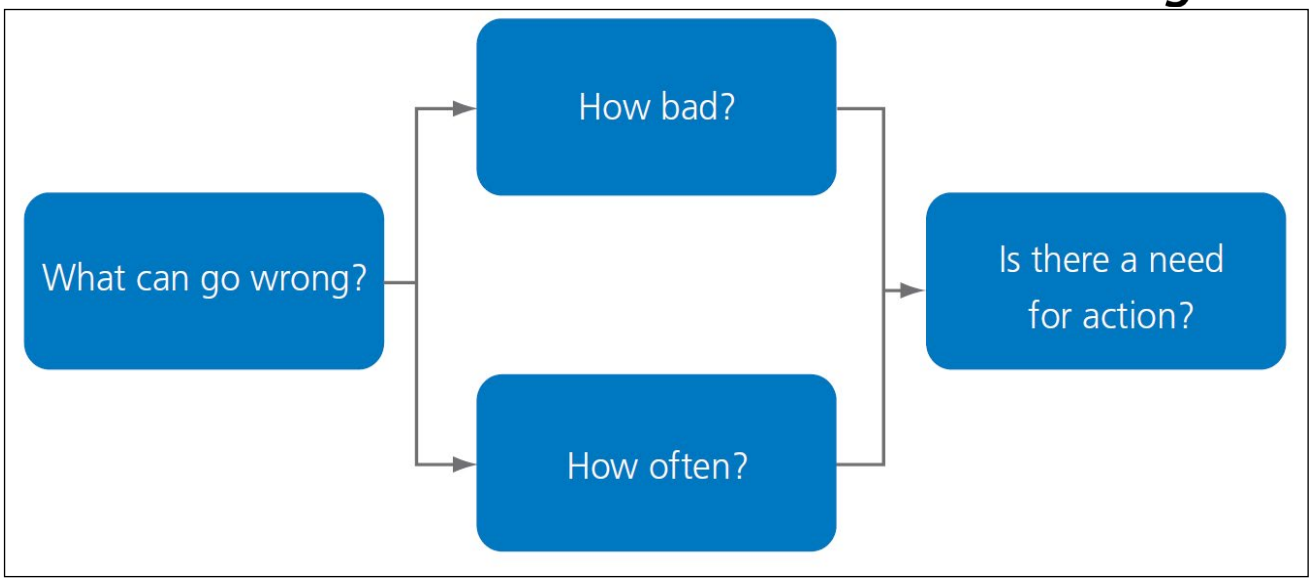
- Reduction: **Taking action to reduce the risk. This will, in many case be the preferred approach. Action taken may reduce the expected impact of realisation (the event happening), the likelihood of occurrence, or both.**
- Avoidance: **Undertaking the activity a different way or not carrying on the activity so as to prevent the risk occurring. It must be remembered that not carrying out an action may itself pose risks which need to be balanced against benefits.**
- Transfer: **Movement of the risk to another individual/organisation. This is 'insurance' or the transfer of some of its serious risks by becoming a member of an appropriate organisation which exists to mitigate risk.**
- Acceptance: **All of the above options are not applicable and a contingency plan is prepared**

Risk assessment

If risks to patient safety and to the organisation of the practice can be identified and assessed, appropriate control measures can often be implemented and maintained.

Risk assessments carefully examine systems to identify factors that could potentially cause or contribute to harm. They highlight whether adequate precautions are being taken to ensure timely and safer provision of care, or if further measures are needed to prevent harm.

A risk assessment seeks to answer four simple, related questions:



Flow Chart from NPSA Risk Assessment Programme

Risks may be identified through a variety of sources both internal and external and practices should take a broad approach to identify as many risks as possible. Risks should be identified at all levels throughout the practice from senior partner and practice manager downwards and identified risks can then be collated and logged to produce a 'risk register'.

Risk Evaluation

Not all risks are of equal importance and using a risk assessment matrix will enable the practice to assess the level of risk based upon measurement of the likelihood and consequence of the occurrence.

The proposed prioritisation tool is based on the National Patient Safety Agency (NPSA) guidance and assigns a risk category (i.e. severity score) to each risk identified which then allows prioritisation of risk and appropriate use of resources.

The following criteria are proposed for evaluation:

- Impact Assessment:
  The effect that realisation of the risk (the event happening) will have on the practice. It must be recognised that an effect which may be severe for an individual may be relatively less significant for the Practice.

- Likelihood:
  The possibility that the identified impact will actually materialise. This assessment will of necessity be subjective but can be guided by common sense and past experience. For example, you may never have had a fire in the practice. It could happen at any time but the likelihood of a fire occurring is very unlikely.

