

# Infection Prevention and Control Policy

**Sample policy template.** This is a Verivius-authored template based on the verbatim text of the statutory source. Tenants adapt the operational sections to their own organisation. Where this template and the live regulation diverge, the live regulation wins.

**Statutory anchor:** Code of Practice on the prevention and control of infections (issued under Health and Social Care Act 2008 Section 21) **Primary source:**

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance> **Last reviewed:**

2026-06-01 **Verivius pack version:** v1.1, 2026-06-01

## 1. What the regulation says

The Secretary of State may issue a code of practice about compliance with any requirements of regulations under section 20 which relate to the prevention or control of health care associated infections.

The Secretary of State must keep the code under review and may from time to time (a) revise the whole or any part of the code, and (b) issue a revised code.

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.

The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion.

That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

Systems are in place 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.

The provision or ability to secure adequate isolation facilities.

The ability to secure adequate access to laboratory support as appropriate.

That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.

The full text of the Code is at <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>. Where this policy and the Code diverge, the Code wins.

## 2. Plain British summary

The Code of Practice on the prevention and control of infections is issued by the Secretary of State under Section 21 of the Health and Social Care Act 2008. Although the Code itself is not statute, providers must have regard to it, and the Care Quality Commission takes the Code into account in registration and inspection. The Code is operationally enforceable via Regulations 12 (Safe care and treatment), 15 (Premises and equipment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Code sets out ten compliance criteria covering: systems to manage IPC; clean and appropriate environment; antimicrobial stewardship; service-user information; prompt identification of people at risk of infection; care-worker awareness and responsibility (including contractors and volunteers); isolation facilities; laboratory access; care policies; and staff health and wellbeing. The current version of the Code was last updated by the Department of Health and Social Care on 13 December 2022.

## 3. Scope

This policy applies to all employees, contractors, volunteers, and external parties who deliver, support, or oversee any regulated activity at <provider name>. It covers every clinical and clinical-adjacent environment (consulting rooms, theatres, wards, recovery, decontamination rooms, mobile delivery, vehicle interiors where patients are transported), every clinical procedure (invasive, non-invasive, point-of-care), and every shared building service (laundry, waste, ventilation, water systems).

(Tenant updates the angle-bracket placeholder.)

## 4. Roles and responsibilities

- **Registered Manager:** accountable for the IPC system operating across every site. Reviews any IPC breach, outbreak, or audit finding above a threshold. Signs off the annual IPC

report.

- **Nominated Individual:** holds provider-side accountability for IPC.
- **Infection Prevention and Control Lead (named individual):** the day-to-day IPC authority. Operates the IPC audit programme, surfaces breach patterns, declares an outbreak per the Code's outbreak criteria, coordinates the response. Holds the IPC training to Level 3 or equivalent.
- **Decontamination Lead (where dental, surgical, endoscopy, or sterilisation services apply):** accountable for the decontamination process (washer disinfectors, autoclaves, traceability records, water-system testing).
- **All clinical staff:** apply standard infection precautions at every patient encounter (hand hygiene, PPE, aseptic technique, sharps handling, environmental cleaning between patients).
- **All staff (clinical and non-clinical):** know the basics of IPC at the level the role requires, report any IPC concern to the IPC Lead.

(Tenant updates the named role-holders.)

## 5. Procedure

The IPC procedure operationalises the ten Code criteria across the service.

1. **IPC risk assessment.** The IPC Lead maintains an IPC risk assessment for the service: service-user susceptibility (immunocompromised, elderly, paediatric, intoxicated), environmental risks (premises layout, ventilation, water systems), procedural risks (invasive procedures, aerosol-generating procedures, decontamination loads). Reviewed annually and on any change to service shape.
2. **Standard infection precautions.** Hand hygiene per WHO 5 Moments; PPE per the procedure being performed; aseptic non-touch technique where appropriate; sharps handling per the safer-needles requirements; spillage management; environmental cleaning between patients per the decontamination matrix.
3. **Transmission-based precautions.** Contact, droplet, and airborne precautions applied when a service user is known or suspected to have a transmissible infection. Isolation facilities used per the service's isolation protocol.
4. **Decontamination.** Reusable medical devices are decontaminated per HTM 01-01 or equivalent (HTM 01-05 for dental). Decontamination cycles are traceable to the patient where the device was used. Single-use items are not reprocessed.
5. **Environmental cleaning.** A cleaning specification names what is cleaned, by whom, at what frequency, with what product. Daily, weekly, and deep-clean cycles are recorded.
6. **Antimicrobial stewardship.** Prescribing follows the local antibiotic guidelines, the choice and duration are reviewed at 48 to 72 hours, the audit of antimicrobial use is run quarterly.

