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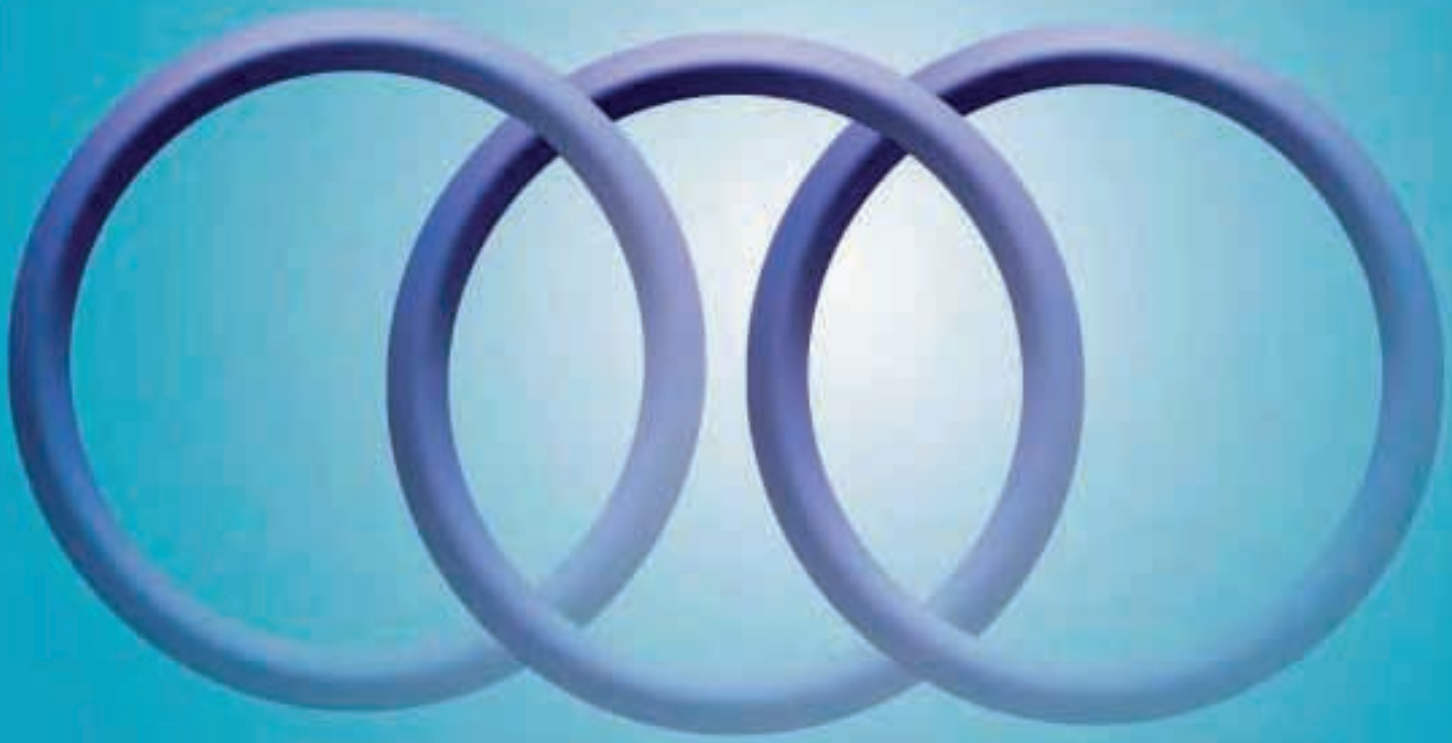

LOCAL SELF-ASSESSMENT AUDIT FOR ASSESSING IMPLEMENTATION OF HTM 01-05: 'DECONTAMINATION IN PRIMARY CARE DENTAL PRACTICES' AND RELATED INFECTION PREVENTION AND CONTROL ISSUES

Working in partnership with the Department of Health

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Document Purpose	Best Practice Guidance
Gateway Reference	13002
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Author	Deaprtment of Health and Infection Prevention Society
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Circulation List	Primary care dental practices, House of Commons Libraries, Strategic Health Authorities, UK Health Departments, Deans of Dental Schools, Postgraduate dental deans
Description	This audit tool has been produced jointly by the Department of Health and the Infection Prevention Society to allow practices to self-assess compliance with HTM 01-05:decontamination in primary care dental practices. It will allow practices to identify areas where they could improve the quality of their decontamination processes to achieve Essential Quality Requirements and deliver best practice, as identified in the guidance document.
Cross Ref	HTM 01-05:decontamination in primary care dental practices
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For Recipient's Use	

FOREWORD FROM THE CHIEF DENTAL OFFICER

The Department of Health is committed to improving the quality of decontamination in primary care dental practices. To this end, we have published guidance in *Health Technical Memorandum 01-05: decontamination in primary care dental practices* and worked with the Infection Prevention Society to produce this audit tool.

