

Infection Control Action Plan

Date Of Audit: 06/02/2018
 Address: Second Floor Consulting Rooms
 1-6 Station Road
 Mill Hill
 NW7 2JU
 Client Name: Mill Hill Healthcare
 Agreement Name: ICAT user guide

Corrective Actions

Governance & Documentary Evidence

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Infection prevention and control policy statement should be available which outlines compliance with the Code of Practice (2015).	Code of Practice for the prevention and control of infections 2015 Criterion 9			
The manual should contain policies, procedures and protocols required by the local risk assessment.	Code of Practice for the prevention and control of infections 2015 Criterion 9			
Infection prevention and control policy manual should be reviewed regularly (at least every 2 years) to ensure that all policies are kept up to date and complete.	Code of Practice for the prevention and control of infections 2015 Criterion 9			

Sample

Staff Records

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
There should be a local assessment of staff immunisation requirements.	Immunisation of healthcare & laboratory staff Ch. 12 'The Green Book' DH 2006; Code of Practice for the prevention and control of infections 2015 Criterion 10			

Expertise

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Staff should be aware of how to contact local Infection prevention and control support for advice.	Code of Practice for the prevention and control of infections 2015 Criteria 1, 5 and table 2			
There should be a designated named person as the decontamination lead of clinical equipment/devices.	Code of Practice for the prevention and control of infections 2015 Criterion 2			

Clinical Environment

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Consultation / examination rooms should ONLY be used for low risk clinical procedures and clean tasks only.	HBN 00-03: Clinical and medical spaces 2010; HBN 00-01: Facilities for primary and community care services DH 2013			
Carpet is not appropriate in clinical areas and should be replaced with a washable, impermeable floor surface e.g. vinyl material, which is continuous, non-slip and where possible joint-less.	HBN 00-09: Infection control in the built environment DH 2009; HBN 00-10 Performance requirements for building elements used in healthcare facilities DH 2011 (element 2); HBN 00-10 Part A: Floors			

Environmental cleaning schedules should include low surfaces.	Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleanliness in the NHS: primary care medical and dental premises NPSA 2010			
The frame of the examination/treatment couch should be metal and in a good state of repair and not rusty.	Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleaning in the NHS: primary care medical and dental premises NPSA 2010			
Damaged examination/treatment couches should be replaced or repaired with a wipeable cover.	Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleaning in the NHS: primary care medical and dental premises NPSA 2010			
Privacy curtains should be changed 6 monthly.	HBN 00-09: Infection control in the built environment DH 2013; Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleanliness in the NHS: primary care medical and dental premises NPSA 2010			

Clinical Practice

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Disposable paper should be used to protect the examination/treatment couch.				
Specimens awaiting transfer to the laboratory should be transported in plastic envelopes.	Health Safety Executive: Infectious Diseases and diagnostic specimens; UN classification U 373 Diagnostic Specimens			

Powder-free sterile surgeons gloves should be available in various sizes.	NICE CG 139 Infection 2012; HSE Guidance on regulations for Personal Protective Equipment at Work Regulations 2005; COSHH Regulations 2002			
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Clinical Equipment

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Suitable training must be given to all staff members to ensure they are aware of the 'single use' symbol.	MHRA Single use medical devices: Implications and consequences for re-use MDA DB 2006(04) v2.0 DH 2011; The Medical Devices Regulations 2002; BS EN ISO 15223-1:2012(en) Medical devices			
Sterile medical devices / items should have an expiry date and should be used by that date to ensure sterility.	HBN 00-09: Infection control in the built environment DH 2013; HBN 00-03: Clinical and clinical support spaces 2010			

Hand Hygiene

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Hand washing poster(s) should be available and sited near to at least one clinical hand wash basin as an aid to staff.	World Health Organisation Guidelines on hand hygiene in health care 2009			
Clinical hand wash basins should not be used for disposal of any waste water.	HBN 00-09: Infection control in the built environment DH 2013			