7. **Service-user and visitor information.** Service users are given information about infections relevant to their care (post-procedure infection risk, signs of post-discharge infection, who to contact). Visitor restrictions during outbreaks are communicated clearly.
8. **Outbreak management.** The IPC Lead declares an outbreak per the Code's threshold; the Outbreak Control Team meets with named attendees from clinical, IPC, management, and (where required) the local Health Protection Team; an outbreak log is maintained; a Reg 18 (Registration Regulations 2009) notification to CQC is filed where the threshold is met.
9. **Staff health and wellbeing.** Staff with transmissible infections do not work until cleared; occupational-health referral is used where the role-fitness question is more complex; vaccination programmes (seasonal flu, COVID-19 where applicable, hepatitis B, MMR for relevant roles) are operated.
10. **IPC audit and surveillance.** The IPC Lead runs the audit programme per Section 7 below and presents findings at the monthly clinical governance committee.

## 6. Training requirement

- All staff (clinical and non-clinical) complete IPC awareness training (Level 1) at induction and annually.
- All clinical staff complete IPC practice training (Level 2) at induction and annually, covering hand hygiene, PPE, aseptic technique, sharps handling, environmental cleaning, decontamination, and standard precautions.
- The IPC Lead completes IPC Level 3 (or equivalent specialist) training at appointment and refresher annually.
- The Decontamination Lead (where the role exists) completes decontamination-specialist training at appointment and refresher every two years.

Training records held in the tenant's training matrix register.

## 7. Audit

Compliance with this policy is monitored by the IPC Lead:

- **Monthly hand-hygiene audit:** sampled observations across clinical staff (per the WHO 5-Moments framework or a locally-adapted observation tool).
- **Quarterly environmental cleaning audit:** sampled cleaning specifications against actual cleaning records, ATP testing where the service uses it.
- **Quarterly decontamination audit (where applicable):** traceability records reviewed, washer disinfectant and autoclave service records checked.
- **Annual IPC audit:** against the IPC Code of Practice criteria using the IPC audit tool the IPC Lead nominates. Submitted as the annual IPC report.

- **Outbreak review (when applicable):** after any outbreak, a structured review against the outbreak control protocol, with learning captured as improvement actions.

Audit findings recorded in the tenant's audit register; actions logged in the improvement-actions register.

## 8. Record-keeping

IPC records (audit findings, outbreak logs, decontamination traceability records, antimicrobial use audits, IPC risk assessments, staff health records, training records) are held in the tenant's IPC and clinical systems for a minimum of 8 years from the date of the last entry per the NHS Code of Practice on Records Management. Decontamination traceability records linking a sterilised device to the patient on whom it was used are retained per the patient record (NHS Code of Practice).

Verivius preserves the per-record audit trail indefinitely while the workspace is active.

## 9. Related policies in this pack

- Safe Care and Treatment Policy ( [hscra-reg-12-safe-care-and-treatment](#) )
- Premises and Equipment Policy ( [hscra-reg-15-premises-and-equipment](#) )
- Good Governance Policy ( [hscra-reg-17-good-governance](#) )
- Statutory Notifications Policy ( [cqc-reg-18-notification-of-other-incidents](#) )
- Medicines and Controlled Drugs Policy ( [medicines-and-controlled-drugs](#) )

## 10. Document control

Version	Date	Author	Changes
v1	2026-05-19	Verivius (sample)	Initial sample template.
v1.1	2026-06-01	Verivius (sample)	Filled out Sections 3 to 8 with concrete content. Section 4 names the IPC Lead and Decontamination Lead roles. Section 5 expanded to a 10-step procedure covering IPC risk assessment, standard precautions, transmission-based precautions, decontamination, environmental cleaning, antimicrobial stewardship, service-user information, outbreak management, staff health, audit. Section 6 names training tiers (Level 1 to 3). Section 7 names the five audit cadences. Section 8 references the NHS Code of Practice on Records Management.

This sample policy template was issued by Verivius as part of the Mock Inspection design partner onboarding pack. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and the live regulation diverge, the live regulation wins.

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