The aim of the guidance is to progressively raise standards of local decontamination. We aim to do this by defining the **essential quality requirements** that all practices will need to achieve within the next 12 months and ensuring that practices have plans in place to achieve **best practice** in the quality of local decontamination.

In addition, a PCT-moderated exercise in the form of the Dental National Decontamination Survey is also being conducted in order to strengthen the evidence base for future policy and guidance making. The results from the survey will be additionally used to ensure that the outcomes from local self-audit are valid in the context of national dental practice performance in this area.

It is important that processes and procedures for decontamination used in practice are applied methodically and consistently. This audit tool will help practices in monitoring both clinical practice and environment and allow practices to assess their level of compliance with the guidance. Feedback from the audit results will enable staff to systematically identify where improvements are needed, to minimise risks and to enhance the quality of patient care.

The CD-ROM version, when distributed, will be based on the same question list or set given here. However, unlike this hard-copy version, the CD-ROM version has analytical or scoring devices that can self-generate action plans and list priorities to assist practices in gaining compliance. In addition, a score indicative of practice performance is provided. This score is weighted to emphasise the most important aspects of hygiene and decontamination. The CD-ROM will be sent to all NHS practices as soon as possible.

In the meantime, I welcome and commend this printed audit tool to practices as a means of helping the profession improve the quality of local decontamination in primary dental care.

Barry Cockcroft
Chief Dental Officer (England)

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INTRODUCTION

Auditing clinical practice against infection prevention and control standards is a well-established process to identify risk, improve practice and gain assurance. The audit will demonstrate key quality factors and compliance with policy guidelines and procedures.

The need for audit to be embedded within each healthcare provider is underpinned by the Health and Social Care Act 2008. The Care Quality Commission (CQC) will (subject to parliamentary approval) require primary care dental providers to register by April 2011 in a procedure which will pay due heed to hygiene, decontamination and other infection control procedures.

The Infection Prevention Society (IPS), titled under the name of its forerunner organisation the Infection Control Nurses Association (ICNA), has published audit tools for various settings within both acute and primary care. In consultation with key stakeholders, the Department of Health has collaborated with the IPS to produce this audit tool, which is specific to primary care dental practice.

The audit tool has been developed to measure the two levels of compliance set out in Health Technical Memorandum (HTM) 01-05 – **essential quality requirements** and **best practice** – which allows practitioners to self-assess their practice against the policy and guidance set out within the HTM.

The audit tool is separated into seven standards:

1. Prevention of blood-borne virus exposure;
2. Decontamination;
3. Environmental design and cleaning;
4. Hand hygiene;
5. Management of dental medical devices – equipment and dental instruments;
6. Personal protective equipment; and
7. Waste control.

Following consultation, there has been some minor amendments to the original web-based version that was published in August 2009. This printed copy of the audit tool has been produced to

enable practices to early assessment of compliance. Some questions, however, deal with broader issues of infection prevention and hygiene extending beyond the scope of the HTM. These questions, although not directly referenced in HTM 01-05, have been included as they are considered good practice and are compatible with sound hygiene practice.

I am sure that dental practices will find this tool very useful in assessing their compliance with the HTM and to help them improve their standards of decontamination and infection prevention.

