Guide for Students, Mentors/Supervisors and Employers
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Introduction

Welcome to the education programme guide. This guide is designed to support students and their mentors/supervisors and employers through the NHS Education for Scotland programme for Cleanliness Champions.

By undertaking the Cleanliness Champions Programme students will be able to:

- Reduce healthcare associated infection (HAI) by delivering evidence-based care to patients
- Keep themselves, patients and others safe from the harm of infection
- Increase their skills and knowledge in relation to infection prevention and control
- Develop their abilities as a role model in their care setting and within a multi-disciplinary team

Background

The Scottish Government National Advisory Group (formally the Scottish Executive HAI Taskforce) was formed in 2003. Education and training of NHS Scotland staff and others has been a cornerstone of the group’s work. Central to this has been the development of the Promoting the Prevention and Control of Infection through Cleanliness Champions Programme by NHS Education for Scotland (NES).

The programme was written for and is used by a wide range of healthcare staff, and students in medicine, dentistry, nursing and other healthcare related subjects.

Learners take this programme at different stages in their career in different work place settings, and in different circumstances.

The NES HAI team are working closely with many partners to ensure a co-ordinated and unified approach to the prevention and management of HAI in NHS Scotland, including:

- Scottish Patient Safety Alliance
- Scottish Government Health Directorate (SGHD)
- Patient safety advisors
- Improvement and Support Team
- Patient safety leads in NHS Healthcare Improvement Scotland (HIS)
- Patient safety leads in all territorial boards
- Health Protection Scotland (HPS)
- Health Facilities Scotland (HFS)
- Infection Prevention Control Teams
- Infection Prevention Society (IPS)

It is within the wider practice setting that Cleanliness Champions will be developing their role and taking it forward in the workplace. The programme can now also be accessed by the independent and voluntary sectors.
The Context

Promoting the prevention and control of infection is a key priority for health services in Scotland. HAI cost NHS Scotland approximately £186 million per year and affects thousands of patients.

The NHS Scotland National HAI Prevalence Study (2007) showed that at any one time, approximately 10% of patients in NHS Scotland hospitals will have an HAI, and sick and vulnerable patients in the community are also at risk.

Who is the Programme Aimed at?

The learning materials are aimed primarily at any healthcare employee who has direct patient contact and who will promote the prevention and control of infection through their role as Cleanliness Champion within a hospital or community setting. However, because infection prevention and control is everybody's business in healthcare, it will be of interest to others, including those undertaking undergraduate/vocational training.

The Aim of the Programme

The aim of this programme is to prepare Cleanliness Champions to promote and maintain a healthcare culture in which patient safety related to infection prevention and control is of the highest importance.

It focuses on two key themes, which promote a safety culture:

- Promoting safe practice
- Ensuring a safe patient environment

Learning Outcomes

The Learning Outcomes are targeted to ensure the student’s development and enhance the student’s capacity to fulfil their role as Cleanliness Champion.

The overall Learning Outcomes for the programme are that on completion the student will be able to:

- Implement the role of the Cleanliness Champion in promoting a safety culture in their organisation
- Describe the core principles, known as Standard Infection Control Precautions (SICPs), of infection prevention and control
- Explain the reasons for adhering to policies and procedures relating to infection prevention and control
- Describe the Chain of Infection and demonstrate an understanding of the interventions necessary to prevent and control infection (‘break the chain’)
- Demonstrate positive role modelling by promoting safe care practices and a safe environment for patients
- Participate in quality improvement using the tools provided by the programme
Core Competencies

Achieving the Core Competencies will enable the student to promote the prevention and control of infection in their role as Cleanliness Champion.

The Core Competencies are:

- Identifying, assessing and managing risks associated with infection
- Breaking the Chain of Infection (taking actions)
- Applying the SICPs consistently
- Adhering to local and national policies
- Using audit knowledge and skills
- Demonstrating accountability and responsibility within the scope of the role
- Promoting patient safety

In addition to these overall Core Competencies for the programme, we have identified specific competencies related to the learning in each individual unit.

Activities

The student will be asked to participate in a range of activities related to their healthcare setting throughout their time on the programme. These will provide the student with the opportunity to further enhance their knowledge and skills and achieve the Core Competencies that are central to this programme and the Cleanliness Champion role.

