



National Guideline for Infection Prevention and Control in HSE Dental and Orthodontic Services

Audit Tool User Guide



Table of Contents



Top Tip: Hold the Ctrl key on your keyboard and click a page title to be brought directly to that section of the manual

Table of Contents	2
Introduction, Scope and Function.....	3
Workbook 1: Audit Questions.....	4
Workbook 2: QIP Plan	5



Introduction, Scope and Function

This user guide provides a step-by-step guide to using the National Guideline for Infection Prevention & Control Audit Tool developed by the National Oral Health Office.

The audit tool is comprised of two worksheets:

Audit Questions: This is a list of questions to be audited and completed each quarter. Comments relating to the questions can be added here, and actions raised can be documented on this worksheet.

QIP Plan: This worksheet will track the progress of the actions raised in the Audit Questions section. On completion, the worksheet will then generate a graphical representation of the status of the quality improvement progress.

This training guide aims to assist in guiding the user in correctly populating the above worksheets. The outcome will be an in-depth analysis of compliance with the Guideline for Infection Prevention & Control and the Standard Operating Procedures (SOP) incorporated within.

The user should first save a copy of the audit tool to their desktop and title it e.g. Audit Tool 2020.



Workbook 1: Audit Questions

Audit of National Guideline for Infection Prevention and Control in HSE Dental and Orthodontic Services		QTR1
SOP No.	Please type questions below	Indicate Compliance
General	Have all staff have signed the declaration that s/he has read and understands the HSE National Guideline for Infection Prevention & Control in HSE Dental and Orthodontic Services?	
General	Are staff aware of how to report breaches of infection control protocols and to whom?	
General	Is infection control a rolling item on staff meeting agendas?	
General	Are standard precautions carried out routinely for all patients (observation)?	
General	Are staff aware of situations which may require transmission-based (risk-based patients with active infections such as measles, influenza or TB) precautions?	
SOP 1	Are all staff up to date with mandatory Hand Hygiene Training?	
SOP 1	Is there a dedicated Hand Hygiene sink in each surgery and LDU room? (Liquor-based sink HSE approved fluid soap, paper towel dispenser, and feet separate from clinical waste bin)	
SOP 1	Is Alcohol Based Hand Rub available, in date and available at point of care?	
SOP 1	Are cuts or open wounds covered with a waterproof dressing?	
SOP 1	Are all clinical staff bare below the elbow (plain wedding type band allowed)?	
SOP 1	Are all staff familiar with WHO 5 moments for Hand Hygiene?	
SOP 1	Are there laminated Hand Hygiene posters on display over each hand hygiene sink?	
SOP 1	Are HSE approved hands cream dispensers with disposable cartridges available for all clinical and decontamination staff?	
SOP 2	Are respiratory hygiene posters displayed?	
SOP 2	Are pedal bins available for disposal of soiled tissues?	
SOP 3	Do staff remove uniform prior to leaving the building?	
SOP 3	Do staff wear appropriate footwear i.e. closed in shoes?	
SOP 3	Are mobile phones on display in the dental surgery?	
SOP 3	Have all staff completed the online HSE/and programmes Good Information Practice and the Fundamentals of GDPR? (auditors to check training records)	
SOP 3	Are staff aware of patient confidentiality e.g. are desktop computers locked when left unattended?	
SOP 4	Have all staff been advised of benefit and facilitated in receiving annual flu vaccine?	
SOP 4	Have all staff signed the declaration that s/he has read and understands the HSE Policy for the Safe Use, Handling & Disposal of Sharps?	
SOP 5	Is Personal Protective Equipment (PPE) available in clinical areas, LDU room i.e. masks (surgical masks and respirators), task specific gloves, plastic aprons, visors?	
SOP 5	Is task appropriate PPE worn when exposure to blood and body fluids is expected?	
SOP 5	Do staff use appropriate PPE during all stages of decontamination process?	
SOP 5	Are gloves removed as soon as clinical treatment is completed or as appropriate?	
SOP 5	Are sterile gloves worn when a sterile field is necessary?	
SOP 5	Do all staff wear protective eyewear where there is potential for penetrating injury, exposure to aerosols and splatter?	
SOP 5	Are patients provided with protective eyewear at all times?	
SOP 5	Is reusable protective eyewear cleaned with combined detergent/disinfectant wipe or as per manufacturer's instructions?	
SOP 5	Are surgical masks recognised as single use items?	
SOP 5	Are surgical masks used for all dental procedures (is a respirator mask worn when transmission based (airborne) precautions are necessary)?	
SOP 5	Are masks removed by touching the strings and loops only?	
SOP 5	Have staff been trained in the use of respirator masks?	
SOP 6	Are disposable safety syringes and needles used where possible?	
SOP 6	Do staff ensure the sharps container has not been filled above the line?	
SOP 6	Has the sharps container been assembled correctly and assembly details entered correctly?	
SOP 6	Is the sharps container out of reach of the public and situated off the floor?	
SOP 6	Is the sharps container closure mechanism closed when the sharps container is not in use?	
SOP 6	Once 3/4 full, is the sharps container aperture locked and stored securely?	

