

# IPC Care Champion Handbook

A comprehensive guide to the role of an Infection Prevention and Control Champion in social care settings.



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## Introduction

The role of the Infection Prevention and Control Care Champion (IPCCC) is integral to the safe delivery of care for service users and residents in health and social care settings. IPC Care Champions support the wider team within the setting and should influence and promote good IPC practices within their service.

The role can be performed by anyone who has an interest in IPC. The IPC Care Champion should be passionate, enthusiastic, keen to learn and further develop their understanding of infection prevention and control. They should have a voice to instigate change within the setting whilst knowing good IPC is important in protecting residents and service users, staff, and any visitors to the setting.

This handbook has been developed to assist the IPCCC in developing their day-to-day knowledge of IPC in the setting/organisation and instil this knowledge to colleagues. The handbook contains the key principles required to fulfil the role, helpful abbreviations and core knowledge.

## IPC Care Champion Expectations and Responsibilities

IPCCCs should be aware that all regulated care providers need to adhere to the Code of Practice within The Health and Social Care Act 2008.

The Care Quality Commission (CQC) monitor, inspect and rate regulated providers based on 5 key questions:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

Inspection teams use a framework to assess adult social care services using the Key Lines of Enquiry (KLOEs). Since 1<sup>st</sup> November 2007, Infection Prevention and Control has been a KLOE within the key question of SAFE.

SAFE – By safe, CQC mean that people are protected from abuse and avoidable harm.

KLOE S5 – How well people are protected by the prevention and control of infection.

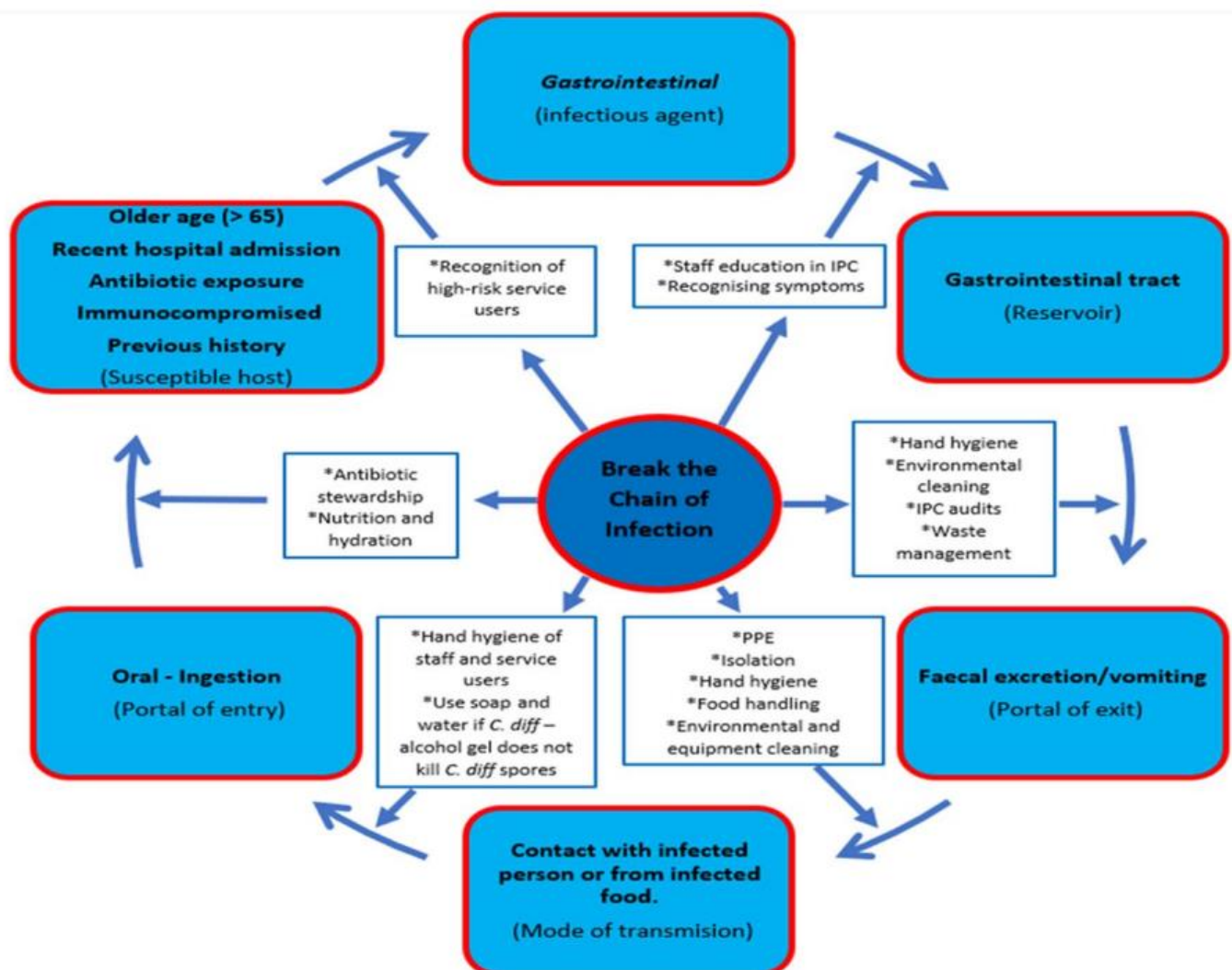
Although the registered manager is responsible for adhering to the Code of Practice, the IPCCC will assist by ensuring that that IPC is adhered to and may be involved in auditing which contributes to the safe systems in place.