After each unit the student will be asked to complete some written activities. A few activities require the student to do some research before they can be answered, and others might require the student to use audit tools and PDSA cycles in their workplace setting.

Standard Infection Control Precautions (SICPs)

SICPs are core infection control precautions which should be used by all healthcare workers, in the care of all patients, all of the time, whether an infection is known to be present or not.

There are ten elements to SICPs, which are covered in this programme namely:

- Patient (Person) Placement
- Hand Hygiene
- Respiratory Hygiene and Cough Etiquette
- Personal Protective Equipment (PPE)
- Management of Patient Care Equipment
- Control of the Environment
- Safe Management of Linen
- Management of Blood and Body Fluid Spillages
- Safe Disposal of Healthcare Waste
- Occupational Exposure Management (including Sharps)

These elements take into account the fundamental measures that can help in the prevention and control of infection.
Within the programme students will be expected to undertake audits of compliance with SICPs as it is important to show that care providers understand the precautions and the responsibilities related to them, and are adhering to them in their day-to-day practice.

A key part of the role of the Cleanliness Champion will be to promote compliance with SICPs.

It should be noted that only SICPs are covered in this programme. Your local Infection Control Advisor will direct you on any Transmission Based Precautions to be used in addition to SICPs.
What is a Cleanliness Champion?

A Cleanliness Champion is an individual who, on a day-to-day basis, works with patients, in the healthcare setting. To fulfil this role, they will require knowledge of the basic principles of infection so that they know and understand why it is important to follow principles and procedures.

Taking forward the role in this manner will provide patients, colleagues, relatives and others with a good role model. Role models are individuals who do things the way they should be done. They also are able to describe and explain to others why they do things in a particular way. Good role models will have a positive influence on others.

Cleanliness Champions will be good role models and, as a result, should influence the culture in their workplace to bring about behaviour change in the prevention and control of infection.
The Role of a Cleanliness Champion

Attributes the Cleanliness Champion will possess

The Cleanliness Champion will show the following attributes:

- Motivated and interested
- Good communicator
- Assertive - without being overpowering
- Diplomatic
- Adaptable - having the flexibility to influence and effect change
- Team player - the ability to work with others across all components of the organisation
- Perceptive and aware
- Realistic about their competencies and abilities - knowing when to intervene, and when to seek advice.

Suggested Parameters of the Role

Taking the expectations of the role into account, and building from the attributes listed, we can see the parameters of the role begin to emerge. It is likely that the Cleanliness Champion, to promote the prevention and control of HAI will:

- Be an identified team member selected from within the existing care team
- Undertake the role as an integral component of his or her existing job
- Act as a role model and provide support to other team members, within the scope of his or her own remit
- Liaise with a range of staff, as agreed with the line manager
- Be recognised by the team for his or her contribution to prevention and control of infection in relation to the areas covered within the programme, but will NOT be expected to deliver specialist advice
- Contribute to the organisation's review of practice standards, at the request of the infection control team and through the line manager.

Where does the Training fit?

The education programme for the Cleanliness Champion has been developed in such a way that it will articulate with other programmes of education for prevention and control of HAI as illustrated in the diagram below:

\[\text{Diagram: SPECIALIST EDUCATION, INTERMEDIATE CORE CURRICULUM, CLEANLINESS CHAMPION PROGRAMME OF EDUCATION, MANDATORY INDUCTION TRAINING FOR HEALTHCARE WORKERS}\]
What are the Options for Learning?

Promoting the Prevention and Control of Infection through a Cleanliness Champion educational programme has been developed to be delivered mainly by e-learning. However, for those who do not have access to a computer, an Open and Distance Learning (ODL) paper package is available.

Working through the Units

The programme is made up of nine Learning Units. All Units should be worked through in numerical order. There are also a number of related workplace activities, which have been designed to help develop the Cleanliness Champion.

In certain circumstances, a student may be exempt from specific Units if they can show evidence of prior learning. They should be able to demonstrate that the learning outcomes and competencies have been met. This evidence of prior learning requires to be endorsed by the programme mentor/supervisor.

The programme will take approximately 15-30 hours to complete. There is a completion time limit for NHSScotland staff which your registration officer will be able to advise on.

