**Annex 5.10 Ophthalmic Contract Visit Form (Version 2209)**

**Part One – Administrative Assurance**

**Preliminary ID check:**

Identification (ID) verified: Passport  Driving Licence  Other\*

*\*If Other, please specify:*

**Section A – All Contracts**

|  |  |
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| **1. Practice details** | |
| **1.1 Practice name** | **1.2 Contractor name (if different)** |
| **1.3 Practice/Correspondence Address**  **Address 1:**  **Address 2:**  **Town:**  **Postcode:** | **1.4 Practice Manager** |
| **1.5 Telephone** |
| **1.6 Website** |
| **1.7 Email** |

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| **2. Visit details** | | | |
| **2.1 Date of Visit:** | | **2.2 Purpose:**  New application  Review existing practice  Relocation of practice premises  Other\*  \**If Other, please state the purpose of the visit*: | |
| **2.3 In attendance:**  **Name(s): Job title(s): Representing (body):** | | | |
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| **3. Business type (127-132/133-145)** | |
| **3.1 Type:** | Individual  Partnership  Company/LLP/CIC |
| **3.2 Owner’s or Chief Executive’s name:** |  |
| **3.3 Partner’s or Director’s names:** |  |
| **3.4 Registered address (if different):** |  |
| **3.5 Company secretary name (Companies/LLP):** |  |
| **3.6 Companies House registration number (Companies/LLP):** |  |
| **3.7 GOC corporate registration number (where applicable):** |  |
| **3.8 Is the Contractor using a protected title (e.g., optometrist/optician):** |  |
| **3.9 Is the title correctly used?** | Yes  No  Additional comment(s): |

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| **4. Contracts applied for/held** | | | | | |
| **4. Contract Type:** | | | | | |
| **Mandatory** |  | **Additional** |  | **Both** |  |

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| **5. Hours of practice opening (incl. lunchtime closure)** | | | |
| **Monday** |  | **Friday** |  |
| **Tuesday** |  | **Saturday** |  |
| **Wednesday** |  | **Sunday** |  |
| **Thursday** |  | **Bank Holiday(s)** |  |

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| **6. Performers in regular attendance** | | | |
| **6.1 Performer (Optometrist /OMP) name:** | **6.2 GOC number:** | **6.3 Professional indemnity insurance by:** | **6.4 NHS region responsible for Performer management:** |
| NAME | 01- |  |  |
| NAME | 01- |  |  |
| NAME | 01- |  |  |

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| **7. Staffing procedures** | ***Yes/No*** | ***Supporting Evidence*** |
| **7.1 Does the Contractor ensure that all professional staff have up-to date professional registration, and if so, how?** |  |  |
| **7.2 Does the Contractor check the references of all registered clinical staff (including locums), and if so, how?** |  |  |
| **7.3 Does the Contractor check that all performers are covered by up- to-date professional indemnity insurance (where applicable), and if so, how?** |  |  |
| **7.4 Has the Contractor produced evidence that all employed or engaged Performers are included in the NHS England ophthalmic performers list, and if so, how?** |  |  |
| **7.5 Does the Contractor ensure that NHS England / AT is informed of any changes to the performers providing GOS at the practice, and if so, how?** |  |  |

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| **8. Insurances and registrations** | ***Yes/No*** | ***Supporting Evidence*** |
| **8.1 Does the Contractor have up-to-date arrangements for cover in cases of clinical negligence, and if so, how have they evidenced this?** |  |  |
| **8.2 Does the Contractor have current employer’s liability cover available, and if so, is the certificate displayed or otherwise made available to employees?** |  |  |
| **8.3 Does the Contractor have current public liability cover and if so, how have they evidenced this?** |  |  |
| **8.4 Does the Contractor undertake remote edging or glazing and if so, can they evidence their registration with the Medicines and Healthcare products Regulatory Agency (MHRA)?** |  |  |

