

Infection prevention and control programme

Policy | IPC-POL-001

Document type	Policy
Title	Infection prevention and control programme
Document ID	{{facility.code}}-IPC-POL-001
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
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Replaces	None (new document)
Standards and criteria supported	Basis B1.15 (Infection Is Prevented Through a Written Programme)
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. The facility has a written infection prevention and control (IPC) programme with a named lead, reviewed at least once a year.
2. Hand hygiene, personal protective equipment, isolation and cleaning are in place at every point of care.
3. Healthcare-associated infections are counted every quarter, and each cluster is investigated and acted on.
4. The programme is approved by the governing body and reported to it each year.

Stop and get help straight away if: there is no written programme or named lead, or a cluster of infections has no recorded investigation.

1. Purpose

To prevent healthcare-associated infection to patients, staff and visitors through a written, reviewed and monitored programme (B1.15).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Healthcare-associated infection	An infection a patient acquires during care in the facility, not present or incubating on admission.
Cluster	Two or more linked cases of the same infection in the same area within a short period, or an unusual pattern of one infection.

Term	Meaning in this SOP
Standard precautions	Basic measures used for every patient: hand hygiene, PPE, safe handling of sharps and waste, and respiratory hygiene.
Isolation	Additional precautions for a patient with, or suspected of having, an infection that can spread.

4. Background and rationale

To prevent healthcare-associated infection to patients, staff and visitors through a written, reviewed and monitored programme (B1.15).

5. Responsibilities

Role	Duties in this SOP	Competence needed
IPC lead	Runs the programme, leads surveillance and outbreak response, and reports to the clinical director each quarter	Clinical director
Clinical director	Approves the programme, provides resources, and reports to the governing body each year	Governing body
Ward and department leads	Make sure hand hygiene, PPE, isolation and cleaning are done in their area, and report problems	IPC lead
All staff	Apply standard precautions at every patient contact and report exposures and infections	Ward lead

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Prevent.	- Apply standard precautions at every patient contact, and use the 5 Moments of hand hygiene (HH-SOP-001). - Put a patient in isolation when an infection is suspected or confirmed, following the isolation check (DIA-FRM-007 and the isolation procedure).	Precautions applied.
2	Detect.	- Count healthcare-associated infections each month and summarise them each quarter in the surveillance register (IPC-REG-001). - Audit hand hygiene compliance each month (HH-FRM-001).	Infections counted and audited.
3	Respond.	When a cluster is seen, the IPC lead investigates within 24 hours, decides on measures, and records the action and the outcome.	Cluster investigated and acted on.

Step	Action	How to do it	Key point
		Inform the clinical director the same day if the cluster is serious or unusual.	
4	Review.	Review the programme once a year against the data, incidents and national guidance, and approve the changes at governing body level.	Programme reviewed.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Hand hygiene compliance at the 5 Moments	80% or more	Monthly	IPC lead	Retrain the area and repeat the audit within a month
Clusters with a recorded investigation and action	100%	Quarterly	IPC lead	Escalate to the clinical director
Surveillance report produced	Every quarter	Quarterly	IPC lead	Escalate to the governing body

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- All staff complete infection prevention and control training at induction and every year, with a recorded competency check.
- The IPC lead completes advanced training every two years.

15. Related documents

ID	Title	Relationship
HH-SOP-001	Hand Hygiene at the Point of Care (existing)	SOP
HH-POL-001	Hand Hygiene Policy (existing)	Policy
IPC-REG-001	Healthcare-associated infection surveillance register (to be written)	Register
PRO-SOP-005	Sterile technique and infection control in procedures (existing)	SOP
SRG-POL-003	Surgical site infection prevention (existing)	Policy

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval