

FN9K 04 (IPC 13) Provide guidance, resources and support to enable staff to minimise the risks of spreading infection

About this Unit

This Unit concerns providing management guidance and support, including ensuring that appropriate training is provided, to health and social care staff, to enable them to minimise the risk of acquiring and spreading infection. It applies to those managing staff who work in all health and social care settings, including domiciliary and community care. Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

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Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit. ◆ The following forms of evidence ARE mandatory: ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, how you monitor the resources, the equipment and those aspects of the environment that affect practices in relation to infection control ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, the immunisations which can protect individuals against a variety of diseases.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

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KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 Relevant standard infection control precautions legislation and policies.	
2 Health and safety regulations covering your area of responsibility.	
3 The COSHH regulations concerning hazardous substances.	
4 The chain of infection.	
5 Immunisations that can protect against occupationally acquired infection and the means of referring staff for occupational health advice.	
6 Appropriate facilities for hand hygiene.	
7 Appropriate facilities for first aid provision.	
8 Techniques for maintaining hand hygiene.	
9 The personal protective equipment your staff need.	
10 Latex allergy and local policy on provision of latex-free gloves.	
11 How to ensure risks of infection are expertly assessed in your area of activity.	
12 Root cause analysis in relation to infection control.	
13 What actions should be taken before, during and after a procedure to minimise the risks of infection.	
14 Techniques to develop, review and communicate local policies and guidelines on infection control that affect your area of activity.	
15 The mechanism to secure induction training and subsequent updating for your staff.	
16 How to acquire the personal protective equipment, supplies and facilities to enable staff to apply the agreed standard infection control and prevention precautions.	
17 How to monitor staff practices and to take action to maintain the required standards.	
18 Your own role and responsibilities and the responsibilities of others.	
19 How to maintain records required in your area of activity.	
20 Accident and incident reporting and the mechanisms to ensure action is taken to tackle problems.	
21 How and when to report issues that are outside your own job role.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Apply, adopt or develop clear infection control policies and guidelines for your area of responsibility that are in line with national/local policies.					
2	Clearly communicate the policies and guidelines to all your staff, and to patients and visitors.							
3	Arrange for induction training and subsequent updating to ensure staff have the knowledge and skills to apply the infection control policies and guidelines.							
4	Ensure that infection control is an integral part of all staff personal objectives.							
5	protect staff by ensuring they have access to (a) the appropriate personal protective equipment (b) occupational health services (c) the appropriate immunisations (d) other facilities and supplies necessary to enable them to minimise the risks of infection while carrying out their jobs							
6	Monitor, audit and provide feedback on staff practices in relation to infection control.							
7	Monitor the resources, the equipment and those aspects of the environment that affect practices in relation to infection control.							
8	Where problems are observed or reported, investigate the causes and, where appropriate, initiate prompt remedial action.							
9	Review all reported adverse events that could pose an infection risk and, where appropriate, initiate prompt action to tackle problems.							
10	Analyse trends of all reported adverse events to identify recurrent problems and initiate action to tackle them.							
11	Should you encounter problems in relation to infection control that you are unable to remedy, inform the person responsible for them and ask them to take action.							

DO = Direct Observation
EW = Expert Witness
PD = Professional Discussion

RA = Reflective Account
P = Product (Work)

Q = Questions
WT = Witness Testimony

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To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: