**Care Certificate *progress log, mapping and sign-off document***

**Standard Number: 15 Standard Title: Infection prevention and control**

**Document guidance**

This document provides an overview of the outcomes and assessment criteria for Standard 15: Infection prevention and control. It identifies the criteria within the Standard that should have been achieved upon successful completion of the underpinning knowledge within the Care Certificate workbook. Employees must demonstrate their competence in practice in order to fully achieve this Standard of the Care Certificate.

This progress log and sign-off document should be completed jointly by the employee and the manager/supervisor/assessor to confirm that all outcomes and criteria have been achieved in practice in the work setting. Supplementary evidence can be attached to demonstrate achievement and it is suggested to do so as good practice.

This document also provides an outline of the suggested mapping of outcomes and criteria within Standard 15: Infection prevention and control of the Care Certificate to the recommended Qualifications and Credit Framework (QCF) unit, the National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England and the Common Induction Standards. This document does not necessarily indicate direct mapping of criteria and therefore assessors and/or managers should ensure they follow the guidance below. Please note that when the term assessor is used throughout this document this could be the manager, supervisor or assessor and will be decided by the employing organisation.

This document should always be used in conjunction with the guidance provided in the Care Certificate Framework Technical Document.

**Guidance for assessors**

Assessors must ensure that the learner has produced evidence for each assessment criterion that is valid, authentic, reliable, current and sufficient. Therefore assessors **must not assume** that if the mapping document indicates a criterion could have already been achieved, the mapped criteria within the QCF unit should automatically be awarded. Learners and assessors are responsible for ensuring that the outcomes and criteria within the QCF unit and standards below have been achieved to the required standard. For reference, within the column that refers to coverage of the relevant QCF unit, a **P** indicates that the Care Certificate criteria provides partial coverage of the relevant criteria within the QCF unit, whereas an **F** indicates full coverage.

The **Assessment method used** column is included to allow assessors to provide evidence of the type of assessment method that has been used to assess the Care Certificate criteria. This is likely to be noted as the Care Certificate Workbook, however if further evidence is also provided this could include professional discussion, observation, question and answer, e-learning, witness testimony etc. This column can also be completed to evidence competency using these example assessment methods.

The **Evidence location** column is included to provide a clear signpost to where the learner’s evidence can be found. This may be within a portfolio of evidence, a continued professional development (CPD) file or electronically via e-learning or e-portfolio.

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit number** | **Unit title** | **Level** | **Credit** |
| **L/501/6737** | **The principles of Infection Prevention and Control** | **2** | **3** |
| **H/501/7103** | **Causes and Spread of Infection** | **2** | **2** |

**AC5.8 - P**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Care Certificate****Standard 15****Outcome** | **Care Certificate Standard 15****Criteria** | **Knowledge/ Competence** | **Question within workbook** | **QCF unit****L/501/6737**The principles of Infection Prevention and Control**P = Partial****F = Full** | **QCF unit****LH/501/7103**Causes and Spread of Infection**P = Partial****F = Full** | **National Minimum Training Standards****Standard 10:** Infection prevention and control | **Common Induction Standards****Standard 8:** Health and Safety inan adult social care workplace | **Assessment method used** | **Evidence location** | **Sign- off initials** | **Date** |
| **15.1** Prevent the spread of infection | **15.1a** Describe the main ways an infectioncan get into the body | **K** | **15.1a** |  | **AC2.2 - F** | **10.1.1** | **S8 7.1** |  |  |  |  |
| **15.1b** Demonstrate effective hand hygiene | **C** |  | **AC6.2 - F** |  | **10.1.2** | **S8 7.2** |  |  |  |  |
| **15.1c** Explain how theirown health or hygiene might pose a risk to the individuals they support or work with | **K** | **15.1c** | **AC3.2 - P** | **AC2.4 – P AC2.5 - P** | **10.1.3** | **S8 7.3** |  |  |  |  |
| **15.1d** List common types of personal protective clothing, equipment and procedures and how and when to use them | **K** | **15.1d** | **AC5.2 – P AC5.3 - P** |  | **10.1.4** | **S8 7.4** |  |  |  |  |
|  | **15.1e** Explain the principles of safe handlingof infected or soiled linen and clinical waste | **K** | **15.1e** | **AC3.1 - P** |  | **10.1.5** | **S8 7.5** |  |  |  |  |

**Declaration of completion**

I confirm that the evidence provided by the employee meets the full requirements for **Standard 15: Infection prevention and control.**

**Employee signature: Name of assessor\*: Assessor\* signature:**

**Completion date:**

\*The Assessor can be your Manager, Supervisor or someone else authorised by your employing organisation. This individual provides confirmation that all learning outcomes and assessment criteria for the Care Certificate standard identified above have been completed and signed off by and authorising person.