CQC Infection Prevention & Control Checklist

For GP Practices and Primary Care Services

A practical self-audit tool to help GP practices review infection prevention and control (IPC) arrangements, identify gaps and record actions. Designed with reference to current CQC guidance, the Health and Social Care Act 2008 Code of Practice and relevant national IPC guidance.

Practice:		**Date:**	
Completed by:		**IPC Lead:**	

How to use this checklist

Review each item and mark **Yes**, **No** or **N/A**. Record evidence or observations and transfer any gaps to the action plan at the end. A completed checklist is not, by itself, evidence of compliance. Practices should be able to demonstrate that risks are identified, actions are completed and improvements are sustained.

1. Leadership & Governance

Check	Y	N	N/A	Evidence / observation
A named IPC lead is appointed and their responsibilities are clear.				
The IPC lead has sufficient authority to raise concerns and implement improvements.				
A current, practice-specific IPC policy is available and accessible to staff.				
The IPC policy includes local specialist IPC contact details and arrangements for higher-risk procedures where relevant.				
IPC policies and procedures have clear ownership and review dates.				
An annual IPC statement is completed and includes audits, incidents, risks, training and improvement activity.				
IPC risks and significant events are reviewed through practice governance arrangements.				

2. Audit & Improvement

Check	Y	N	N/A	Evidence / observation
A planned programme of IPC audits is in place.				
Audit findings are documented and areas requiring improvement are clearly identified.				

Check	Y	N	N/A	Evidence / observation
Actions have a named responsible person and target completion date.				
Completion of actions is evidenced rather than assumed.				
Re-audit or follow-up review is undertaken where needed to confirm improvement.				
Learning from IPC incidents, complaints or near misses is shared with relevant staff.				

3. Environment & Cleaning

Check	Y	N	N/A	Evidence / observation
A cleaning schedule identifies what is cleaned, how often, by whom and by what method.				
Cleaning standards are monitored, including where an external contractor is used.				
High-touch surfaces and reusable clinical equipment are included in cleaning arrangements.				
Clinical room surfaces, flooring and furniture are intact and can be effectively cleaned.				
Clinical rooms do not have carpets.				
Where carpets are present elsewhere, routine and contamination cleaning arrangements are documented.				
Curtain and blind cleaning arrangements are risk assessed and documented; visibly soiled curtains are changed promptly.				
Appropriate arrangements exist for managing blood and body fluid spillages.				

4. Hand Hygiene & PPE

Check	Y	N	N/A	Evidence / observation
Suitable clinical handwashing facilities are readily accessible.				
Liquid soap and disposable paper towels are available at handwashing sinks.				
Alcohol hand rub is available where appropriate.				
Staff understand when handwashing or alcohol hand rub should be used.				
Appropriate PPE is available for the procedures undertaken.				
Staff understand correct PPE selection, application, removal and disposal.				
Hand hygiene practice is monitored or observed as part of IPC assurance.				

5. Clinical Equipment

Check	Y	N	N/A	Evidence / observation
Responsibility for cleaning reusable clinical equipment is clearly defined.				
Manufacturer instructions are considered when selecting cleaning/decontamination methods.				
Reusable equipment is visibly clean and in a condition that permits effective cleaning.				
Damaged surfaces or equipment that cannot be effectively cleaned are repaired or replaced.				
Equipment is serviced, maintained and calibrated where required.				

6. Healthcare Waste & Sharps

Check	Y	N	N/A	Evidence / observation
Healthcare waste is segregated into appropriate waste streams.				
Suitable waste containers are available close to the point of use.				
Clinical waste bins in clinical areas are lidded and foot operated.				
Waste bags are securely closed before overfilling and are appropriately labelled.				
Waste awaiting collection is stored in a secure, clean, designated area.				
Correct sharps containers are used for the type of sharps waste generated.				
Sharps containers are correctly assembled, labelled, positioned safely and not filled above the fill line.				
Staff know the immediate procedure following a needlestick or sharps injury.				

7. Staff Safety, Immunisation & Training

Check	Y	N	N/A	Evidence / observation
IPC training forms part of staff induction and ongoing refresher training.				
Training requirements are appropriate to staff roles and responsibilities.				
Training records are maintained and monitored.				
Occupational health support is available to staff.				
Staff immunisation requirements are risk assessed according to role and occupational exposure.				
Relevant vaccination arrangements follow current national guidance.				
Staff know how and when to report infectious illness or occupational exposure.				

8. Clinical Procedures & Patient Risk

Check	Y	N	N/A	Evidence / observation
IPC risks associated with minor surgery are assessed where applicable.				
IPC arrangements for contraceptive procedures are documented where applicable.				
Staff undertaking aseptic procedures have appropriate training and competence.				
Procedures involving blood or body fluids have appropriate PPE, cleaning and waste controls.				
The practice has arrangements for identifying and managing patients with suspected transmissible infections.				
Patient placement, respiratory hygiene, PPE and post-consultation cleaning are considered according to risk.				
Antimicrobial stewardship is incorporated into relevant clinical governance activity.				

Action Plan

Record any gaps identified during the review. Prioritise actions according to risk and ensure completion is checked.

Issue / action required	Priority	Responsible person	Due date	Completed / evidence

Suggested Evidence to Keep Available

■	Current IPC policy and annual IPC statement
■	IPC audits, action plans and re-audit evidence
■	Cleaning schedules and monitoring records
■	IPC risk assessments and significant event reviews
■	Staff IPC training and occupational health/immunisation records
■	Waste documentation and sharps/needlestick procedures
■	Equipment cleaning, maintenance and servicing records

Important

This is an independent CQC Consultancy resource and is not produced, approved or endorsed by the Care Quality Commission. It is intended as a practical self-audit aid and does not guarantee regulatory compliance. Providers remain responsible for ensuring that their service meets applicable legislation, current national guidance and service-specific risks.

Key references: CQC GP Mythbuster 99; Health and Social Care Act 2008 Code of Practice on the prevention and control of infections; National Standards of Healthcare Cleanliness 2025; HTM 07-01 Safe Management of Healthcare Waste; UKHSA Green Book; Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.