

CC4 Infection prevention and control and personal safety

Assessment of these competencies to be integrated during Mini-CEX, ACAT-EM or CbD of clinical with appropriate cross-linking.

Assessment of key skills can also be assessed through DOP of aseptic technique, audit of personal/ local practice, MSF plus an eLc.

Potential situations in which Infection control issues could be considered as part of the assessment include the following:

- Patient presenting with suspected infective diarrhoea
- Care of a potentially contaminated patient e.g. chemical, or external haemorrhage with either:
 - history of BBV (HIV/AIDS or Hepatitis B/C)
 - or suspected pulmonary TB or other infectious disease
- Any patient with suspected nosocomial infection e.g. MRSA, C. Difficile
- Notifiable diseases and associated responsibilities
- Neutropenia, immunosuppression or other specific patient risk-factors

Trainees are expected to achieve EPA level 2 (Direct active – full supervision by senior clinician, with prompting/ verbal and actual guidance and help throughout) in these competencies, unless indicated separately in specific clinical modules.

Knowledge/ Skill/ Behaviour	Detail of competency
Knowledge	Understands the principles of preventing infection in high risk groups (e.g. antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy
	Knows the role of notification and the role of local authorities in infection control, the principal notifiable diseases and the process for notification
	Is aware of the risks of nosocomial infections. Understands the links between antibiotic prescription and the development of nosocomial infections.
	Understands the principles of risk management of large-scale outbreaks or pandemic infections and initial safe IPC measures to take to limit cross-infection [see also -Mass Casualty T2)

Skills	Uses blood cultures appropriately with good technique and for appropriate indications Starts antibiotics within 1 hour for septic patients
	Manages simple common infections in patients using first-line treatments. Communicating effectively to the patient the need for treatment and any messages to prevent re-infection or spread
	Prescribes antibiotics in accordance with local guidelines, microbiology advice and maintaining stewardship principles
	Practices aseptic technique, even whilst performing clinical procedures
	Identifies the potential for infection amongst high risk patients, including the immunosuppressed, obtaining appropriate investigations and considering the use of second-line therapies
Behaviour	Always follows local infection control protocols. Including washing hands before and after seeing all patients; standard precautions
	Recognises and takes appropriate action in potential infection including use of masks, aprons, closed cubicles (e.g. diarrhoea, haemoptysis) and recognises the risk of cross infection
	Uses gloves in all venepuncture or invasive procedures and goggles as required, safely disposes of all sharps
	Notifies all infectious diseases including common ED presentations (meningococcal, TB, food poisoning)
	Counsels patients on matters of infection risk, transmission and control
	Is able to explain infection control protocols to students and to patients and their relatives.
	Encourages all staff, patients and relatives to observe infection control principles
Paediatric specific competencies	Is able to explain potential risks of common childhood infectious diseases to either immunologically naïve children/adults in close contact, or high-risk groups such as pregnant women or immunosuppressed