- Risk Rating:
  The product of the impact and likelihood of realisation of a risk. Numerical scores can be used to prioritise risk management resources but all they do is put the risks in some sort of order – a score of 10 does not mean that the risk is twice as bad as a risk rating of 5.

- Assignment of Responsibility:
  What needs to be done and who will be responsible for ensuring that it is done – not necessarily who will do it.

Acceptable Risk

After careful consideration, some risks will be considered acceptable.

Framing a definition of acceptable risk requires consideration of

- **financial costs (of doing or not doing something)**
- **the patient perspective**
- **opportunity costs (the loss of staff and other resources which would otherwise be deployed elsewhere)**
- **reputation (the consequences of adverse publicity)**

Definitions

Risk

Any Practice is liable to adverse events. Such adverse events may have a variety of consequences including direct or indirect financial loss, loss of reputation or failure to achieve the Practice objectives. Adverse events may also compromise its ability to supply safe, effective and timely care to its target population or lead to direct harm to patients or to staff.

Risk ***may be defined as the likelihood of an adverse event occurring.***
The magnitude of the risk is related to the impact and apparent likelihood of the adverse event. The proximity of the adverse event i.e. when the event is likely to impact should also be taken into account in the risk management process.

Risk realisation ***is said to have occurred if/when the risk under consideration materialises.***

An *acceptable risk* is defined as one where at least one of the following is the case:

- ***The consequences of an adverse event occurring are likely to be insignificant*** *OR*
- ***Risk realisation is extremely unlikely*** *OR*
- ***The cost of reducing or eliminating the risk outweighs the cost consequences of risk realisation.***

A risk rating of 6 or less as calculated using the risk matrix tool may indicate an acceptable risk.

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Risk Assessment Matrix

LIKELIHOOD	IMPACT				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Certain	5	10	15	20	25

IMPACT	Description
1 Insignificant	**No injury; no impact on service delivery or reputation of the practice; little or no financial loss.**
2 Minor	**Resulting in minor injury or illness; possible of a slight impact on service delivery.**
3 Moderate	**Temporary incapacity requiring medical treatment; some service disruption; potential for adverse publicity; formal complaint expected.**
4 Major	**Major injury; service restriction; adverse publicity impacting on reputation**
5 Catastrophic	**One or more deaths; national media interest resulting in severe loss of confidence in the Practice.**

LIKELIHOOD	Description
1 Rare	**The risk may occur (or re-occur) but only in exceptional circumstances**
2 Unlikely	**Do not expect the risk to occur (or re-occur) but is possible**
3 Moderate	**The risk might occur (or re-occur) at some time**
4 Likely	**The risk will probably occur (or re-occur)**
5 Certain	**The risk is expected to occur (or re-occur) in most circumstances**

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Action and Assignment of Responsibility

Score	Risk Level	Risk mitigation measures
1 – 3	Low	**On or below this level a risk may be acceptable. Existing controls should be monitored and adjusted. Manage by routine procedure. Implement any action that will eliminate or reduce the risk. Decision to accept risk may be taken by a ...**
4 – 6	Moderate	**On or below this level a risk may be acceptable. Management action must be specified and assurance must evidence that action to reduce or eliminate the risk are effective. Decision to accept risk may be taken by a ...**
8 – 12	High	**Senior level action must be specified and assurance must evidence that action to reduce or eliminate the risk are effective. Establish more precisely the likelihood of harm as a basis for determining the need for improved control measures. Decision to accept risk should be taken by the senior partner/s and/or the business owner/s.**
15 – 25	Significant	**Immediate action needed. Must be referred to the appropriate senior level and an action plan started immediately to reduce the risk level, either by strengthening controls or eliminating the risk. Assurance must be reported to the contract holders. Significant resources may have to be allocated to reduce the risk. Decision to accept risk must be taken by the senior partners/business owner/s.**

Risk Assessment

This form may be used to assist in assessing an incident and recording actions. Please use the Risk Matrix on previous page

Incident details	Impact	Likelihood	Action

Acknowledgements:

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2. **NHS Greenwich – Public Health - Risk Matrix Tool**
3. **Dr Harry Goldingay, Former Director of Governance and Risk. Bromley PCT - Risk Management Strategy.**
4. **Marie Branson, NHS Greenwich, Public Health Dept, Infection Prevention Advisor and**
5. **Esther Dias, NHS Bromley, Public Health Dept, Health Protection Lead Nurse Specialist**

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