

Infection Control Audit COVID 19**Home:****House:****Date:**

1	Front Door Strategies	Achieved	Not Achieved
1	Handwashing outside/at the front door		
2	Full soap dispenser in the handwashing area		
3	Full hand towel dispenser in the hand washing area		
4	Clinical waste bin for hand towels and face mask disposal by each entrance/exit		
5	Glow machines in place at each entrance		
6	White plastic bags for face mask disposal before being placed in the yellow bin are accessible		
7	Face mask applied before internal staff mixing		
8	Disinfection mats at all entrances/exits in full working order		
9	Temperature recorded at the front doors using tympanic thermometer		
10	Temperature sheets reviewed by the manager/clinical lead [check sample of sheets]		
11	Disposal of ear covers or cling film into the yellow clinical waste bin		
12	Ear covers in place for visiting professionals and other visitors		
13	Spare batteries available at the front desk for ease of access **Clear timetable for when the batteries of thermometers are changed		
14	Desk guards in place at the front desks [home specific]		
15	Hair nets available for visiting professionals		
16	Over robes in place for visitors		
17	Laundry skip with lid at the entrance for the disposal of robes		
18	Clear protocol and knowledge as to who cleans down front door handles [internal and external] minimum of twice a day		
19	Clear protocol and knowledge as to who cleans down keypad to the front door and clocking in machine minimum of twice a day		
20	A post box is used for letters and cards to be dropped into by the postman		
21	The post box [wipe clean material] is emptied by the administrator wearing gloves and each envelope is opened and the contents of the envelope tipped into a plastic tray		
22	A plastic box is accessible at reception where all parcel deliveries are dropped		
23	Deliveries are either isolated for 72 hours in a designated area or the contents cleaned down with bleach-based spray on arrival		
24	An identified area for deliveries being dropped is clearly sign posted		
26	Box of gloves available in reception for handling of post and all deliveries		
27	7-day leadership cover in place for the entrance and exit points of staff [throughout an outbreak]		
28	**Meet and Greet evidence forms are in place re the main donning and doffing areas for the home		
	**Meet and Greet responsibilities are highlighted on the rota for morning and evening change over		
29	Front door checklist is in place		
30	**Yellow feet are in place outside the building as designated smoking spots		
31	**Yellow crosses clearly mark the entrances to the building and staff understand their meaning and adhere to this protocol		

**** Additional measures introduced for the WINTER period 2020/21**

Evolve Care Group

Identified Actions – 1. Front Door Strategies

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Signed and Role

Date to be completed

2	Medical Equipment	Achieved	Not Achieved
1	Tympanic thermometer available in each house		
2	Blood Pressure Machine available in each house		
3	Oxygen saturation machine available in each house		
4	Urinalysis sticks available in each house		
5	Family members in receipt of RAINBOW care have equipment specific for them		
6	Each house/Street has separate weighing scales		
7	Each house/Street has a hoist		
8	Each house/Street has a stand aid		
9	All family members who require a sling have an individual sling, labelled for their personal use – sample checked [check 25%]		
10	Staff can articulate how equipment is cleaned down using the ‘S’ shape method and know the cleaning product to use		
11	A minimum of two stock thermometers are on site		
12	A minimum of one stock pulse oximeter is on site and accessible		
13	Clinell wipes used for cleaning medical equipment in between people		

Identified Actions – 2. Medical Equipment

<p style="font-size: 48px; opacity: 0.2; transform: rotate(-30deg);">Evolve Care Group</p>
Signed and Role
Date to be completed

