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Infection Prevention & Control Care Champion (IPCCC) Role Profile & Handbook V2.0

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



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Contents

Version Control Information.....	3
Introduction	4
The aims for developing this role	4
The role of the IPC Care Champion.....	5
General Requirements	6
IPC Care Champion Expectations and Responsibilities	7
Core Knowledge and Skills	8
The Chain of Infection.....	8
Hand and Respiratory Hygiene	9
The 10 Standard Infection Control Precautions (SICPS).....	11
Transmission Based Precautions.....	12
Personal Protective Equipment (PPE).....	13
Decontamination	14
Care Setting Audits	15
Training.....	16
<i>GERMS</i> acronym	17
<i>BEST</i> acronym	18
Appendix 1	19
Appendix 2	20
Appendix 3.....	21
Appendix 4.....	21

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2.0	04/03/25	All	Role profile & handbook changed to one document. Added the BEST/GERMs acronyms.

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. The (IPCCC) supports the wider team within the setting and should influence and promote good IPC practices within their service.

The IPCCC role presents an opportunity to develop and enhance your knowledge of infection prevention and control can be performed by anyone who has an interest in IPC. They should be passionate, enthusiastic, keen to learn and further develop their understanding of infection prevention and control.

More than one IPC champion can be identified within the setting.

IPCCCs should have a voice to instigate change within 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.

The aims for developing this role

To support the service in ensuring good infection prevention and control (IPC) practices are adopted, delivered and maintained in all clinical and non-clinical areas.

To help create and maintain an environment which will reduce the risk of infection to residents/service users, their relatives, social care workers, visitors and healthcare workers.

The role of the IPC Care Champion

The IPCCC will support all staff (including trained, non-trained, cleaners/caretakers, activity coordinators, administrative and reception) on matters concerned with IPC and become a role model initiating best practice in IPC issues within their working area.

A main responsibility of this role will be to ensure that staff working within their area, are updated in IPC accredited training (recommend annual training), new IPC initiatives and will act as a resource/named IPC within their area.

They will undertake/participate in audits, action plans, planning events, poster presentations and share relevant information, audit results and actions to team members.

Working alongside management and senior staff to improve practice where applicable, IPC care champions should

- Be aware of IPC policies and procedures within the setting.
- Undertake regular infection control audits as required within their working environment, such as hand hygiene, sharp safety and PPE etc.
- Display posters and leaflets to advise staff, service users and visitors on aspects of infection prevention and control, for example a display to promote a flu campaign and or hand hygiene.
- Provide updates at staff meetings on IPC issues, as well as on new local guidance of which their team needs to be aware of.
 - To help create and maintain an environment which will reduce the risk of infection to residents/service users, their relatives, social care workers, visitors and healthcare workers.
 - Represent members of their team to raise and resolve IPC concerns.
 - Participate in surveillance or monitoring of key indicators i.e., MRSA, CDI, MSSA and *E. coli*, etc as required.
 - Willing to participate/lead in the IPC training of staff.
 - To influence the purchase/introduction and use of equipment in their setting in relation to, infection control hazards, care and maintenance of equipment and cleaning and storage

General Requirements

1. A willingness to work with others as part of a multi-disciplinary approach to IPC i.e., Local Infection Prevention Nurse or Practitioners, UK Health Security Agency (UKHSA) and local Environmental Health teams.
2. Develop relationships with the domestic/laundry staff to encourage a coordinated approach to infection prevention and control in their setting.
3. A willingness to be involved in approved research/evidenced based initiatives.
4. Share relevant IPC information to work colleagues.
5. Check that IPC policies and procedures are in place and up to date and that they can be accessed by staff.
6. Attend IPC training conferences/workshop/seminars/local IPC meetings and feedback/share any relevant IPC information to their work colleagues.
7. Ensure infection control is a regular agenda item at team meetings.
8. Incorporate/monitor **BEST** practice/checklist twice a week into the workplace ensuring that the setting is adhering closely to the **BEST** Acronym (see section below).

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 1st 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.