Martin Jones
Project Lead
IPS Dental Audit Tool

INFECTION CONTROL AUDIT TOOLS

Prevention of blood-borne virus exposure

Standard: The risk of blood-borne virus exposure (including needlestick injuries, bites, splashes involving blood or other body fluids) is managed to prevent infection

	Yes	No	N/A	Reference in HTM
1. Does the practice have a policy and procedure/s in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance?				2.6
2. Have all staff received training in relation to the prevention and management of blood-borne virus exposure?				1.25, 9.1, 9.5
3. Have all staff at risk from sharps injuries received an occupational health check in relation to risk reduction in blood-borne virus transmission and general infection?				2.6
4. Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation?				2.4s, 8.8
5. Are chlorine-releasing agents available for blood/bodily fluid spillages and used as per manufacturers' instructions?				6.74
6. Are sharps containers correctly assembled?				
7. Are in-use sharps containers labelled with date, locality and a signature?				
8. Are sharps containers filled beyond the indicator mark?				
9. Are sharps containers locked with the integral lock when filled to the indicator mark?				
10. Are full sharps containers stored in a secure facility away from public access?				Appendix 1
11. Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure?				2.6
12. Are inoculation injuries recorded?				
13. Are disposable needles and disposable syringes discarded as a single unit?				
14. Are sharps containers available at the point of use and positioned safely (e.g. wall-mounted)?				

INFECTION CONTROL AUDIT TOOLS

Decontamination

Standard: Medical devices are decontaminated prior to use and any associated risks are safely managed

		YES	NO	N/A	Reference in HTM
1	Does the practice have a policy or procedure that includes all appropriate aspects of decontamination within the practice e.g. cleaning, disinfection, inspection, packaging, disposal, sterilization, transport and storage of reusable and single-use instruments?				2.6
2	Have all relevant staff received training for the decontamination procedures which they are expected to perform including correct use of equipment?				1.25, 2.4q, 3.7, 3.16
3	Is a record kept of any instruments that cannot be reprocessed in accordance with your local decontamination policy?				
4	Are all wrapped, sterilized instruments dated with the use-by date?				1.23, 1.9, 4.24, 4.28
5	Does the practice have a nominated lead responsible for infection control and decontamination?				2.4c, 9.3
6	Has the registered manager a written statement of duties with specific reference to equipment validation?				11.5
7	Is there a procedure for transportation of instruments to and from other locations, which ensures the segregation of contaminated instruments from clean/sterilized instruments?				2.26–2.32
8	Are all logbooks including testing, service, maintenance and repair records retained in the practice for at least 2 years?	1 = all records available; 2 = most records available; 3 = some records available; 4 = no records available			3.19, 4.3, 4.15
Cleaning					
9	Are disposable instrument trays used or if reusable trays are used are they decontaminated and sterilized after each use?				2.14
10	Are any instruments (used or unused) left on trays at the end of each session decontaminated (washed and sterilized) before further use?				2.4k

		YES	NO	N/A	Reference in HTM
11	Are instruments that are not decontaminated immediately, kept moist until they are decontaminated?	1 = 0 hours; 2 = 1–3 hours; 3 = 3–6 hours; 4 = 6+ hours			2.15, 3.5, 3.6
12	Are instruments inspected under an illuminated magnification device for cleanliness and condition following cleaning?	1 = Always; 2 = Almost always; 3 = Never			3.18, 3.49, 3.50, 3.51, 3.52
13	Are handpieces decontaminated between each patient in accordance with manufacturers' instructions?				2.10 note
14	Are separate canisters of lubricant used for unclean, cleaned and sterilized instruments?				3.56
15	Are those handpieces that are manually cleaned/wiped, lubricated with oil before steam sterilization in accordance with manufacturers' instructions?				18.0, 3.24, 3.55, 3.56
16	Are those handpieces decontaminated by an automated washer-disinfector lubricated with oil before steam sterilization in accordance with manufacturers' instructions?				3.24
17	Are those handpieces decontaminated by an automated washer-disinfector with a specific handpiece irrigation system, lubricated with oil before steam sterilization in accordance with manufacturers' instructions?				3.42, 3.24, 3.21
18	Are those dental handpieces washed by a specific handpiece washer device, lubricated with oil before steam sterilization in accordance with manufacturers' instructions?				3.22
19	Are all other dental instruments washed in a washer-disinfector before steam sterilization?				3.1, 3.2, 3.42, 4.3
20	Where practices do not have a washer-disinfector, are all instruments cleaned (manually or using an ultrasonic cleaner) before steam sterilization?				2.4h, 3.33, 3.42
Manual cleaning					
21	Are two sinks or two bowls in a single sink unit, used for cleaning – one for washing and a separate one for rinsing?				2.4h, 3.42,16.1
22	Are the detergents used specifically formulated for the purpose of cleaning instruments?				16.3a
23	Is the detergent used at a specified concentration according to manufacturers' guidance?				16.3a
24	Is the temperature of water 45°C or lower?				16.3b

		YES	NO	N/A	Reference in HTM
25	Where manufacturer's instructions permit, are instruments fully submerged when cleaned?				16.3c
26	Are brushes used to clean instruments single-use or washed after each use and replaced at the manufacturers' recommended interval or when damaged?				16.3f
Validation and testing					
27	Are there contractual arrangements to ensure all **steam sterilizers** are routinely **maintained** and **validated** in accordance with HTM requirements or with manufacturers' instructions?	1 = maintained and validated; 2 = maintained; 3 = validated but not maintained; 4 = no contractual arrangements			1.9, 3.11, 11.1, 12.0
28	Are daily, weekly, quarterly and annual inspection, testing and maintenance records available for **steam sterilizers** as described in Chapter 12 of HTM 01-05?	1 = all records available; 2 = most records available; 3 = some records available; 4 = no records available			12.0
29	Is the **steam sterilizer** removed from service following an unsatisfactory test result until the fault is rectified?				11.2, 4.23
30	Are there arrangements to ensure all **ultrasonic cleaners** are maintained and validated in accordance with HTM 01-05 or with manufacturers' instructions?	1 = maintained and validated; 2 = maintained; 3 = validated but not maintained; 4 = no contractual arrangements			14.0, 15.6
31	Are daily, weekly, quarterly and annual inspection, testing and maintenance records available for **ultrasonic cleaners**?	1 = all records available; 2 = most records available; 3 = some records available; 4 = no records available			
32	Are contractual arrangements in place to ensure all **automated washer-disinfectors** are routinely **maintained** and **validated** in line with manufacturers' instructions?	1 = maintained and validated; 2 = maintained; 3 = validated but not maintained; 4 = no contractual arrangements			13.0

		YES	NO	N/A	Reference in HTM
33	Are daily, weekly, quarterly and annual validation and testing results recorded for **automated washer-disinfectors**?	1 = all records available; 2 = most records available; 3 = some records available; 4 = no records available			13.0
Ultrasonic cleaners					
34	Are instruments placed in instrument baskets or cassettes and fully immersed, ensuring that all surfaces are in contact with the solution?				3.30d–3.30e
35	Is the lid of the ultrasonic cleaner closed during cleaning cycles and whilst not in use to prevent contamination of the ultrasonic cleaning solution?				3.30h
36	Is the water in the chamber emptied when visibly contaminated or otherwise at the end of every clinical session?				3.30k
37	Where instruments are manually cleaned, are they rinsed after being ultrasonic cleaned and before sterilization?				3.30m, 3.31
Thermal washer-disinfectors:					
38	Are relevant staff aware of the instrument loading procedure, i.e. spray arms are free to rotate, cannulated instruments are correctly loaded?				3.17
39	Are cycle parameters recorded?				3.19
Sterilizers					
40	Is there a record made of the date, temperature and pressure achieved and satisfactory completion for each cycle?	1 = all records available; 2 = most records available; 3 = some records available; 4 = no records available			4.3, 4.14, 4.16
41	Are steam sterilizers used if fault lights are displayed?				4.23
42	Are pre-wrapped instruments placed only in vacuum-type sterilizers?				4.11
43	Is freshly distilled water, sterile water for irrigation or reverse osmosis (RO) water used in the sterilizer?				4.13
44	Are opened bottles of sterile or distilled water discarded at the end of each working day?				17.6
45	Is the reservoir drained and left clean and dry at the end of each day?				4.13

