Infection Control Procedure

SOP · UK · Updated 2026-07-11 · Square brackets are placeholders to replace with your own details.

An infection control procedure is the written set of precautions your organisation uses to stop infection spreading at work — hand hygiene, cleaning and decontamination, personal protective equipment, safe handling of body fluid spillages and waste, and clear rules on when unwell staff stay away.

One case of norovirus can close a kitchen, empty a rota, or sweep through a care setting in days. The precautions that prevent that are cheap and simple, but only if they are written down, trained, and applied on every shift — not remembered mid-outbreak.

This template gives you the standard precautions in usable form: hand hygiene rules, PPE, cleaning disciplines, a spillage response, exclusion rules for unwell staff, and the training and records that keep it live.

Purpose and scope

This procedure sets out how [Your company] prevents and controls the spread of infection at [site(s)/locations]. It applies to all staff, including temporary and agency workers, and to the protection of customers, visitors and anyone else our work affects.

It sits alongside [any sector-specific requirements: our food safety and hygiene procedure / national IPC guidance for our care services] — where those set a higher standard, the higher standard applies.

Roles and responsibilities

- Infection control lead ([name/role]): owns this procedure, keeps PPE and spill kit stocks at [location], arranges training, and decides on outbreak measures.
- Managers and supervisors: enforce the fitness-to-work rules, make sure materials are available on every shift, and escalate suspected outbreaks the same day.
- All staff: follow the precautions below, report symptoms before starting work, and report low stocks of soap, sanitiser, PPE or spill kit contents.

Hand hygiene

1. Wash hands with soap and warm water, covering all surfaces of both hands, for [duration — 20 seconds is the widely used guidance figure], and dry thoroughly.
2. Wash on arrival, before eating or handling food, after using the toilet, after coughing, sneezing or blowing your nose, after cleaning or handling waste, after removing gloves, and [before and after any personal care task].
3. Use alcohol-based hand sanitiser (meeting current guidance) where a basin isn't immediately available — but not as a substitute when hands are visibly dirty.
4. Cover cuts and abrasions with a waterproof dressing before starting work.
5. Keep nails short; [remove/limit jewellery per your setting's rules].

Personal protective equipment

- Wear single-use gloves and apron for any contact with blood or body fluids, [personal care tasks], and cleaning with hazardous chemicals.
- Single-use PPE is never reused; change it between tasks and [between individuals in care settings].
- Remove PPE in the trained order, dispose of it as contaminated waste, and wash hands immediately after removal.
- PPE stock is kept at [location] and replenished by [role] — report low stock, never ration.
- PPE is in addition to hand hygiene and cleaning, never instead of them.

Cleaning and decontamination

Routine cleaning follows the schedule at [location], which lists each area, frequency, method, product and owner. Cleaning frequency increases during any period of increased infection risk, on the instruction of the infection control lead.

- High-touch surfaces — [door handles, light switches, tills, phones, keypads, handrails] — are cleaned at least [frequency].
- Use the colour-coded cloths and equipment scheme: [describe your scheme].
- Use disinfectants at the manufacturer's stated dilution and contact time.
- Clean visibly dirty surfaces with detergent first — disinfectant over dirt doesn't work.

Blood and body fluid spillages

1. Keep people away from the spillage area.
2. Collect the spill kit from [location] and put on gloves and apron.
3. Cover and absorb the spillage with [paper towels/absorbent granules per your kit].
4. Clean the area with detergent, then disinfect with [product] at the stated dilution and contact time.
5. Dispose of all materials and PPE into [waste stream/bag type], seal, and place in [disposal point].
6. Wash hands thoroughly, restock the kit, and report the spillage to [role] for recording.

Staff illness and exclusion

Report symptoms of infectious illness — vomiting, diarrhoea, fever, [others relevant to your setting] — to your manager before starting work. Anyone with vomiting or diarrhoea stays away from work until symptom-free for [period — check current UK guidance; 48 hours is the widely used standard]; [food handlers and staff providing personal care follow the stricter rules for their role].

Nobody is pressured to work while infectious. Cover is arranged via [describe your cover arrangement], and exclusion under this procedure is treated as sickness absence, not a conduct issue.

Waste and laundry

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Separate general waste from contaminated waste ([used PPE, spillage materials, hygiene waste]) using [bag/bin types].

- Contaminated waste is disposed of via [route — clinical waste contractor where applicable]; bags are sealed before moving and never decanted.
- Handle soiled linen and workwear with gloves, bag it at the point of use, and wash it [per the temperature and method in current guidance].
- Sharps, if present, go directly into a sharps container at the point of use — never into bags or bins. [Delete if not applicable.]

Training, records and review

Every staff member is trained on this procedure at induction, before their first unsupervised shift, with refreshers at [frequency]. Training records, cleaning sign-offs, spillage reports and any outbreak logs are kept in [system/location].

This procedure is reviewed [frequency, e.g. annually], after any outbreak or spillage incident that surfaced a gap, and whenever national guidance changes. Owner: [name/role]. Next review due: [date].

How to use this template

1. Scale it to your setting first: a care service keeps everything and adds national IPC guidance; an office can cut personal care and sharps content down to hand hygiene, cleaning and exclusion rules.
2. Buy and place the physical kit before publishing — spill kits, PPE stock, colour-coded cloths — and write their real locations into the text.
3. Set your exclusion rule from current guidance and make sure rota cover exists, or staff will come in ill regardless of what the page says.
4. Fill in the cleaning schedule with your actual high-touch surfaces — walk the site and list what hands really touch.
5. Train it practically: have staff do a mock spillage clean-up once, not just read about it.
6. Name the infection control lead and a deputy, and diarise the review.

Official guidance

› HSE — COSHH: Control of Substances Hazardous to Health

› CQC — Guidance for providers