3	Personal Protective Equipment [PPE]	Achieved	Not Achieved
1	Staff issued with a minimum of 3 masks at the start of each shift [placed in a brown paper bag]		
2	Additional masks available if required		
3	There is a dedicated storage space for PPE in each house [Face masks, aprons, small, medium, and large gloves]		
4	PPE accessible either inside or outside each room providing RAINBOW care [drawers]		
5	Hand sanitiser available at each infection control barrier [in-between houses, consider staircases, departmental zones, each sluice room]		
6	Staff can articulate when PPE should be used when providing direct care *all staff should be wearing PPE when providing personal care changed in-between each person – see DONNING and DOFFING PPE		
7	Staff can articulate when PPE should be used when providing indirect care		
8	Laminated RAINBOW signs in place for people in RAINBOW care		
9	All bathrooms supporting people in RAINBOW care have clinical bins with yellow bags for disposal of clinical waste		
10	A minimum of 10 days' supply of PPE is stored in the home		
DONNING PPE			
	<p>On entrance to the building all staff -</p> <ol style="list-style-type: none"> 1) Maintain a 2-metre distance using the yellow crosses 2) Use the disinfection foot mat 3) Sanitiser their hands on entering 4) Apply a face mask, secure by pressing down either side of the bridge of the nose, under the eyes 5) Temperature to be taken – 37.5 and they are stood down <p>On entering their house</p> <ol style="list-style-type: none"> 6) Apron then applied – broken at the neck and tied 7) Hair net to be applied [<i>if a suspected or confirmed outbreak</i>] 8) Visor [<i>if a suspected or confirmed outbreak</i>] 9) Gloves [<i>if a suspected or confirmed outbreak</i>] 		
DOFFING PPE NON-RAINBOW care			
	<p>On leaving each person's rooms the staff member moves directly to the sluice</p> <ol style="list-style-type: none"> 1) Apron and gloves are removed 2) Grabbing the centre of the apron and pulling down, keeping arms outstretched [away from the body] – the back or the neck of the apron is not to be touched 3) Apron to be 'scrunched up' in one of the gloved hands 4) The fingers of the other gloved hand pull the gloved over the apron – securing tightly inside 5) The then un-gloved hand goes underneath the other glove and pulls over the first glove with the apron in 6) This result in a ball of gloves with the apron securely inside to stop spores of the virus being exposed – dispose of in clinical bin 7) Hands are then washed, up to the elbow for a minimum of 20 seconds with hot water and soap 8) Hands to be dried thoroughly 9) Sanitiser to be then applied up to elbows 		

3	Personal Protective Equipment [PPE]	Achieved	Not Achieved
	10) Apron and gloves re applied using clear instructions above before going into the room of another person		
DOFFING PPE RAINBOW care or COVID POSITIVE			
	<p>On leaving each person's room</p> <ol style="list-style-type: none"> 1) Apron and gloves are removed 2) Grabbing the centre of the apron and pulling down, keeping arms outstretched [away from the body] – the back or the neck of the apron is not to be touched 3) Apron to be 'scrunched up' in one of the gloved hands 4) The fingers of the other gloved hand pull the gloved over the apron – securing tightly inside 5) The then un-gloved hand goes underneath the other glove and pulls over the first glove with the apron in 6) This result in a ball of gloves with the apron securely inside to stop spores of the virus being exposed – dispose of in clinical bin 7) Hands are then washed, up to the elbow for a minimum of 20 seconds with hot water and soap 8) Hands to be dried thoroughly 9) Sanitiser to be then applied up to elbows 10) Wash hands again using the designated area immediately after leaving the room, reapplying PPE as described in DONNING PPE <p>DO NOT MOVE FROM ONE COVID POSITIVE person to another with the same apron on unless in a communal RED house</p>		
Clinical Waste Management			
1	All clinical bins have lids that are not operated by hand		
2	There are no clinical waste bins more than ¾ full		
3	An evident supply of yellow bags is available in each area/house		
4	Contents of Clinical Waste bin are checked for 'blue balls'		
5	Clinical waste bins are clean, the top of the lid, the inside of the lid and the foot pedal		
6	Hand soap and hand towel dispenser full in doffing area <i>[in an outbreak a 5 litre soap dispenser would be available]</i>		
7	Hand sanitiser readily available <i>[in an outbreak a 5-litre hand sanitiser would be expected in the doffing area]</i>		
8	Clinical waste bags are removed to the storage area always wearing gloves and an apron		
9	Clinical waste bags <i>are double bagged</i> and removed to the storage area wearing gloves and an apron for suspected or confirmed COVID cases		

See observational part of Infection Control Audit on pages 7, 8 and 9

DONNING and DOFFING Physical Observations [25% [minimum] of the staff in each house to be audited on each occasion]

Date	House	Shift Pattern	Staff Member Initials	Area: Green/Rainbow care [AMBER]/RED COVID positive	Observations	Follow Up Y/N

