



CRITERIA	100% COMPLIANCE
1. An Infection Control plan has been developed for the facility.	✓
2. Infection Control is an agenda item at all meetings.	✓
3. Policies and procedures are in place for the cleaning of all instruments and equipment.	✓
4. Standard precautions are used for all patients.	✓
5. Staff are provided with personal protective equipment which is well maintained and appropriate.	✓
6. Staff competencies are in place for cleaning scopes and equipment and assessed annually to ensure compliance to policies and procedures.	✓
7. There is a policy for single use ampoules.	✓
8. There is a policy for single use items.	✓
9. Biological monitoring for endoscopes is undertaken following GENCA guidelines, three monthly and after repairs.	✓
10. All records for the sending of scopes for repair and subsequent microbiological testing including results are maintained and up to date.	✓
11. A tracking system is in place for the tracking of instruments used for all patients.	✓
12. There is a policy and procedure in place for the correct operation and maintenance of the autoclave.	✓
13. There is a process in place for validation of each load.	✓
14. ATTEST performed weekly, and annual calibration testing performed.	✓
15. There is a policy and procedure in place for the correct operation and maintenance of Medivator Reprocessors and Drying Cabinet.	✓
16. There is a maintenance schedule in place for reprocessing equipment.	✓
17. Records and held for maintenance tracking.	✓
18. Hepatitis B serology is available for all staff.	✓
19. Funded Hepatitis vaccination is offered to all staff.	✓
20. Funded flu vaccination is offered to all staff.	✓
21. Personnel files maintain staff health records.	✓
22. There is a waste management plan in place for the facility.	✓
23. Policies and procedures are in place for the collection, storage and disposal of clinical waste.	✓
24. Contaminated waste is stored and disposed of in accordance with legislative requirements.	✓
25. Contaminated waste containers are clearly marked and in appropriate areas.	✓

26. There are containers for disposal of sharps.	✓
27. Needles are not recapped.	✓
28. There is a policy in place for the management of needle stick injuries.	✓
29. Hand Hygiene forms part of staff education.	✓
30. Competencies are in place for managing moments in Hand Hygiene and are conducted annually.	✓
31. Hand Hygiene facilities are strategically placed, well maintained and are appropriate.	✓
32. There is a policy in place for the handling and disposal of linen.	✓
33. There is a policy in place for the cleaning and maintenance of beds	✓
34. Audits are regularly undertaken to monitor the cleaning of the facility.	✓
35. Sterile equipment is stored appropriately, and stock is rotated.	✓
36. Suction equipment is changed between patients.	✓
37. Any infection control outbreaks are reported and investigated and a risk assessment process is in place.	✓
38. Air conditioning is regularly serviced and maintained.	✓
39. Water supply has been tested as per Qld Health requirements.	✓
40. Any Infection Control breach is reported and a procedure is in place for performing a risk assessment, which is reviewed and control implemented.	✓
41. Prophylaxis – recorded and assessed.	✓

Results of Audit: 100% Compliance

Action Plan and Recommendations:

1. Discuss at Heads of Department and Risk Management Meeting.