If you would like to become an IPCCC, please complete the link below.

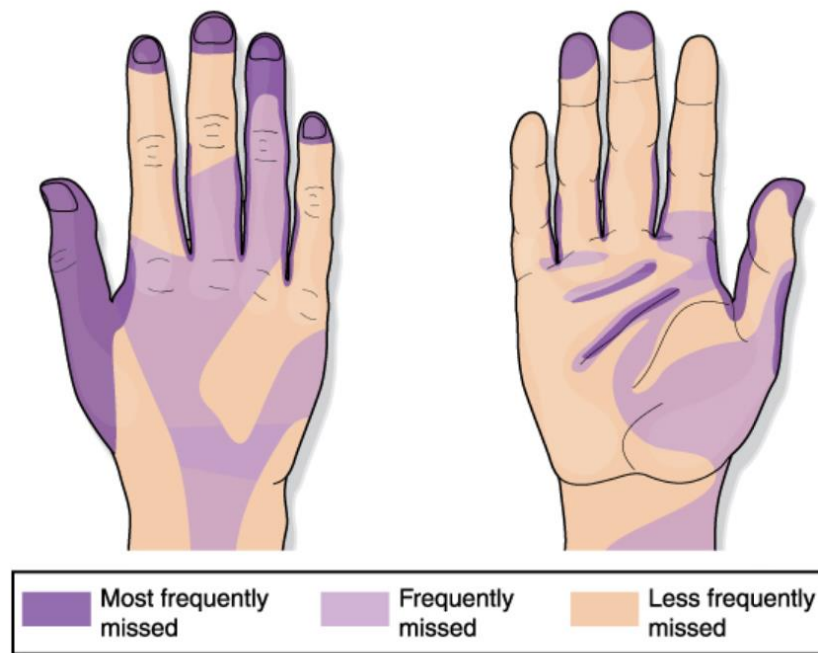
[Infection Prevention & Control Care Champion Nomination Form \(lancashire.gov.uk\)](https://lancashire.gov.uk/infection-prevention-control/care-champion-nomination-form/)

## Core Knowledge and Skills

The IPCCC should have basic knowledge of IPC within the care environment, and it is expected that the IPCCC will commit to attend the forums we offer 3 times a year. The forums provide the latest guidance and advice and will always reiterate the Chain of Infection and how this can be broken to assist in stopping the spread of the infection. IPCCCs should familiarise themselves with the chain of infection to enhance their knowledge.



The IPCCC should be competent in their own hand and respiratory hygiene, the donning and doffing of personal protective equipment (PPE) and the appropriate use of PPE to advise colleagues, residents, and visitors. The image below shows the most frequently missed areas when people fail to wash their hands properly.



One of the skills that IPCCCs need confidence in, is to educate others where IPC practices are not being followed and possibly have challenging conversations with others.

Often the person not complying with IPC guidance may not be aware of the IPC practice to adhere to, therefore in most circumstances, gently correcting the practice is often only what is needed.

However, in the rare incidences where colleagues refuse to follow the correct procedure (examples of this could include the repeat wearing of false nails or varnish) then it should be reported to management where additional training may be required or disciplinary action may need to be instigated as per the setting policy.

## Standard Infection Control Precautions

Standard Infection Control Precautions (SICPs) are the basic infection prevention and control measures used to break the chain of infection and reduce the risk of transmission of microbes.

SICPs include:

- Hand Hygiene
- Appropriate use of Personal Protective Equipment (PPE)
- Safe management of sharps
- Decontamination of the environment and patient equipment
- Safe management of blood and body fluid spills

## Transmission Based Precautions

Transmission based precautions (TBPs) are additional measures to SICPs required when caring for patients/individuals with a known or suspected infection such as Norovirus or COVID-19.

TBPs are categorised by the route of transmission. It is worth noting that some infectious agents can be transmitted by more than one route.

**Contact precautions** - Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission. This might include infections such as *Clostridioides difficile* infection (CDI or C-diff) or salmonella.

**Droplet precautions** - Used to prevent and control infections spread over short distances (at least 3 feet or 1 metre) via droplets from the respiratory tract of one individual directly onto a mucosal surfaces or conjunctivae (thin clear membrane that protect the eye) of another individual. This might include infections such as norovirus or influenza.

**Airborne precautions** - Used to prevent and control infections spread without necessarily having close patient contact via aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. This might include pulmonary tuberculosis (TB).