Order of Events

It is recommended that each Unit requires a minimum of about 1 hour of online/workbook study per week. It is suggested that the student do the study early in the week, or at least arrange to have a few days in between completing the Unit and completing the activities. The reason for this is that the activities relate directly to what they have been reading. These activities should have relevance to their day-to-day work. For example, having discussed hand hygiene techniques in Unit 3, the student is asked to go and demonstrate their own hand hygiene technique to their mentor/supervisor and thereafter observe a colleague performing hand hygiene.

The programme is self-directed; it is therefore up to the individual student to manage their study/online time.

An overview of the Units now follows.
Programme Learning Units

Cleaning Champions Programme Learning Units

1. Introduction to Cleaning Champions Programme
2. The Chain of Infection
3. Hand Hygiene
4. Personal Protective Equipment (PPE)
5. Safe Use and Disposal of Sharps
6. Maintenance of a Clean Healthcare Environment
7. Safe Management of Waste and Linen
8. Occupational Health and Food Hygiene
9. The Role of the Cleaning Champion and its Impact on the Patient Experience

Participating in this programme will give the Cleaning Champion student a unique opportunity to take some time to think about what they actually do to promote the prevention and control of infection. A number of the Units ask the student to seek out and familiarise themselves with specific organisational policies and procedures linked to the prevention and control of infection. Further, several of the Units require the use of audit tools and PDSA cycles to be carried out. This will help the student to gain insight into their own understanding of, and compliance with these policies and procedures. It is hoped this will also give a greater insight into and awareness of how one can contribute, in an effective way, to preventing and controlling infection in the workplace.

As mentioned earlier, the learning material is contained within nine units, including an introduction to the Programme. Each Unit deals with a discrete area of prevention and control of infection but it also links with all the other Units. Whilst the Units can, and do, stand on their own, each one is essential in its use and application to the Cleaning Champion role.

The development of the Units has been influenced and directed by Standard Infection Control Precautions. The Units are presented in a sequential manner so that they act as a foundation for the student to build on their knowledge and experiences as they progress through the programme.

All Units should be completed in numerical order.
Brief Overview of each Unit’s Contents

**Unit 1: Introduction to the Cleanliness Champions Programme**

Unit 1 begins by setting the context within which Cleanliness Champions emerged and what the programme is about. It explores questions such as ‘What is a Cleanliness Champion?’ and the concept of the Cleanliness Champion and Role Modelling. The Unit discusses the role of the Cleanliness Champion in promoting and strengthening a patient safety culture. The Unit addresses and outlines the Standard Infection Control Precautions (SICPs).

**Unit 2: The Chain of Infection**

Unit 2 provides some baseline knowledge about infection and specifically, the six links in the Chain of Infection. The Unit outlines how infection spreads and how the student can utilise Standard Infection Control Precautions to break the Chain of Infection. This Unit considers Patient Placement in a variety of healthcare settings in the prevention and control of infection.

Topics covered within the unit are:

- The Chain of Infection
- The Infectious Agent
- The Reservoir
- The Means of Exit
- The Mode of Transmission
- Susceptible Hosts
- Means of Entry
- Breaking the Chain of Infection

This Unit also addresses the handling, collection and sending of laboratory specimens. The student will return to this Unit often as they progress through the programme.

**Unit 3: Hand Hygiene**

Unit 3 addresses the issue of Hand Hygiene and its vital contribution to the prevention and control of infection. It covers three aspects of Hand Hygiene:

- The importance of Hand Hygiene
- Methods of Hand Hygiene and Hand Hygiene techniques
- Non-compliance with Hand Hygiene

This should indicate that hand hygiene is a key focus and action in the prevention and control of infection, to which everyone can contribute.
Unit 4: Personal Protective Equipment (PPE)

Unit 4 looks at the different types of Personal Protective Equipment (PPE) and discusses their contribution to controlling and preventing infection. The Unit addresses assessing the risk of contamination to clothing, skin and mucous membranes from patients’ blood, body fluid, secretions or excretions. It then goes on to explain the importance of protection with PPE, and discusses the correct donning, removal and disposal of PPE. The Unit describes the actions to be taken if skin or mucous membranes are contaminated with blood/body fluids.