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Identified Actions – 3. PPE

Evolve Care Group

Signed and Role

Date to be completed

4	Linen	Achieved	Not Achieved
1	All laundry skips in the houses with lids		
2	Red laundry bags readily available [staff aware of location]		
3	Separate skip system in place for family members in RAINBOW care		
4	PPE available in the laundry		
5	Staff can articulate when PPE should be used when handling linen		
6	Staff can articulate how soiled linen is transported to the laundry		
7	Staff can articulate how clean linen is transported to the house		
8	Clean linen is NOT stored in an area where soiled linen is stored		
9	Soiled linen is witnessed being placed directly into a skip [red bags used as appropriate] and NOT placed on the floor		
10	Separate handwashing facilities available in the laundry		
11	Soap and paper towel dispenser full		
12	Laundry is not left in the lift overnight – it is removed to the laundry promptly when sent out of one house		
Lift Management			
1	The lift is mopped with MILTON each time it is used – where appropriate this is stored outside of the lift if there is absolute assurance that family members will not encounter the cleaning products		
2	All touch points of the lift are wiped down after use		

Identified Actions – 4. Linen and Lift Management

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Date to be completed			

5	Cleaning	Achieved	Not Achieved
1	Cleaning materials are accessible 24 hours a day in each house		
2	Cleaning materials and products are stored in a locked cupboard in each house		
3	Disposal clothes are available for use in each house		
4	Kitchenettes have working and full soap dispensers		
5	Kitchenettes have full hand towels dispensers		
6	Cleaning products are stored in a locked cupboard in each kitchenette		
7	Plentiful supply of cleaning products onsite – accessible to staff 24 hours a day		
8	Confirm the products are correct for purpose [flash with bleach or MILTON based]		
9	Plastic washing up bowls available for the transportation of cutlery/crockery for family members in RAINBOW care		
10	Hourly cleaning schedules are in place for area where POSITIVE COVID cases are supported or when an outbreak is suspected		

Identified Actions – 5. Cleaning

<p style="font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">Evolve Care Group</p>
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Date to be completed

6	Visitors	Achieved	Not Achieved
1	Spread sheet maintained for dates and times of planned and responsive visits to the homes by relative/NOK		
2	Identified team member responsible for meeting and greeting each visitor, completing all infection control checks from start to finish		
3	LFD [Lateral Flow Device] test is completed prior to entrance through the front door**		
4	Foot mat is available at the front door entrance for visitors		
5	Each visitor completes a Health Questionnaire and the history document		
6	Dressing gown robes [point 17, section 1] are available at reception for use for each visitor		
7	Full handwashing and application of face mask and gloves prior to leaving the front door entrance		
8	Completed health questionnaire, history document and cleaning schedule is uploaded into the relevant month in SharePoint [all completed visitor forms are filed in the same place for that month for ease of reference]		
9	Entry completed on daily care notes for each family member when a visit has taken place		
910	The nominated visitor for each family member is detailed in their visiting information care plan		

Identified Actions – 6. Visitors

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Signed
Date to be completed

**This is in preparation of introduction by the Local Authority
Infection Control Audit COVID 19_05122020

7	COVID Secure Inside Break Areas for Staff	Achieved	Not Achieved
1	There is an identified area for each house/area team to eat and drink inside – only one member of staff occupies this at any one time		
2	There is documentation that evidences how long staff spend in this area, maximum of 15 minutes can be spent in this area.		
3	The area is well ventilated and there are clear instructions of how to ensure that ventilation is enhanced when they sit down		
4	Clinical waste disposal evident in the staff break area		
5	Cleaning products available with clear instruction for use		
6	PPE – white bags and masks available to be disposed off and re applied once the break is over		

Identified Actions – 7. Staff COVID Secure Inside Break Areas

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Date to be completed

8	Swabbing Teams	Achieved	Not Achieved
1	Nominated team members responsible for completing the planned and responsive COVID swabs		
2	Each identified team member observed, and competency document completed and uploaded to SharePoint		
3	Separate PPE [masks, gloves, aprons, and visors] stored only for swabbing		

Identified Actions – 8. Swabbing Teams

Evolve Care Group

Signed and Role
Date to be completed

Additional Information/Feedback

Evolve Care Group

Signed and Role

Date to be completed