Step 1

- To open the Audit Questions worksheet, select the Audit Questions tab at the bottom of the screen as shown above.
- The worksheet consists of 158 questions.
- Note that each question is directly related to a SOP from the Guideline.

QTR1	QTR2	QTR3	QTR4
Indicate Compliance	Indicate Compliance	Indicate Compliance	Indicate Compliance
<input type="text"/> Yes No N/A			



Top Tip: The Indicate Compliance column is populated using a drop-down list. When a cell is selected, a small arrow will appear. Simply click on this arrow to access your options and select Yes, No or N/A.



ate pliance	Comments	Action required? Yes/No	Action Details

Step 3

- On this sheet, you will find a comment box for each question.
- There is also an 'Actions required?' column. This is populated using a drop-down list which is accessed in the same manner as above.
- Details for your actions can be input in the 'Action Details' column, to be tracked using the next worksheet in the Audit Tool.



Workbook 2: QIP Plan

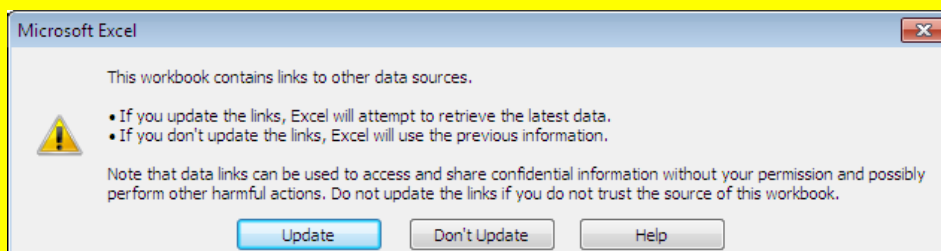
This is the sheet where you will track the progress of actions entered on the Audit Questions worksheet.

Audit of National Guideline for IPC in Dental and Orthodontic Service								
CHO Area					<div style="text-align: center;">00% QIPs STATUS</div>			
Dental Clinic								
Data Entry by			Completed	0				
Date of Audit	Qtr 1 =	Qtr 2 =	Not yet due	0				
	Qtr 3 =	Qtr 4 =	Late	0				
Date Survey results reviewed by PDS Management Team / QPS committee								
				Today's date	13/01/2020			
<small>Note: For formulaes & graph to work: Please ensure you enter the 'Entry Date' (i.e. date that QIP is entered into the log), 'Due Date' (i.e. date that the QIP is due for completion), and, when appropriate, the 'Completed Date' (i.e. date that QIP has been fully implemented).</small>								
Action Number	Entry Date	SOP No/Name	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments
1								
2								
3								
4								
5								

Step 1

- To open the QIP Plan sheet, select the QIP Plan tab as shown above.
- The QIP Plan worksheet consists of two interactive tables, one table that will automatically populate, and a graph that will form as you input your information.

Top Tip: The 'Today's Date' cell will automatically show today's date. If it does not, close the Audit Tool and re-open it. A window as shown below should appear. Select 'Update' and the sheet will open with the current date showing.





Audit of National Guideline for IPC in Dental and Ortho		
CHO Area		
Dental Clinic		
Data Entry by		
Date of Audit	Qtr 1 =	Qtr 2 =
	Qtr 3 =	Qtr 4 =
Date Survey results reviewed by PDS Management Team / QPS committee		

Step 2

- The first table to populate will hold the basic information for the audit.
- **CHO/Orthodontic Area and Dental/Orthodontic Clinic:** The CHO/Orthodontic area and Dental/Orthodontic clinic address are to be filled in here
- **Data entry by:** The name of the data entrant must be populated here
- **Date of audit:** Enter the date of audit (s)
- **Today's Date:** This will automatically be populated as described above.
- **Date Surey results reviewed by PDS Management Team/OPS Committee:** Enter the date of the audit review by the person reviewing results



					Today's date	21/01/2020			
Note: For formulae & graph to work: Please ensure you enter the 'Entry Date' (i.e. date that QIP is entered into the log), 'Due Date' (i.e. date that the QIP is due for completion), and, when appropriate, the 'Completed Date' (i.e. date that QIP has been fully implemented).									
Action Number	Entry Date	SOP No./Name	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									

Step 3

- The above table will track all actions entered on the **Audit Questions** worksheet of the audit tool.
- **Entry Date:** The date the action is being entered onto the table
- **SOP No./Name:** Each Question in the **Audit Questions** worksheet relates to a SOP from the Guideline for Infection Prevention & Control. The name or number of the SOP relating to the arising action is input here.
- **Description of Quality Improvement Plan:** Here you will provide a brief description of the action to be taken.
- **Responsible Person:** The name of the person responsible for undertaking the action.
- **Due date:** This is the date by which the action must be completed by.
- **Completed date:** The date by which the action has been carried out in its entirety.
- **QIP Status:** This column will automatically populate depending on the action status. It will show a status of **"Late"**, **"Completed"**, or **"Not yet due"**.
- **Comments:** This is a free-text box for any comments or observations on the carrying-out of the action.