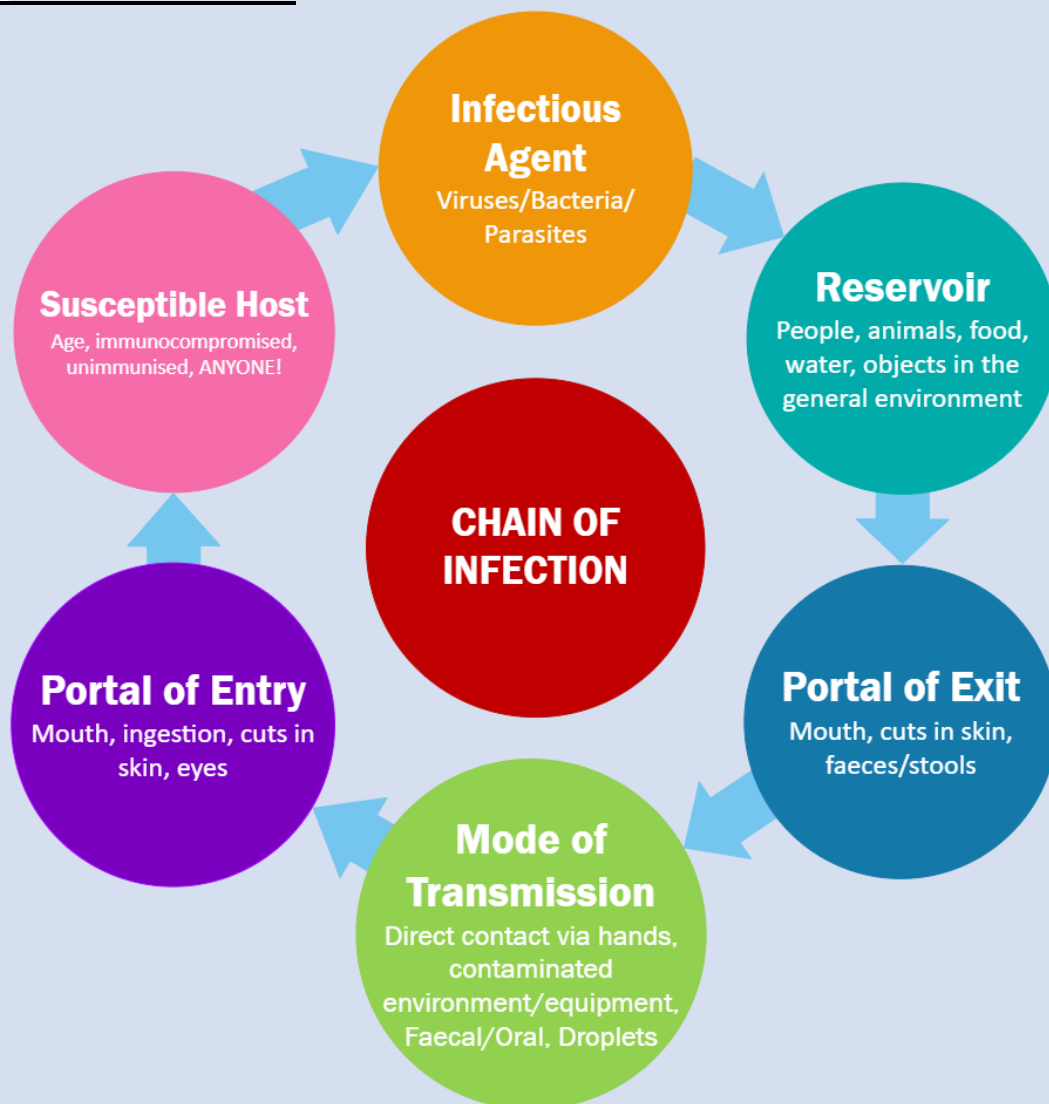
If you would like to become an IPCCC, please complete the link below:

[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 Chain of Infection



The following are some examples of **breaking** the chain of infection:

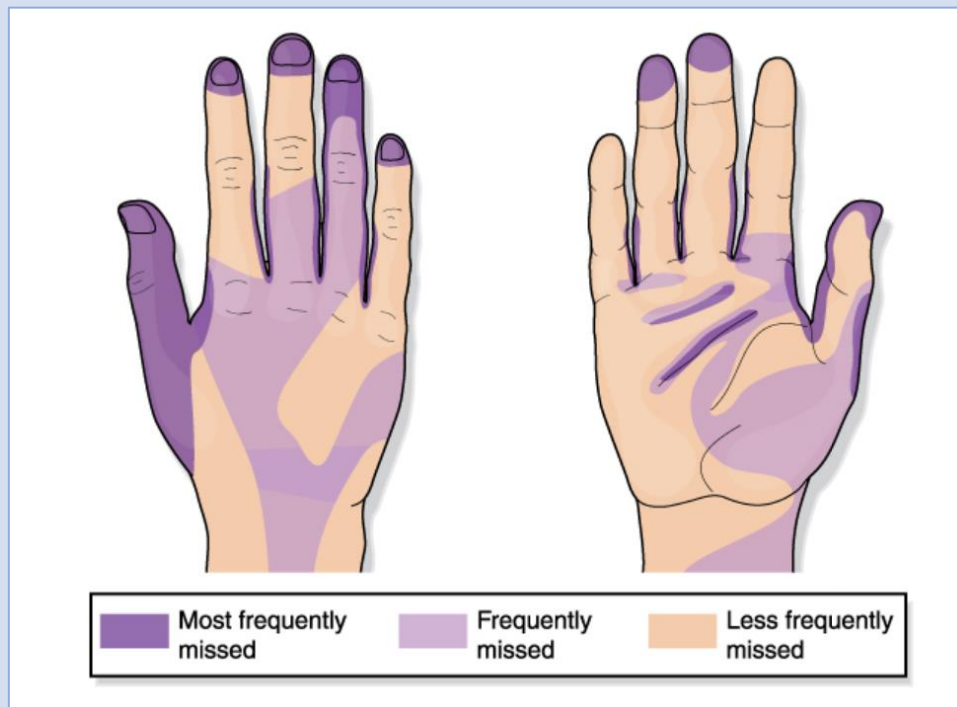
- Staff education in IPC
- Recognising symptoms
- Hand hygiene (staff, residents, service users and visitors)

- Use soap & water if C-diff (alcohol gel does not kill C-diff spores)
- Environmental & equipment cleaning
- IPC audits
- Waste management
- PPE
- Isolation
- Food handling
- Antibiotic stewardship
- Nutrition & Hydration
- Recognition of high-risk residents/service users

A video produced by the Lancashire County Council IPC team focusing on the chain of infection can be found here: [LCC IPC - The Chain of Infection - YouTube](#)

Hand and Respiratory Hygiene

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, service users 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.