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| **9. GOS sight test application procedures** | ***Yes/No*** | ***Supporting Evidence*** |
| **9.1 Do practice staff always ask for proof of patient eligibility for GOS sight tests (point of service checks)?** |  |  |
| **9.2 Do practice staff understand that they must routinely note date of last sight test (not just date of last NHS sight test) on GOS1 and GOS6?** |  |  |
| **9.3 Are practice staff familiar with recommended minimum GOS sight test intervals (as set out in the memorandum of understanding and reproduced in ‘vouchers at a glance’)?** |  |  |
| **9.4 Does the Contractor record reasons when sight tests are refused to patients; except in cases where a sight test is not necessary, or the patient is not eligible?** |  |  |
| **9.5 Is the patient offered a choice of performer where appropriate?** |  |  |
| **9.6 Does the Contractor offer all GOS patient groups equal access to appointments during GOS hours?** |  |  |
| **9.7 Is the Contractor aware of the on-going requirement to notify NHS England / AT of changes to the times at which the Contractor is willing to provide GOS?** |  |  |

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| **10. Information Access and Protection** | ***Yes/No*** | ***Supporting Evidence*** |
| **10.1 Does the Contractor have an up-to-date Freedom of Information Act statement, and is it available to patients?** |  |  |
| **10.2 Does the Contractor have an Information Commissioners Office (ICO) registration number (*add in Supporting Evidence*), or if not has the ICO self-assessment toolkit been completed?** |  |  |
| **10.3 Does the Contractor have a named Data Protection Officer (DPO), or if a DPO has not been appointed, does the Contractor have a named person responsible for practices and procedures relating to data protection and confidentiality?** |  |  |
| **10.4 Is the Contractor policy on handling patient data readily available to patients?** |  |  |
| **10.5 Are staff aware of how to handle patient data correctly?** |  |  |
| **10.6 Does the practice have details of local child /vulnerable adult safeguarding protection arrangements and are these regularly reviewed?** |  |  |

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| **11. Record-keeping** | ***Yes/No*** | ***Supporting Evidence*** |
| **11.1 Does the Contractor have a gifts register?** |  |  |
| **11.2 Are patient records securely stored and if so, how is this evidenced by the Contractor?** |  |  |
| **11.3 Are GOS records retained for seven years in either paper or electronic form?** |  |  |
| **11.4 Is the Contractor aware of the professional recommendations to keep records for longer?** |  |  |
| **11.5 Does the Contractor ensure that records are securely destroyed and if so, how?** |  |  |

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| **12. Complaints and incidents** | ***Yes/No*** | ***Supporting Evidence*** |
| **12.1 Does the Contractor have an NHS-compliant written complaints procedure?** |  |  |
| **12.2 Is the Contractor aware of the requirement to report annually the number of NHS complaints received?** |  |  |
| **12.3 Is the complaints procedure available to all patients and staff?** |  |  |
| **12.4 Does the Contractor have a named person responsible for dealing with complaints?** |  |  |
| **12.5 Is the Contractor aware of the requirement to maintain a separate record of all complaints and associated paperwork for two years?** |  |  |
| **12.6 Is the Contractor aware of the obligation to report adverse incidents potentially affecting the performance of the contract?** |  |  |
| **12.7 Does the Contractor receive safety alerts from NHS England within an appropriate timescale?** |  |  |
| **12.8 Does the Contractor adhere to the requirements or recommendations of MHRA medical device alerts (MDAs) and safety alert broadcasts (SABs)?** |  |  |

**Section B – Mandatory Contracts Only**

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| **13. Hours GOS normally provided (if different)** | | | |
| **Monday** |  | **Friday** |  |
| **Tuesday** |  | **Saturday** |  |
| **Wednesday** |  | **Sunday** |  |
| **Thursday** |  | **Bank Holiday(s)** |  |

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| **14. Signage and documentation** | ***Yes/No*** | ***Supporting Evidence*** |
| **14.1 Does the Contractor have on display and populated as appropriate a current notice of eligibility for: NHS sight tests, NHS vouchers, and NHS complaints?** |  |  |
| **14.2 Are details of business ownership and registered office displayed and not just visible when open?** |  |  |
| **14.3 Is the most recent version of the Contractor’s Health and Safety poster displayed?** |  |  |
| **14.4 Does the Contractor have a no smoking sign displayed?** |  |  |
| **14.5 Has the Contractor got a suitable chaperone policy displayed and is this regularly reviewed?** |  |  |