Below is an example of a completed Audit Tool Table:

Action Number	Entry Date	SOP No/Name	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Commer
1	01/01/2020		1 Enter description here	A RYAN	12/01/2020		Late	
2	01/01/2020		3 Enter description here	A RYAN	23/01/2020		Not yet due	
3	01/01/2020		6 Enter description here	A RYAN	23/01/2020	12/01/2020	Completed	
4	01/01/2020		5 Enter description here	A RYAN	12/01/2020		Late	
5	01/01/2020		5 Enter description here	A RYAN	23/01/2020	06/01/2020	Completed	
6	01/01/2020		4 Enter description here	A RYAN	23/01/2020		Not yet due	
7	01/01/2020		1 Enter description here	A RYAN	23/01/2020		Not yet due	
8	01/01/2020		2 Enter description here	A RYAN	23/01/2020	06/01/2020	Completed	
9								
10								
11								
12								
13								
14								

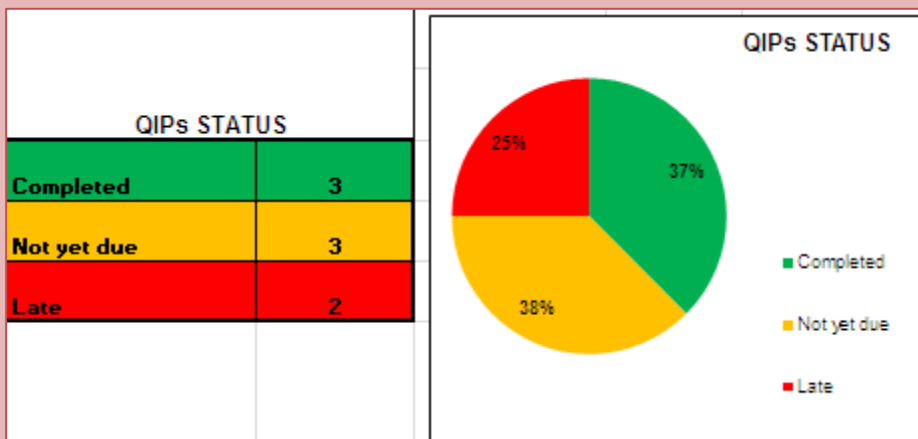
As you can see above, the QIP Status cells will highlight in green, amber, or red depending on the status returned.

Green: Completed

Amber: Not yet due

Red: Late

These highlights better illustrate the QIP Status and relate directly to the graphical representation of results, seen below.





Once completed, the QIP Plan worksheet should appear as below:

Audit of National Guideline for IPC in Dental and Orthodontic Service							
CHO Area	3			QIPs STATUS			
Dental Clinic	Clinic Address						
Data Entry by	A RYAN			Completed	3		
Date of Audit	Qtr 1 = 23/01/2020	Qtr 2 =		Not yet due	3		
	Qtr 3 =	Qtr 4 =		Late	2		
Date Survey results reviewed by PDS Management Team / QPS committee							
				Today's date	21/01/2020		

Status	Count	Percentage
Completed	3	37%
Not yet due	3	38%
Late	2	25%

Note: For formulaes & graph to work: Please ensure you enter the 'Entry Date' (i.e. date that QIP is entered into the log), 'Due Date' (i.e. date that the QIP is due for completion), and, when appropriate, the 'Completed Date' (i.e. date that QIP has been fully implemented).

Action Number	Entry Date	SOP No/Name	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments
1	01/01/2020		1 Enter description here	A RYAN	12/01/2020		Late	
2	01/01/2020		3 Enter description here	A RYAN	23/01/2020		Not yet due	
3	01/01/2020		6 Enter description here	A RYAN	23/01/2020	12/01/2020	Completed	
4	01/01/2020		5 Enter description here	A RYAN	12/01/2020		Late	
5	01/01/2020		5 Enter description here	A RYAN	23/01/2020	06/01/2020	Completed	
6	01/01/2020		4 Enter description here	A RYAN	23/01/2020		Not yet due	
7	01/01/2020		1 Enter description here	A RYAN	23/01/2020		Not yet due	
8	01/01/2020		2 Enter description here	A RYAN	23/01/2020	06/01/2020	Completed	
9								
10								

The QIP Status column will automatically populate the QIP Status table in the upper section of the worksheet. This table is then displayed as a pie-chart to easily track the progress and status of the actions that arose from the **Audit Questions** worksheet.



Top Tip: The IPC QIP Plan worksheet should be an agenda item at PDS/Management Team / QPS Committee meetings. The print set up is such that it can be printed off to ease review and update at meetings