		YES	NO	N/A	Reference in HTM
Decontamination environment					
46	Is there a zoned workflow from dirty to clean?				5.3, 5.6, 5.7
47	Are there separate, dedicated decontamination room/s which are restricted to those performing decontamination duties?				1.10
48	Are decontamination areas and work surfaces clean and uncluttered?				5.6
49	Is there adequate ventilation in the clean and dirty room/s to service the washer-disinfector and sterilizer?				6.42
50	Where full mechanical ventilation is used, does the direction of air flow from the clean to dirty area?				6.44, 6.45
51	Are there procedures in place for the safe transfer of instruments within the practice?				2.26, 2.27
52	Are instruments maintained in a moist condition between use and decontamination?				2.15, 3.5 3.6
53	If transport containers are in use, are they lidded, clean, leak-proof and in good working order?				2.27
54	Are transport containers cleaned, disinfected and dried following each use?				2.28
55	Are instruments processed in a non-vacuum (type N) sterilizer dried prior to packing using disposable non-linting cloth?				4.25
56	Does the practice have a system in place to ensure that storage of non-wrapped and wrapped instruments does not exceed: • 21 days for those instruments sterilized in non-vacuum sterilizers (type N)?; or • 60 days if sterilized in a validated type B vacuum sterilizer or in a cassette following sterilization in a validated type S sterilizer?				4.31
57	Is there a system in place to ensure that wrapped instruments are stored away from the clinical environment and used in strict rotation?				1.10, 4.24
58	For each instrument, is there a system in place to identify storage time, including the date by which they should be used or reprocessed?				4.24
59	Are instruments stored in a dedicated, secure, dry and cool environment?				4.29

INFECTION CONTROL AUDIT TOOLS

Environmental design and cleaning

Standard: Dental equipment is designed, maintained and cleaned appropriately to reduce the risk of cross-infection

		YES	NO	N/A	Reference in HTM
1	Does the practice have a policy and procedure for cleaning and maintaining the environment?				2.6, 6.54
2	Have staff undertaking cleaning duties been fully trained to undertake such duties?				6.55
3	Is the overall appearance of the clinical and decontamination environment tidy and uncluttered?				5.6
4	Is the dental chair cleaned between each patient?				6.46
5	Is the dental chair free from rips or tears?				6.62
6	Are all surfaces (i.e. walls, floors, ceilings, fixtures and fittings, and chairs) free from damage and abrasion?				6.39
7	Are all work-surface joints intact and seamless with no visible damage?				6.46
8	Are all surfaces (i.e. walls, floors, ceilings, fixtures and fittings, and chairs) free from dust and visible dirt?				6.39
9	Are the surfaces of accessible ventilation fittings/grills cleaned weekly?				6.64
10	Are all surfaces in clinical and decontamination areas impervious and easy to clean?				6.64
11	Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas?				6.66
12	Are rooms where clinical practice takes place carpeted?				6.46
13	Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture?				6.47–6.49
14	Are soft toys available?				6.73
15	Are free-standing or ceiling-mounted fans used in clinical/decontamination areas?				6.41
16	Are records of cleaning maintained in accordance with the HCAI Code of Practice?				6.54
17	Is cleaning equipment colour-coded in accordance with the National Patient Safety Agency's recommendations as detailed in HTM 01-05?				6.53

3.0 Environmental design and cleaning 2 of 2

		YES	NO	N/A	Reference in HTM
18	Is cleaning equipment stored in a non-clinical area?				6.60
19	Where disposable single-use covers are used, are they discarded after each patient contact?				6.65
20	Are the surfaces of equipment cleaned between each patient (for example, work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surfaces of aspirators and X-ray heads)?				6.62
21	Are all taps, drainage points, splashbacks, sinks, aspirators, drains and spittoons cleaned after every session with a surfactant/detergent?				6.63
22	Are floors, cupboard doors and accessible high-level surfaces cleaned daily?				6.63
23	Are floor coverings in clinical and decontamination areas impervious and easy-to-clean?				6.46, 6.47, 6.49
24	Is there a designated area for the disposal of dirty water, which is outside the kitchen, clinical and decontamination areas, for example toilet, drain, slop-hopper (a device used for the disposal of liquid or solid waste) to reduce the risk of contamination of a public or staff toilet?				
25	Does the practice have a local policy and procedure/s for spillages in accordance with COSHH?				2.4d, 2.6

INFECTION CONTROL AUDIT TOOLS

Hand hygiene

Standard: Hands will be decontaminated correctly and in a timely manner using a cleansing agent to reduce the risk of cross-infection