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| **15. Health and safety** | ***Yes/No*** | ***Supporting Evidence*** |
| **15.1 Has the Contractor completed a health and safety risk assessment?** |  |  |
| **15.2 Does the Contractor have a health and safety policy?** |  |  |
| **15.3 Has the Contractor got a suitable lone worker policy and is this regularly reviewed?** |  |  |
| **15.4 Can the Contractor explain their reporting responsibilities under RIDDOR?** |  |  |
| **15.5 Is a suitable first aid kit available in a clearly identifiable location, with up-to-date contents?** |  |  |
| **15.6 Does the Contractor have an accident record book or other arrangements, and if so, is it compliant with the Data Protection Act requirements?** |  |  |
| **15.7 Does the Contractor arrange portable appliance electrical (PAT) testing and/or regular visual inspection of appliances?** |  |  |
| **15.8 Has the Contractor ensured fixed installation electrical testing has been undertaken?** |  |  |

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| **16. Fire Precaution (Regulatory Reform [Fire Safety] Order 2006)** | ***Yes/No*** | ***Supporting Evidence*** |
| **16.1 Has the Contractor completed a fire risk assessment?** |  |  |
| **16.2 Has the Contractor provided fire extinguishers on the premises?** |  |  |
| **16.3 Does the Contractor ensure all fire extinguishers on the premises are serviced on a regular basis, as per manufacturer’s recommendations?** |  |  |
| **16.4 Are there fire exit signs at the appropriate points on the premises?** |  |  |
| **16.5 Are the fire exits clear and if so, how does the Contractor ensure they remain clear?** |  |  |

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| **17. Suitability of Premises**  ***\*’N/A’ only applicable for use in SS 17.6, 17.7 and 17.8, and 17.9*** | **Non-clinical areas e.g., stairs**  ***(Yes, No, N/A\*)*** | **Reception area**  ***(Yes, No, N/A\*)*** | **Dispensing area**  ***(Yes, No, N/A\*)*** |
| **17.1 Are the premises clean and tidy?** |  |  |  |
| **17.2 Does the premises have adequate lighting?** |  |  |  |
| **17.3 Is the premises clear of trip hazards?** |  |  |  |
| **17.4 Are the premises traffic routes clear of obstructions?** |  |  |  |
| **17.5 Does the premises have reasonable patient access (where applicable)?** |  |  |  |
| **17.6 Does the premises have suitable and sufficient seating?** |  |  |  |
| **17.7 Does the practice layout respect the need for patient confidentiality (including safety of data displayed on computer terminals)?** |  |  |  |
| **17.8 Is there a facility for confidential telephone calls to be made by the performers e.g., for urgent referrals?** |  |  |  |
| **17.9 Are appropriate facilities available for employees to take breaks, including meal breaks?** |  |  |  |
| **17.10 Additional Comments:** |  |  |  |

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| **18. Waste Disposal *(Section 34 Environmental Protection Act 1990)*** | ***Yes/No*** | ***Supporting Evidence*** |
| **18.1 Does the Contractor have a provider in place for disposal of pharmaceutical waste and if so, what is the name of the provider?** |  |  |
| **18.2 Are records relating to pharmaceutical waste disposal kept for the correct time period(s)?** |  |  |

**Section C – Additional Contracts Only**

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| **19. Procedures and documentation** | ***Yes/No*** | ***Supporting Evidence*** |
| **19.1 Is there a suitable GOS patient leaflet available?** |  |  |
| **19.2 Is the Contractor aware of the domiciliary code of practice?** |  |  |
| **19.3 How does the Contractor comply with notification requirements?** |  |  |
| **19.4 Has the Contractor got a suitable lone worker policy and is this regularly reviewed?** |  |  |

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| **20. Waste disposal (Section 34 Environment Protection Act 1990)** | ***Yes/No*** | ***Supporting Evidence*** |
| **20.1 Does the Contractor have a contract in place for disposal of pharmaceutical waste?** |  |  |
| **20.2 Are records relating to pharmaceutical waste disposal kept for the correct time period(s)?** |  |  |
| **20.3 Is the Contractor registered as a waste carrier?** |  |  |

**Section D – Action Plan**

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| **Name of Practice:** |  |
| **Address:** |  |
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| **Date of Action Plan:** |  |

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| **Part One – Administrative Assurance action points** | | | |
| **Section:** | **Key Actions:** | **Person(s) Responsible:** | **Timescale:** |
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**Declaration**

I have addressed the above actions detailed in the action plan above, implemented any/all relevant changes and supplied appropriate evidence of this.

