RISK ASSESSMENT · UNITED KINGDOM · 2026

Hospital Infection Prevention & Control Risk Assessment

UK template for an NHS / private hospital ward IPC risk assessment under the Health and Social Care Act 2008 Code of Practice (Hygiene Code) — standard, contact, droplet and airborne precautions, outbreak control.

Every NHS trust and CQC-registered independent hospital is required to comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections (the 'Hygiene Code'). The IPC risk assessment is the document that demonstrates compliance at ward or department level. It covers the standard precautions that apply to every patient interaction, the transmission-based precautions (contact, droplet, airborne) that apply when a specific organism is suspected or confirmed, the environmental controls, and the outbreak-management procedure. This template is written for an acute hospital ward but is portable to theatres, ED, radiology, mental health units and dialysis.

Document structure a reviewer expects

1. **Ward / department and DIPC reference**
   Ward name, specialty, named IPC link nurse, named DIPC, date and review interval (minimum annual; sooner on policy or organism change).
2. **Standard precautions baseline**
   Hand hygiene, PPE, sharps management, decontamination, waste, body-fluid spill response — each linked to the trust policy reference.
3. **Patient cohort and transmission risk profile**
   Specialty-specific risk profile (elderly care, haematology, ITU, ED) and the organisms most commonly encountered.
4. **Contact precautions procedure**
   Side room allocation, cohort nursing, gloves / apron, dedicated equipment, enhanced cleaning, visitor management.
5. **Droplet precautions procedure**
   Surgical mask within close range, side room, patient mask during transfer, visitor screening.
6. **Airborne precautions procedure**
   FFP3 with annual fit test, negative-pressure side room or alternative, donning / doffing supervision, transfer protocol.
7. **Environmental controls**
   Ventilation (HTM 03-01), water safety (HSG274 / HTM 04-01), built environment (HBN 00-09), cleaning frequency (NHS National Standards of Healthcare Cleanliness).
8. **Outbreak management**
   OCT composition and triggers, ward-closure authority, enhanced cleaning regime, cohorting plan, UKHSA / HPT notification.

9. **Reporting and surveillance**
Mandatory MRSA / C. diff / E. coli / Klebsiella / Pseudomonas surveillance, RIDDOR-reportable infections, internal Datix / IR1.

10. **Staff health and immunisation**
Occupational health clearance, MMR / varicella / hepatitis B / annual flu and COVID, fit-test register for FFP3 users.

Common reasons reviewers reject this document

- No named DIPC or IPC link nurse — accountability not visible.
- Standard precautions section copied from a generic template, no trust-policy references.
- FFP3 users without a current annual fit-test record.
- No outbreak triggers or named OCT — ward has no procedure for two linked cases.
- Side-room provision not quantified — assessment cannot demonstrate isolation capacity.
- Water safety (HSG274 / HTM 04-01) not cross-referenced.

UK regulation reference

Health and Social Care Act 2008 — Code of Practice on the prevention and control of infections DHSC Hygiene Code

The ten-criterion Hygiene Code that CQC inspects against.
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

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 — Regulation 12 SI 2014/2936

Safe care and treatment — the statutory hook for IPC.
https://www.legislation.gov.uk/uksi/2014/2936/regulation/12/made

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 SI 2013/645

Sharps safety duty for healthcare employers — implementing the EU Directive 2010/32.
https://www.legislation.gov.uk/uksi/2013/645/contents/made

HTM 03-01 — Specialised ventilation for healthcare premises DH HTM 03-01

Engineering standard for ventilation in theatres, isolation rooms and clinical areas.
https://www.gov.uk/government/publications/specialised-ventilation-for-healthcare-buildings

HSG274 — Legionnaires' disease control HSE HSG274

Water-system safety; cross-referenced for HTM 04-01 compliance in healthcare buildings.
https://www.hse.gov.uk/pubns/books/hsg274.htm

RIDDOR — Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 SI 2013/1471

Notification regime for occupational infections (Schedule 1).
https://www.legislation.gov.uk/uksi/2013/1471/contents/made

Frequently asked questions

How does the IPC risk assessment relate to the trust IPC policy?

The trust IPC policy is the overarching framework; the ward / department assessment is the local application — naming the specialty risks, the side-room provision, the named IPC link nurse and the local outbreak response. CQC inspects both: the policy on paper and the assessment in practice.

Is the Hygiene Code statutory or guidance?
Statutory. CQC must take it into account when assessing compliance with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Code's ten criteria are the de facto inspection framework.

When does an outbreak procedure trigger?
Most trusts adopt the UKHSA definition of two or more linked cases of the same organism within a defined time and place. The assessment names the trigger threshold for the specific organisms most commonly encountered on the ward — typically lower for high-consequence organisms (CPE, C. diff, norovirus) and pandemic respiratory viruses.

Do staff need an annual FFP3 fit test?
Yes — and the fit test is specific to the make and model of respirator. A staff member with a fit test for one model is not certified to wear a different model. The assessment names the fit-test provider, the make / models on the ward and the next-due date by named user.

Does this assessment cover sharps injuries?
It cross-references the trust's sharps policy under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The detailed sharps procedure (safer devices, no resheathing, immediate disposal at point of use, exposure-source testing and post-exposure prophylaxis pathway) typically sits in a separate policy and is summarised here with the policy reference.