Policy · IPC-POL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: B1.15

At a glance

- The facility has a written infection prevention and control (IPC) programme with a named lead, reviewed at least once a year.
- Hand hygiene, personal protective equipment, isolation and cleaning are in place at every point of care.
- Healthcare-associated infections are counted every quarter, and each cluster is investigated and acted on.
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
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.
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

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

5. Responsibilities

Role	Responsibility	Competence
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. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 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).

Key point: Precautions applied.

Step 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).

Key point: Infections counted and audited.

Step 3. Respond.

- When a cluster is seen, the IPC lead investigates within 24 hours, decides on measures, and records the action and the outcome.
- Inform the clinical director the same day if the cluster is serious or unusual.

Key point: Cluster investigated and acted on.

Step 4. Review.

- Review the programme once a year against the data, incidents and national guidance, and approve the changes at governing body level.

Key point: Programme reviewed.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- 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.

16. Related documents

ID	Title	Use
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 (existing)	Register
PRO-SOP-005	Sterile technique and infection control in procedures (existing)	SOP
SRG-POL-003	Surgical site infection prevention (existing)	Policy

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

No e-learning course is linked to this document yet.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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Related standard

- **Standard 2: Governance and Safety Culture**

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