Contractor name: ……………………………………………………..........

Signed: ………………………………………………………………………...……

Date: ……………………………………………………………………………

**Annex 5.10 Ophthalmic Contract Visit Form (REV August 2022)**

**Part Two – Clinical Assurance**

**Preliminary ID check:**

Identification (ID) verified: Passport  Driving Licence  Other

**Section A – All Contracts**

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| **2. Visit details** | | | |
| **2.1 Date of Visit:** | | **2.2 Purpose:**  New application  Review existing practice  Relocation of practice premises  Other\*  \**If Other, please state the purpose of the visit*: | |
| **2.3 In attendance:**  **Name(s): Job title(s): Representing (body):** | | | |
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| **7. Staffing procedures** | ***Yes/No*** | ***Supporting Evidence*** |
| **7.6 Does the Contractor ensure that staff assisting in the provision of GOS are appropriately trained, and supervised for the tasks that they undertake? If so, how do they do this?** |  |  |
| **7.7 Does the Contractor ensure that clinical procedures are appropriate especially at times when a supervising practitioner is not on the premises, e.g., repeat fields and pressures or child or visually impaired dispensing? If so, how do they do this?** |  |  |

**Clinical Record Keeping - All Contracts**

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| **11. How are the patients’ clinical records stored?** |
| **11.6 Patient record storage:**  Recorded electronically directly on a computer, and stored  Handwritten, scanned onto a computer for storage  Handwritten, stored securely in a non-electronic filing system  Clinical records are noted and stored in a combination of electronic and non-electronic filing systems |

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| **11.7 Each clinical record contains items from the following list as appropriate to the individual patient:** | **Yes/No** | **Supporting Evidence/Advice Given** |
| **The details of all those involved in the optical consultation, including name and signature, or other identification of the author** (GOC Standard 8.2.7)**:** |  |  |
| **Identity and age group of the patient (*ideally date of birth rather than age*):** |  |  |
| **Reason for visit/symptoms:** |  |  |
| **Ocular history:** |  |  |
| **General health:** |  |  |
| **Medications:** |  |  |
| **Family ocular history:** |  |  |
| **Unaided vision/vision with current spectacles:** |  |  |
| **Visual acuity:** |  |  |
| **Binocular vision assessment:** |  |  |
| **External examination:** |  |  |
| **Internal examination of the eye:** |  |  |
| **C:D ratio:** |  |  |
| **Any other (specific) comments from ophthalmoscopy:** |  |  |
| **Refraction result:** |  |  |
| **Visual fields (where relevant):** |  |  |
| **Tonometry (where relevant):** |  |  |
| **Advice given:** |  |  |
| **Referral/notification letter copies:** |  |  |
| **Record is legible:** |  |  |
| **Additional comments:** | | |

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| **11. Record Keeping** |
| **11.8 Does the Contractor maintain full and accurate contemporaneous records for all GOS patients?**  Enter any additional notes relating to the record card template: |

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| **11. Clinical Record** **Review** | **Yes/No** | **Supporting Evidence/Advice Given** |
| **11.9 Does the Contractor have an appropriate clinical record review process in place?** |  |  |
| **11.10 If not, has the Contractor been advised on how to conduct clinical record reviews?** |  |  |
| **Additional Notes:** |  |  |

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| **21. Referral and notification procedures** | ***Yes/No*** | ***Supporting Evidence*** |
| **21.1 Is the Contractor aware of how to make referrals in accordance with any existing local protocols?** |  |  |
| **21.2 When required, are written referrals made to the patient’s GP/referral management centre/ophthalmology dept.? Is the urgency of the referral indicated (when appropriate)?** |  |  |
| **21.3 Is the patient informed in writing of the reason for their referral immediately following the sight test?** |  |  |

**Section B – Mandatory Contracts Only**

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| **18. Waste Disposal *(Section 34 Environmental Protection Act 1990)*** | ***Yes/No*** | ***Supporting Evidence*** |
| **18.3 Is the Contractor aware of duty of care to appropriately dispose of waste?** |  |  |

