

# Qualification Unit

This unit forms part of a regulated qualification.

**Unit Title:** Infection Prevention and Control Leadership

**Unit Reference Number:** A/652/0860

**Level:** Five (5)

**Credit Value:** 8

**Minimum Guided Learning Hours:** 45

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand infection prevent and control requirements	1.1 Analyse legislation, guidance and organisational policies
2. Be able to lead infection prevent and control practice	2.1 Analyse organisational compliance and staff competence
	2.2 Describe how to respond to incidents and outbreaks appropriately, including an analysis of risk
	2.3 Analyse own role in ensuring effective infection prevent and control practice
3. Be able to improve infection prevent and control practice	3.1 Analyse incidents and errors to produce an organisation improvement plan

Indicative Content	
LO1	<p>AC1.1</p> <ul style="list-style-type: none"> <li>Legislative and regulatory framework for infection prevention and control (IPC) in adult social care</li> <li>Health and Social Care Act 2008: Code of Practice on the prevention and control of infections</li> <li>UK Health Security Agency (UKHSA) guidance and alerts</li> <li>Local authority, integrated care system (ICS) and public health IPC guidance</li> <li>Antimicrobial stewardship and its role in IPC leadership</li> <li>Organisational IPC policies, procedures and lines of accountability</li> <li>Roles and responsibilities of leaders, managers and designated IPC leads</li> </ul>

	<ul style="list-style-type: none"> <li>• Leadership accountability for compliance, assurance and safe practice</li> </ul>
LO2	<p>AC2.1</p> <ul style="list-style-type: none"> <li>• Monitoring compliance with IPC standards, policies and procedures</li> <li>• Use of audits, checklists and assurance tools (e.g. hand hygiene, PPE, environment)</li> <li>• Assessing staff competence in IPC practice</li> <li>• Training requirements, induction, refresher training and updates</li> <li>• Supervision, observation and competency validation approaches</li> <li>• Addressing non-compliance, capability concerns and poor practice</li> <li>• Leadership responsibility for maintaining competence and compliance</li> </ul> <p>AC2.2</p> <ul style="list-style-type: none"> <li>• Identification, recognition and reporting of IPC incidents and outbreaks</li> <li>• Risk assessment processes and escalation thresholds</li> <li>• Immediate containment and control measures</li> <li>• Outbreak management plans and procedures</li> <li>• Working with public health teams, commissioners and regulators</li> <li>• Communication strategies for staff, individuals, families and partners</li> <li>• Decision-making in complex or high-risk situations</li> <li>• Leadership accountability during incident and outbreak management</li> </ul> <p>AC2.3</p> <ul style="list-style-type: none"> <li>• Leadership and governance responsibilities for IPC</li> <li>• Creating and sustaining a safety-focused and accountable culture</li> <li>• Supporting staff to embed best practice in everyday care</li> <li>• Balancing IPC requirements with person-centred care and dignity</li> <li>• Oversight of policies, training, audits and assurance processes</li> <li>• Reflective evaluation of leadership actions and impact on IPC outcomes</li> </ul>
LO3	<p>AC3.1</p> <ul style="list-style-type: none"> <li>• Learning from incidents, near misses and errors related to infection prevention and control</li> <li>• Root cause analysis and structured learning reviews</li> <li>• Identifying systemic, environmental and human factors</li> <li>• Developing proportionate IPC improvement plans</li> <li>• Setting clear actions, responsibilities and timescales</li> <li>• Monitoring implementation and effectiveness of improvement actions</li> <li>• Continuous assurance, review and reporting cycles</li> <li>• Embedding learning into policies, training and practice</li> </ul>

## Assessment Requirements

This unit must be assessed in line with Open Awards' assessment requirements and Skills for Care & Development assessment principles. Assessment must be work-based and grounded in the learner's real work practice within an adult social care setting.

Learners must generate evidence that demonstrates full achievement of all learning outcomes and associated assessment criteria for each unit.

AC2.2 - Evidence should demonstrate leadership decision-making during incidents or outbreaks, including escalation and communication with public health partners.

AC3.1 – Evidence should demonstrate using incident analysis to develop, implement and evaluate infection prevention and control improvement plans.

While some knowledge evidence may be generated outside of the workplace, final assessment decisions must confirm that knowledge and understanding have been applied effectively in the real work environment, in line with Skills for Care expectations.

Assessment evidence may include a range of methods, selected to ensure validity and reliability, including but not limited to:

- Direct observation of practice in the workplace
- Reflective accounts demonstrating application of learning to practice
- Professional discussion to explore understanding, reasoning and decision-making
- Work-based documentation relevant to the learner's role (e.g. policies, procedures, plans, audits, reports)
- Witness testimony from managers, colleagues or relevant professionals
- Feedback from individuals, staff or partner organisations, where appropriate.

Where learning outcomes require demonstration of competence, direct observation of practice should form the primary source of evidence. Observation should normally take place in person in the learner's work setting.

All assessment evidence must be valid, authentic, current, sufficient and reliable, and clearly attributable to the learner. Assessors must ensure that evidence is fit for purpose, reflects the learner's role and level of responsibility, and demonstrates both knowledge and effective practice, where required.

Evidence must be clearly attributable to the learner and reflect their role, responsibilities and level of autonomy within the adult social care setting.

Confidential, sensitive or personal information must not be included in learner portfolios. Such evidence may be referenced, anonymised or summarised in line with organisational policies, data protection legislation and Open Awards requirements.

Assessment decisions must be made by an appropriately qualified assessor and are subject to internal and external quality assurance in accordance with Open Awards policies and procedures and Skills for Care expectations.