Unit 5: Safe Use and Disposal of Sharps

Unit 5 addresses the safe use and disposal of sharps. The Unit provides insight into the risks associated with the use of sharps and how to handle and dispose of the sharps safely. It also covers what immediate action should be taken in the event of a sharps injury. The Unit includes two case studies that demonstrate the seriousness with which the content should be viewed.

Unit 6: Maintenance of a Clean Healthcare Environment

Unit 6 explores important issues related to the principles of healthcare environmental cleanliness and the importance of decontamination of shared patient equipment. Different types of decontamination and why they are used are also addressed as well as the actions to be taken in the event of spillage of blood/body fluid. An environmental audit that will assist in linking the theory content of this Unit to what is happening in practice is one of this Unit’s workplace activities.

Unit 7: Safe Management of Waste and Linen

Unit 7 covers waste and linen and how to handle and dispose of it safely. It will address the rationale for policies and procedures and relevant legislation related to waste segregation and its contribution to environmental protection. The measures to be taken to ensure the safe handling, segregation, and disposal of waste and linen are discussed. In this Unit management of waste and linen in an NHS setting is covered, although the principles apply to all settings.

Unit 8: Occupational Health and Food Hygiene

Unit 8 explores occupational health and food hygiene issues including staff health, cooking and handling food, storage of food, and factors influencing food. The Unit discusses the risks of staff being unwell in the workplace. Some issues related to pest control are also included.

Unit 9: The Role of the Cleanliness Champion and its Impact on the Patient Experience

Unit 9 brings together all the strands from the previous units to demonstrate the importance of the Cleanliness Champion role as it encourages the student to reflect on their role and responsibilities as a role model. The Unit revisits the audit cycle and quality improvement tools to give a wider view of their application and how the Cleanliness Champion can promote a safety culture through the prevention and control of infection. Visitor and Patient responsibilities and staff dress codes are discussed.
Learning Experiences

The Prevention and Control of Infection through the Cleanliness Champion Programme has been especially designed to give the student every opportunity to learn from their own workplace experience. The purpose of this is to give the student the opportunity to deepen their insights and understanding of what they learn from their experience with regards to prevention and control of infection and its impact on their prospective role as a Cleanliness Champion. Specific activities are included to encourage the student to think about what they do, see or do not see.

Quality Improvement

Quality improvement involves individuals, teams and organisations looking at how making changes in the way they work can contribute to improving patient care. To do this they use a range of key tools and techniques to make sure that the changes are effective and sustainable.

Throughout the Cleanliness Champions Programme the student will be asked to gather data using local tools or an audit tool provided in the programme. We will ask the student to use the Plan-Do-Study-Act (PDSA) method to:

Plan - data gathering/audit
Do - carry out data gathering/audit
Study - examine the results of the data gathering/audit, summarise what was learned
Act - create an action plan of which actions could be tested using further PDSA cycles

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-orientated learning.

Model for Improvement

The ‘Model for Improvement’ is a simple yet powerful tool for accelerating improvement, which has two parts:

1. Three fundamental questions, which can be addressed in any order:
   - What are we trying to accomplish?
   - How will we know that a change is an improvement?
   - What changes can we make that will result in an improvement?

2. The PDSA cycle to test and implement changes. The PDSA cycles guides the test of change to determine if the change is an improvement.

The key characteristics of the PDSA method include:

- PDSA is all about making improvements
- PDSA cycles should be small and simple, so that they are achievable
- PDSA asks users to start small and build on the results of the cycle
- Each PDSA cycle should be short, a few days maximum
- PDSA cycles are about achieving better care
- You can use audit to gather your data for measurement OR you can gather feedback

One PDSA cycle may lead to another PDSA cycle... and another.
Throughout the programme students will only be expected to do the very first steps, which is finding out what improvements are needed and creating an action plan of what can be done in order to achieve these improvements.

The student will not be expected to take forward any actions that are identified as a result of undertaking the Cleanliness Champions Programme, but this should be part of their future role as Cleanliness Champion.