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| **22. Consulting Room facilities – Sight testing rooms used for GOS.** | | | | |
| **How many consulting rooms are used for providing GOS?** | | | | |
|  | **Room 1** | **Room 2** | **Room 3** | **Room 4** |
| **22.1 Is the consulting room clean and tidy?** |  |  |  |  |
| **22.2 Is there adequate lighting?** |  |  |  |  |
| **22.3 Is the area clear of trip hazards?** |  |  |  |  |
| **22.4 Are traffic routes are clear of obstructions?** |  |  |  |  |
| **22.5 Is there reasonable patient access?** (Equality Act 2010) |  |  |  |  |
| **22.6 Is there suitable and sufficient seating?** |  |  |  |  |
| **22.7 Is the consulting room suitable for confidential consultations and confidential telephone calls to be made by the Performers. E.g., for urgent referrals?** |  |  |  |  |
| **22.8 Is there adequate testing distance?** |  |  |  |  |
| **Additional notes:** | | | | |

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| **23. Pre-screening/initial examination area if applicable:** | | |
| **23. Is the pre-screening/initial examination area applicable to this practice?**  If Yes  please proceed to complete 23.1 through to 23.8 within this Section.  If No  please disregard 23.1 through to 23.8, and instead proceed to complete Section 24. | | |
|  | ***Yes, No, N/A*** | ***Supporting Evidence*** |
| **23.1 Is the pre-screening area clean and tidy?** |  |  |
| **23.2 Is there adequate lighting?** |  |  |
| **23.3 Is the area clear of trip hazards?** |  |  |
| **23.4 Are traffic routes clear of obstructions?** |  |  |
| **23.5 Is there reasonable patient access?** (Equality Act 2010) |  |  |
| **23.6 Is there suitable and sufficient seating?** |  |  |
| **23.7 Constructed to be suitable for confidential consultations?** |  |  |
| **23.8 Have the pre-screening/initial examination areas been adapted for infection prevention and control (IPC)?** |  |  |
| **Additional notes:** | | |

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| **24 Equipment** | | | | |
| **24.1 Clinical testing equipment (shareable)** | | | | |
|  | **Room 1** | **Room 2** | **Room 3** | **Room 4** |
| **Frame ruler or similar** |  |  |  |  |
| **Visual field test**  (Threshold visual field screener, see College suggestion) |  |  |  |  |
| **Tonometer** |  |  |  |  |
| **Retinoscope** |  |  |  |  |
| **Ophthalmoscope** |  |  |  |  |
| **Near binocular vision test** |  |  |  |  |
| **Indirect ophthalmoscope or Volk/equivalent lens** |  |  |  |  |
| **Near reading chart** |  |  |  |  |
| **Amsler grid** |  |  |  |  |
| **Colour vision test** |  |  |  |  |
| **Stereopsis test** |  |  |  |  |
| **24.2 Clinical testing equipment (non-shareable)** | | | | |
|  | **Room 1** | **Room 2** | **Room 3** | **Room 4** |
| **Distance test chart for adults** |  |  |  |  |
| **Distance test chart for children / non-English / learning disability** |  |  |  |  |
| **Trial lenses and accessories/phoropter** |  |  |  |  |
| **Trial frame/phoropter** |  |  |  |  |
| **Slit lamp** |  |  |  |  |
| **Distance binocular vision test** |  |  |  |  |
| **All equipment (shareable and non-shareable) is in working order and is fit for purpose** |  |  |  |  |

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| **25. Ophthalmic drugs\*** | | |
| *\*Essential to the provision of GOS; others optional depending on practice and instrumentation* | **Available  *(Yes/No)*** | **Expiry Date** |
| **25.1 \*Mydriatic** (e.g., tropicamide) |  |  |
| **25.2 \*Staining Agents** (e.g., fluorescein) |  |  |
| **25.3 \*Cycloplegic** (e.g., cyclopentolate) |  |  |
| **25.4 Anti-infective** (e.g., chloramphenicol) |  |  |
| **25.5 Topical anaesthetics**  (e.g., proxymetacaine / oxybuprocaine) |  |  |
|  | **Yes, No, N/A** | **Supporting evidence** |
| **25.6 Drugs are stored appropriately and securely** (e.g., proxymetacaine and chloramphenicol drops in a fridge, and non-fridge items to be stored out of reach of children) |  |  |
| **25.7 Single dose drugs (e.g., Minims) are used once and then discarded** |  |  |