Clinical hand wash basins should not have an overflow.	HBN 00-09: Infection control in the built environment DH 2013; HBN 00-03: Clinical and clinical support spaces DH 2010; HBN 00-10 Part C: Sanitary assemblies DH 2013; HBN 00-10 Perf req for building elements used in healthcare facilities DH 2011			
Clinical wash-hand basins should be wall-mounted using concealed brackets and fixings.	HBN 00-09: Infection control in the built environment DH 2013			

Waste Management

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Waste bags should be placed in a suitable waste bin and not be attached to a trolley/cupboard, etc.	HTM 07-01 Safe management of healthcare waste DH 2013			
Large waste bins which are not lidded should be replaced with a foot operated, lidded waste bin.	HTM 07-01 Safe management of healthcare waste DH 2013; HBN 00-09: Infection control in the built environment DH 2013; Firecode HTM 05-03: Operational Provisions Part F: The prevention and control of arson in NHS healthcare premises DH 2013			
All waste bins should be replaced if corroded, so that the waste bin can be cleaned effectively.	HTM 07-01 Safe management of healthcare waste DH 2013; HBN 00-09: Infection control in the built environment DH 2013; Firecode HTM 05-03: Operational Provisions Part F: The prevention and control of arson in NHS healthcare premises DH 2013			

All waste bins should be kept clean and included in the cleaning schedule.	HTM 07-01 Safe management of healthcare waste DH 2013; HBN 00-09: Infection control in the built environment DH 2013; Firecode HTM 05-03: Operational Provisions Part F: The prevention and control of arson in NHS healthcare premises DH 2013			
All waste bins with a flip-top lid should be replaced with a foot operated, lidded waste bin.	HTM 07-01 Safe management of healthcare waste DH 2013; HBN 00-09: Infection control in the built environment DH 2013; Firecode HTM 05-03: Operational Provisions Part F: The prevention and control of arson in NHS healthcare premises DH 2013			
Waste bins should be labelled with the category of waste or colour coded.	HTM 07-01 Safe management of healthcare waste DH 2013			
Orange/yellow bags should be available for the disposal of clinical/infectious waste, wherever clinical activity takes place.	HTM 07-01 Safe management of healthcare waste DH 2013			
All domestic waste should be placed into black bags for final disposal.	HTM 07-01 Safe management of healthcare waste DH 2013			
Waste bins should be cleaned on the outside immediately after soiling has occurred.	HTM 07-01 Safe management of healthcare waste DH 2013; Revised Healthcare Cleaning Manual HCP 2013; HBN 00-09: Infection control in the built environment DH 2013			
Orange/yellow waste bags should be labelled with source (i.e. location/department, etc) using a label, numbered tag or an indelible pen.	HTM 07-01 Safe management of healthcare waste DH 2013			

Sample

Decontamination of Environment

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Blood and body fluid spillage kit should be available.	Revised Healthcare Cleaning Manual AHCP 2013			
All staff should be aware of the correct procedure to use in event of blood/body fluid spillages.	Revised Healthcare Cleaning Manual AHCP 2013; National specifications for cleaning in the NHS: primary care medical and dental premises NPSA 2010			
Chemical cleaning products must be stored in a locked cupboard or room.	Revised Healthcare Cleaning Manual AHCP 2013; Control of Substances Hazardous to Health Regulations 2002			
Re-usable mop heads are not replaced at least weekly.	Revised Healthcare Cleaning Manual AHCP 2013			
High-speed rotary machines used for floor cleaning should be stored clean and dry after use.	Revised Healthcare Cleaning Manual AHCP 2013			

Vaccine Management including Transport and Storage

Corrective Action	Reference	Evidence of Compliance	Responsibility	Due Date
Food should not be stored in the vaccine fridge.	Immunisation Against Infectious Diseases Ch. 3 Management of Vaccines DH 2011			
The vaccine fridge should or the room in which it is sited should be capable of being locked when not in use or unattended.	Immunisation Against Infectious Diseases Ch. 3 Management of Vaccines DH 2011			

Sample