		YES	NO	N/A	Reference in HTM
1	Does the practice have a local policy and procedure/s for hand hygiene?				2.6, Appendix 2
2	Is hand hygiene an integral part of staff induction?				6.3
3	Is hand hygiene training provided periodically throughout the year?				1.25, 6.3
4	Is hand hygiene carried out before and after every new patient contact?				Table A1 Appendix 2
5	Is hand hygiene performed before donning and after the removal of gloves?				6.5, Appendix 2
6	Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish?				6.9, 6.24, Appendix 2
7	Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures?				6.10, 6.23
8	Are there laminated or wipe-clean posters promoting hand hygiene on display?				6.13
9	Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place?				2.4g, 6.11
10	Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place?				2.4u, 6.11, 5.7
11	Are wash-hand basins free from equipment and other utility items?				2.4g
12	Is bar soap available at wash-hand basins?				Appendix 1 6.6
13	Are hand hygiene facilities clean and intact (check sinks taps, splash-backs, soap and paper-towel dispensers)?				6.63
14	Are there plugs and overflows on wash-hand basins?				6.11
15	Does the water from the tap discharge away from the drain aperture?				6.11

		YES	NO	N/A	Reference in HTM
16	Are elbow/wrist/foot-operated electronic mixers or thermostatically-controlled taps available at all wash-hand basins in clinical and decontamination areas?	1 = all; 2 = some; 3 = none			6.11
17	Are nail-brushes present at wash-hand basins?				Appendix 2
18	Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?				6.6, Appendix 2
19	Is skin disinfectant rub/gel available at the point of care?				Appendix 2
20	Are good quality disposable absorbent paper towels used at all wash-hand basins?				6.7, Appendix 2
21	Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff?				6.8, Appendix 2

INFECTION CONTROL AUDIT TOOLS

Management of dental medical devices – equipment and dental instruments

Standard: Dental medical devices are operated, maintained, serviced and repaired to ensure adherence to patient safety and manufacturers' instructions

		YES	NO	N/A	Reference in HTM
1	Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices?				1.20, 2.4a, 2.6, 2.7, 3.54
2	Does the practice identify an individual with nominated responsibility and authority to ensure that all staff comply with the medical device procedure?				2.4c
3	Has the practice carried out a risk assessment for legionella under the Health & Safety Commission's "Legionnaires' disease – the control of legionella bacteria in water systems: Approved Code of Practice & Guidance" (also known as L8)?				6.75–6.90, 19.0
4	Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?				6.75, 19.2
5	Are all new reusable instruments decontaminated prior to use?				2.6, 3.4, 10.24
6	Are contaminated medical devices decontaminated and inspected prior to inspection, maintenance and repair?				3.54
7	Are instruments sent for repair labelled to identify that they have been through the decontamination process?				3.54
8	Are single-use instruments reprocessed?				2.17
9	Are endodontic files and reamers reused?				2.21
Dental radiography					
10	Are intra-oral films, digital sensors and cassettes handled and stored safely in accordance with manufacturers' instructions and to reduce cross-infection?				6.73
11	Are film holders used in intra-oral radiography subject to sterilization after every patient use in accordance with manufacturers' instructions?				6.72
Impression material, prosthetic and orthodontic appliances					
12	Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturers' instructions?				7.0
13	Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth?				7.1b

5.0 Management of dental medical devices 2 of 2

		YES	NO	N/A	Reference in HTM
Other medical devices					
14	Are single-use items only used for single-treatment episodes and disposed of following use?				2.17
15	Are endodontic reamers and files treated as single-use and disposed of following use?				2.21
16	Are difficult-to-clean instruments/devices (e.g. matrix bands, saliva ejectors, aspirator tips and three-in-one tips etc) identified as single-use?				2.20
Dental unit water lines (DUWLs)					
17	Are in-line filters cleaned/replaced as per manufacturers' instructions?				6.89, 6.90
18	Is there an independent bottled-water system used to dispense fresh distilled, reverse osmosis (RO) or sterile water to supply the DUWL?				6.84 note
19	For dental surgical procedures involving irrigation, is a separate single-use sterile water source used for irrigation?				6.91
20	Are the DUWLs drained down at the end of every working day?				6.82
21	Are self-contained water bottles (bottled water system) removed, flushed with distilled or clean RO water and left open to the air for drying on a daily basis and if necessary overnight, and in accordance with manufacturers' guidance?				6.83
22	Where bottled water systems are not used, is there a physical air gap separating DUWLs from mains water systems (Type A)?				6.84 note
23	Are DUWLs flushed for 2 minutes at the start of each working day and for 20–30 seconds between every patient?				6.85
24	Are all DUWL and handpieces fitted with anti-retraction valves?				6.87
25	Are DUWLs either disposable or purged using manufacturers' recommended disinfectants?				6.84–6.86
26	Are DUWL filters changed according to the manufacturers' guidelines?				6.89
Inhalation sedation machines [ISM]					
27	Are ISM breathing systems (tubing, masks, nasal hood and nose pieces) used in accordance with manufacturers' or suppliers' instructions?				
28	Are ISM flowmeters used and maintained in accordance with original equipment manufacturers' or suppliers' instructions?				