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| **26. Infection control (consulting room and pre-screening/initial examination area only)** | | |
|  | **Available  *(Yes, No, N/A)*** | **Supporting Evidence** |
| **26.1 Access to a wash hand basin (good practice for this to be within the consulting room)** |  |  |
| **26.2 Liquid soap** |  |  |
| **26.3 Paper towels in a wall-mounted dispenser** |  |  |
| **26.4 Alcohol gel or alternative anti-bacterial hand rub available** |  |  |
| **26.5 Staff aware of good hand washing practice and advice on good handwashing practice is displayed** |  |  |
| **26.6 Suitable procedures in place for decontamination of hard surfaces** |  |  |
| **26.7 Suitable procedures for decontamination of reusable equipment** |  |  |
| **26.8 Appropriate use of disposable and single use items** |  |  |
| **Has appropriate decontamination and adjustment of equipment been considered as part of IPC?** | | |

**Section C – Additional Contracts Only**

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| **20. Waste Disposal *(Section 34 Environmental Protection Act 1990)*** | ***Yes/No*** | ***Supporting Evidence*** |
| **18.3 Contractor aware of duty of care to appropriately dispose of waste** |  |  |

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| **27. Mobile Equipment Requirements** | ***Yes/No*** | ***Supporting Evidence*** |
| **Distance test chart (internally illuminated or computer)** |  |  |
| **A distance test chart suitable for children / non-English/learning disability** |  |  |
| **Measuring tape** |  |  |
| **Trial lenses and accessories** |  |  |
| **Trial frame** |  |  |
| **Retinoscope** |  |  |
| **Ophthalmoscope** |  |  |
| **Distance binocular vision test** |  |  |
| **Near binocular vision test** |  |  |
| **Magnification for anterior eye examination** |  |  |
| **Near vision test type** |  |  |
| **Tonometer** |  |  |
| **Amsler grid** |  |  |
| **Means of assessing visual field**  (Damato or equivalent is minimum) |  |  |
| **Focimeter** |  |  |
| **Frame ruler or similar** |  |  |
| **All equipment is in working order and is fit for purpose** |  |  |

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| **28. Ophthalmic drugs\*** | | |
| *\*Essential to the provision of GOS; others optional depending on practice and instrumentation* | **Available  *(Yes/No)*** | **In Date  *(Yes/No and record date)*** |
| **28.1 \*Mydriatic** (e.g., tropicamide) |  |  |
| **28.2 \*Staining Agents** (e.g., fluorescein) |  |  |
| **28.3 \*Cycloplegic** (e.g., cyclopentolate) |  |  |
| **28.4 Anti-infective** (e.g., chloramphenicol) |  |  |
| **28.5 Topical anaesthetics**  (e.g., proxymetacaine / oxybuprocaine) |  |  |
|  | **Yes, No, N/A** | **Supporting evidence** |
| **28.6 Drugs are stored appropriately and securely** (e.g., proxymetacaine and chloramphenicol drops in a fridge, and non-fridge items to be stored out of reach of children) |  |  |
| **28.7 Single dose drugs (e.g., Minims) are used once and then discarded** |  |  |

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| **29. Infection control** | | |
|  | **Available  *(Yes, No, N/A)*** | **Supporting Evidence** |
| **29.1 Liquid soap, for where it is unlikely to be available at the premises visited** |  |  |
| **29.2 Paper towels, for where appropriate hand-drying facilities are unlikely to be available on the premises visited** |  |  |
| **29.3 Alcohol gel or alternative anti-bacterial hand rub available** |  |  |
| **29.4 Suitable procedures for decontamination of reusable equipment** |  |  |
| **29.5 Appropriate use of disposable and single use items** |  |  |
| **29.6 Has appropriate decontamination and adjustment of equipment been considered as part of IPC?** | | |

**Section D – Action Plan**

|  |  |
| --- | --- |
| **Name of Practice:** |  |
| **Address:** |  |
|  |  |
|  |  |
|  |  |
| **Date of Action Plan:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part Two – Clinical Assurance action points** | | | |
| **Section:** | **Key Actions:** | **Person(s) Responsible:** | **Timescale:** |
|  |  |  |  |
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|  |  |  |  |

**Declaration**

I have addressed the above actions detailed in the action plan above and implemented any/all relevant changes and supplied appropriate evidence of this.

Contractor name: ……………………………………………………..........………...

Signed: ………………………………………………………………………...…………….

Date: ………………………………………………………………………………………....