

Highfield Surgery

Date of audit 21/1/2026 Auditor name & role Paul Murphy

Handwashing Audit

Observation	Staff group i.e. nurse/paramedic/GP etc.	Did the individual wash their hands at every "moment"	Are those delivering direct patient care "bare below the elbows"	Did the staff member use the correct hand washing techniques?	Were any cuts and abrasions covered with an appropriate dressing?	Were paper towels disposed of correctly and without hand contact on the bin
1 AW	Nurse	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2 JB	Nurse	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3 NW	HCA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4 MS	GP	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5 NB	GP	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6 DB	GP	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7 DF	Admin	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
8 CG	Admin	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
9 CK	admin	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
10 ER	admin	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
11 CF	Rec	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
12 AI	Rec	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
13 SR	Rec	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
14 DS	Rec	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
15 LF	Rec	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
16 VW	Rec	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
17		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

funke nails CG DF AI SR



ILLEGIBLE REQUESTS OR REQUESTS WITH NO REQUESTOR AND LOCATION MAY NOT BE PROCESSED
ONLY TO BE USED WHEN CYBERLAB IS DOWN

<p>Hospital Case No: _____</p> <p>NHS No: _____</p>		<p>UKAS accredited Medical Laboratory Nos. 8866, 9009, 8867 & 8868 Refer to BTH Pathology website for schedule of accreditation</p>		<p>NHS Blackpool Teaching Hospitals NHS Foundation Trust</p>		<p>Priority: _____</p>	
<p>Forename: _____</p> <p>Surname: _____</p> <p>M / F D.O.B. / /</p>		<p>Specimen Type: Blood: <input type="checkbox"/> Urine: <input type="checkbox"/> Fluid: <input type="checkbox"/> Other: _____</p>		<p>LAB USE ONLY</p>		<p>Address: _____</p>	
<p>Town: _____</p> <p>Postcode: _____</p>		<p>Telephone No: _____</p>		<p>Requesting Doctor: _____</p> <p>Bleep No. _____</p>		<p>Requesting Location: Private <input type="checkbox"/> Patient <input type="checkbox"/></p>	
<p>Requestors Telephone Number: _____</p>		<p>Taken by (Print & Sign) _____</p> <p>Print: _____</p> <p>Sign: _____</p>		<p>Date and time of collection: _____ / _____ / _____ am / pm</p>		<p>Lab Use Only</p>	
<p>Tests</p> <p>PRINT DETAILS</p>		<p>Clinical Details:</p>		<p>Requestors Telephone Number: _____</p>			

Findings

Reception Desks all have hand gel on each desk + Surface wipes

Admin Desks have hand gel on each desks

Recommendations

Advised CG, DF, AI, SR on finger Nails they are short. Adv staff to maintain short length.

Actions required (and by whom)

ILLEGIBLE REQUESTS OR REQUESTS WITH NO REQUESTOR AND LOCATION MAY NOT BE PROCESSED
ONLY TO BE USED WHEN CYBERLAB IS DOWN

<p>UKAS accredited Medical Laboratory Nos. 8866, 9009, 8867 & 8868 Refer to BTH Pathology website for schedule of accreditation</p>		<p>NHS Blackpool Teaching Hospitals NHS Foundation Trust</p>		<p>Priority:</p>
<p>Specimen Type: Blood: <input type="checkbox"/> Urine: <input type="checkbox"/> Fluid: <input type="checkbox"/> Other: <input type="checkbox"/></p>		<p>LAB USE ONLY</p>		
<p>Tests PRINT DETAILS</p>		<p>Telephone No: _____ Bleep No. _____ Requesting Doctor: _____ Requesting Location: _____ <input type="checkbox"/> Patient <input type="checkbox"/> Private</p>		
<p>Clinical Details:</p>		<p>Requestors Telephone Number: _____ Taken by (Print & Sign) _____ Print: _____ Sign: _____</p>		
<p>Lab Use Only</p>		<p>Date and time of collection: _____ / _____ / _____ am / pm</p>		
<p>Hospital Case No: _____ NHS No: _____ Surname: _____ Forename: _____ M / F D.O.B. _____ / _____ / _____ Address: _____ Town: _____ Postcode: _____</p>		<p>_____</p>		

Review plan (Including date)

Min Annual

will also do spot checks with
in the next 12 months

ILLEGIBLE REQUESTS OR REQUESTS WITH NO REQUESTOR AND LOCATION MAY NOT BE PROCESSED
ONLY TO BE USED WHEN CYBERLAB IS DOWN

<p>Hospital Case No: _____</p> <p>HHS No: _____</p> <p>Surname: _____</p> <p>Forename: _____</p> <p>M / F <input type="checkbox"/> / <input type="checkbox"/> D.O.B. / /</p> <p>Address: _____</p>		<p>Town: _____</p> <p>Postcode: _____</p> <p>Telephone No: _____</p> <p>Requesting Doctor: _____</p> <p>Bleep No. _____</p> <p>Requesting Location: _____</p> <p><input type="checkbox"/> Private <input type="checkbox"/> Patient</p>		<p>Requestors Telephone Number: _____</p> <p>Taken by (Print & Sign) _____</p> <p>Print: _____</p> <p>Sign: _____</p> <p>Date and time of collection: / / am / pm</p>	
<p>UKAS accredited Medical Laboratory Nos. 8866, 9009, 8867 & 8868 Refer to BTH Pathology website for schedule of accreditation</p>		<p>Blackpool Teaching Hospitals NHS Foundation Trust</p>		<p>Priority: _____</p>	
<p>Specimen Type:</p> <p>Blood: <input type="checkbox"/> Urine: <input type="checkbox"/> Fluid: <input type="checkbox"/> Other: _____</p>		<p>Tests</p> <p>PRINT DETAILS</p>		<p>Clinical Details:</p>	
<p>LAB USE ONLY</p>		<p>Lab Use Only</p>		<p>_____</p>	