## Personal Protective Equipment (PPE)

Personal protective clothing should be worn in addition to normal clothing or uniform when there is anticipated contact with blood or body fluids. The type of PPE worn is based on the assessed risk of exposure to blood and body fluids.

PPE should also be worn when carrying out transmission-based precautions. PPE includes:

- Gloves.                                      Gloves do not replace the need for hand hygiene. DO NOT gel gloves! These are single use items.
- Aprons.                                        These are single use items.
- Facial protection.                        This includes goggles and visors. These can sometimes be worn sessionally when carrying for cohorted patients. Please seek advice from the IPC team before doing this.
- FRSM.                                         Fluid Resistant Surgical Masks. Worn when risk of droplet spread. Should be close fitting, applied correctly and changed when wet or soiled. Can be worn sessionally.
- FFP3 masks.                                These are required when undertaking aerosol generating procedures (AGP)\* or caring for patients with highly infectious airborne infections. Staff are required to be fit-tested before they can wear an FFP3 mask.

\*An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

## Decontamination

The patient environment and shared care equipment can become easily contaminated with blood, body fluids and micro-organisms which can be easily transmitted during delivery of care.

Safe decontamination of surfaces and equipment between service users is an essential part of routine infection control to prevent cross-infection. Where possible single use equipment should be used to minimise this risk.

The 3 levels of decontamination are:

- **Cleaning** - with detergent and water or detergent wipes - removes dirt, dust, grime etc.
- **Disinfecting** - with chlorine releasing agent or combined cleaning and disinfection wipes - Kills microorganisms and some spores
- **Sterilising** - complete destruction of micro-organisms and spores.

Alcohol wipes do not clean. They only disinfect clean surfaces. Therefore, they must only be used in conjunction with a cleaning product and on surfaces that have already been cleaned. All equipment needs to be cleaned regularly and recorded on a cleaning schedule. This will ensure that equipment not regularly used is cleaned and therefore ready for use.

## Care Setting Audits

Auditing is a big part of keeping safe systems in place within the care setting and should be undertaken regularly to develop actions plans which are then reviewed in a timely manner.

In relation to IPC, we recommend the following audits to be undertaken:

- **Staff hand hygiene.** These are completed regularly and could be mixture of asking staff to demonstrate the correct hand was technique or auditing covertly. The audit should also include available resources (soap, paper towels, working hand dryer etc) and ensuring facilities are clean.
- **Environmental.** These are completed as required by the previous action plan. The audit should pick up things that require repair (as this can impact on the item being able to be cleaned efficiently) and prioritise accordingly.
- **Commode/Equipment.** Any equipment should be audited for their integrity. This audit is looking at the state of the equipment, and in particular any rust or tearing.
- **Mattress.** These should be completed using water to test the integrity of the mattress. Please also audit pillows for staining and tears.
- **Catheters.** Residents who have catheters should have an audit within their care plan where the catheter is checked each day by the person delivering personal care. Any concerns should be reports to the health care professional.

## Training

Whilst there is no formal training to become an IPCCC, the holder should have a keen interest in IPC and fully up to date with their own IPC training within the setting and also undertake refresher training regularly.

The IPCCC is expected to attend the forum run by the Lancashire County Council (LCC) IPC Team which are run 3 times a year on various topics. The forums can be booked [here](#).

Our [webpage](#) can be accessed to view past forum presentations, up to date guidance and procedures for a variety of clinical and non-clinical procedures within the setting. These are free to view and download.

Settings can also borrow the UV light box for hand hygiene training. The UV cream must be purchased by the setting however.

## Appendix 1

### Health and Social Care Act 2008 Code of Practice

## Part 2: The Code of Practice

The table below is the 'Code of Practice' for all providers of healthcare and adult social care on the prevention and control of infections under The Health and Social Care Act 2008. This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to cleanliness and infection prevention. Not all criteria will apply to every regulated activity. Parts 3 and 4 of this document will help registered providers interpret the criteria and develop their own risk assessments.

Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antibiotic use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs of staff in relation to infection.

## Appendix 2

### Common Abbreviation List

AMR/AMS	Antimicrobial resistance/Antimicrobial stewardship
BwD	Blackburn with Darwen
CQC	Care Quality Commission
DPH	Director of Public Health
HCAI	Healthcare Associated Infection (acquired as a result of healthcare treatment)
IPC	Infection prevention and control
LCC	Lancashire County Council
PPE	Personal protective equipment
UKHSA	United Kingdom Health Security Agency

## Appendix 3

### Useful Links/Emails

IPC Webpage - [Infection prevention and control - Lancashire County Council](#)

IPC Email – [infectionprevention@lancashire.gov.uk](mailto:infectionprevention@lancashire.gov.uk)

UKHSA - [cl.hpt@ukhsa.gov.uk](mailto:cl.hpt@ukhsa.gov.uk)

Telephone 0344 225 0562

Out of hours 0151 434 4819