The 10 Standard Infection Control Precautions (SICPS)

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.

Effective implementation of (SICPs) is fundamental to most infection prevention guidelines and policies as such it is vital that staff are aware of, and implement, all 10 precautions consistently.

1. Resident placement/assessment for infection risk.
2. Hand hygiene.
3. Respiratory and cough hygiene.
4. Personal protective equipment.
5. Safe management of care equipment.
6. Safe management of care environment.
7. Safe management of linen.
8. Safe management of blood and body fluid spillage.
9. Safe disposal of waste.
10. Occupational safety prevention and exposure management (including sharps).

**When there is a suspected or confirmed outbreak, additional transmission-based precautions (TBP's) will be required.*

Transmission Based Precautions

Transmission based precautions (TBPs) are additional measures to SICPs required when caring for residents, service users/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 residents/service users or indirectly or the 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 residents/service users 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).

[NHS England » Chapter 2: Transmission based precautions \(TBPs\)](#)

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 USE** 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 as required per session when caring 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.
- Please confirm with manufacturer max time limit.

FFP3 masks

- These are required when undertaking aerosol generating procedures (AGP)* or caring 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 resident or service user 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 and are not visible to the naked eye.

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 wash technique or auditing covertly.

The audit should also include available resources (soap, paper towels, working hand dryer etc) and ensuring facilities are clean. This should also include the (WHO) 5 moments of hand hygiene.

- **Environmental** - These are completed as required by the previous action plan.

The audit should pick up things that require repair or replacement (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 and pressure relieving cushions 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 reported 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 undertake refresher training regularly.

Lancashire County Council IPC team has various forums, webinars and training available throughout the year, which you will be notified once registered with the IPC team.

The IPC Care Champion is expected to attend the Fundamentals of IPC forum as to be informed of the basics of IPC.

The forums can be booked [here](#).

GERMS acronym

Gastrointestinal – Hepatitis A (Hep A), Diarrhoea and Vomiting (D&V) / Norovirus, *Clostridioides difficile* (C. diff), *Escherichia coli* (E. coli)

Ectoparasites – Scabies, Head Lice

Respiratory – Influenza, COVID-19, Strep throat (Group A streptococcal (GAS))

Multi-drug Resistance Organism's (MDRO) – Methicillin Resistant *Staphylococcus Aureus* (MRSA), carbapenemase-producing organism (CPO)

Skin – Cellulitis (GAS), Impetigo (GAS)

BEST acronym

Incorporate/monitor **BEST** practice/checklist twice a week into the workplace ensuring that the setting adheres to the following:

B = bare below the elbows sweep, do a visual check of all care staff when they come onto shift.

Aim to improve the effectiveness of hand hygiene performed by care workers, staff and visitors. Bare below the elbows is achieved when sleeves are above the elbow, hands and forearms are free of jewellery, skin intact, and nails are natural, short and unvarnished or false.

E = environmental sweep, perform walk round of communal personal care areas, bathrooms, toilets.

Aim to comply with safe management of the care environment, keeping a high standard of environmental cleanliness in the care home.

S = stock, check stock of PPE available and liquid soap, paper towels at communal sinks.

Aim to ensure that PPE is available and properly used in accordance with IPC standards. Cleaning materials and products are used in accordance with the cleaning standards.

T = tell the manager. Report onward to the care home manager.

Aim to report IPC related issues/concerns with the appropriate senior/manager to document and action.

B.E.S.T (checklist is available to download from LCC website IPC resources page).

[Infection prevention resources - Lancashire County Council](#)

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 Resources

[Managing specific infectious diseases: A to Z - GOV.UK](#)

[Preventing and controlling infections - GOV.UK](#)

[Infection prevention and control in adult social care: acute respiratory infection - GOV.UK](#)

[UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - GOV.UK](#)

[NHS England » National infection prevention and control](#)

[UK Health Security Agency - GOV.UK](#)

Appendix 4

Useful Links/Emails

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

IPC Email: infectionprevention@lancashire.gov.uk

(Inbox monitored between 8:00 am – 4:00 pm, Mon-Fri)

IPC YouTube: [Infection Prevention Control Lancashire - YouTube](#)

IPC X: [@LCCIPC](#)

UKHSA: cl.hpt@ukhsa.gov.uk

Telephone: 0344 225 0562