INFECTION CONTROL AUDIT TOOLS

Personal protective equipment

Standard: Personal protective equipment is available and is used appropriately to reduce the risk of cross-infection

		YES	NO	N/A	Reference in HTM
1	Does the practice have a policy and procedures for the use of PPE?				2.6, 6.37
2	Are staff trained in the use of personal protective equipment as part of the practice induction?				6.14
3	Are powder-free CE-marked gloves used in the practice?				6.21
4	Are alternatives to latex gloves available?				6.19, 6.20
5	Are all single-use PPE disposed of after each episode of patient care?				6.22
6	Is hand hygiene performed before donning and following the removal of gloves?				6.5, Appendix 2
7	Are clean, heavy-duty household gloves available for domestic cleaning and decontamintion procedures where necessary?				6.24
8	Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use?				6.24
9	Are heavy-duty household gloves replaced weekly or more frequently if worn or torn?				6.24
10	Are disposable plastic aprons worn during all decontamination processes or clinical procedures where there is a risk that clothing/uniform may become contaminated?				6.15, 6.25–6.26
11	Are single-use plastic aprons disposed of as clinical waste after each procedure?				6.26
12	Are plastic aprons, goggles, masks or face shields used for any clinical and decontamination procedures where there is a danger of splashes?	1 = all; 2 = most; 3 = none			6.15, 6.27–6.30
13	Are masks disposed of as clinical waste after each use?				6.37
14	Are all items of PPE stored in accordance with manufacturers' instructions?				6.15
15	Are uniforms worn by all staff changed at the end of each day and when visibly contaminated?				6.35
16	Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly decontaminated?				6.30
17	Is eye protection provided for the patient and staff decontaminated after each episode of patient care?				6.30

INFECTION CONTROL AUDIT TOOLS

Waste

Standard: Waste is disposed of safely without the risk of contamination or injury and in accordance with legislation

		YES	NO	N/A	Reference in HTM
1	Does the practice have a policy and procedure/s for the management and disposal of waste?				2.6
2	Have all staff attended induction and ongoing training in the process of waste disposal?				1.25
3	Is there evidence that the waste contractor is a registered waste carrier?				Appendix 1
4	Is the practice registered with the Environment Agency if generating over 500 kg per annum of hazardous waste?				Appendix 1
5	Are all disposable PPE disposed of as clinical waste?				Appendix 1, 6.26, 6.28, 6.37
6	Are orange bags used for infectious Category B waste such as blooded swabs, blood-contaminated gloves and teeth without amalgam fillings?				Appendix 1
7	Are yellow/black bags used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam?				Appendix 1
8	Are black/clear bags used for domestic waste including paper towels?				Figure A1, Appendix 1
9	Are bins foot-operated or sensor-controlled, lidded and in good working order?	1 = all; 2 = some; 3 = none			Appendix 2
10	Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a yellow lid that conforms to BS 7320 (1990)/UN 3291?				Appendix1
11	Are clinical waste sacks securely tied and sharps containers locked before disposal?				Appendix 1
12	Are all clinical waste bags and sharps containers labelled before disposal?				Appendix 1
13	Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises?				Appendix 1
14	Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 01-05?				Appendix 1
15	Are all consignment notes for all hazardous waste retained for at least 3 years?				Appendix 1
16	Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal?				Appendix 1
17	Is there evidence the practice is segregating waste in accordance with HTM 01-05?				Appendix 1

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Key Stakeholders

British Dental Association

Care Quality Commission

Health Protection Agency

Infection Prevention Society Community Network