Examples of successive PDSA cycles and a PDSA checklist are provided within the programme to assist the student when planning and undertaking their own small observational audits within their workplace.
Folder of Evidence of Learning

Aim of the Folder of Evidence of Learning

The Folder of Evidence of Learning (FEL) is part of promoting the prevention and control of infection through the Cleanliness Champions Programme. The overall aim of developing and presenting a Folder of Evidence of Learning is to enable the student to gather a collection of learning which they can use as ‘best’ evidence to record and demonstrate that they have met the learning outcomes and achieved the competencies for each unit and the overall programme. This will confirm that they can competently fulfil all aspects of the Cleanliness Champion role on completion of the programme.

Why a Folder of Evidence of Learning?

In addition to verifying competence as a Cleanliness Champion the Folder of Evidence of Learning will provide the student with a permanent record of their learning journey. This record may be of interest to an employer and others. It can also be used as a vehicle to plan and influence future learning.

How the Folder of Evidence of Learning is structured

The Folder of Evidence (FEL) allows the student to document the results of all of their activities, e.g. audits, PDSA cycles, reflections, etc.

The Personal Introduction allows the student to set the scene for their evidence and outlines the context within which the evidence is being gathered. We provide a template within the FEL for the student to do this. The personal introduction should include:

- A paragraph about the type of post you hold such as, porter, doctor, ambulance personnel, physiotherapist, nurse, dentist
- A paragraph about where you work, for example, acute hospital setting, mental health setting, primary care setting, Scottish Ambulance Service
- A paragraph about the team of staff you work with
- Any other brief information you feel would be helpful to set the scene for your evidence.

Each of the units within the FEL is structured as follows:

- Learning outcomes and competencies
- Activities to be completed, including which learning outcomes and competencies they relate to
- A space for additional evidence and notes you might have collected
- A space for mentor/supervisor comments
- Sign off fields for both student and mentor/supervisor.
What should be included in the Folder of Evidence of Learning?

As the student progresses through the units we would expect them to be collecting evidence to indicate that they are completing the activities and achieving the specific unit competencies. This will demonstrate that they are thinking about and developing the Cleanliness Champion role.

Throughout the programme we will ask the student to complete a range of activities. The mentor/supervisor will be able to assist the student with undertaking and completing these activities.

Some activities involve reflecting on what the student has learned and relating the content of the unit to their own work environment and practice. This is an opportunity for the student to record any learning they feel took place as a result of the activities and the content of the programme. It is important that the student does not use up the space describing what they actually did but rather the learning resulting from what they did.

Other activities require the student to find out how certain processes are completed in their own work environment, and some require the student to identify if certain infection prevention and control standards are complied with in their work area and suggest ways in which practice could be changed to improve patient care.

An important part of the Folder of Evidence of Learning is the reflection in Unit 9, in which the student is asked to reflect on the impact they have made on their work environment and which are the most important areas to take forward in their role as Cleanliness Champion.

Since the student/mentor might not be familiar with some of the methodologies required for the activities, they should read the previously given information on quality improvement. This serves as a reference to come back to every time they are asked to complete/assess a related activity.

We suggest that the student keeps any additional pieces of learning they have come across during the programme (e.g. some of their local policies and guidelines), but they do not need to submit these.

If, for any reason, the student was unable to complete a specific activity, they may include additional evidence and notes which they feel reflects their personal learning journey and which demonstrates that they have achieved the learning outcomes and competencies of this activity. The student must be selective to ensure they provide the best evidence. We are interested in the quality of the evidence rather than the quantity.

Mentor/Supervisor Comments

It is important that the student and the mentor/supervisor confirm the achievement of the learning outcomes and competencies for each unit. The joint signatures at the end of each unit will indicate this. The mentor/supervisor will assess by a variety of means, including observation, discussion with the student and their evidence provided.

In the space provided for comments the mentor/supervisor has an opportunity to comment on the students progress and learning as well as their development into the Cleanliness Champion role. Comments on the students' role modelling abilities should also be included. This is the students' formal feedback from the mentor/supervisor and it should be a summary of the discussions, which have taken place during each Unit, highlighting the student's strengths and development needs. The student should be aware that the mentor/supervisor may ask them to provide further evidence to support their learning.
Knowledge and Skills Framework

The Cleanliness Champions Programme serves a multidisciplinary healthcare population and is accessed by healthcare staff from very diverse backgrounds. To support staff in linking the application of their learning to the Knowledge and Skills Framework (KSF) we have mapped the activities within the programme to the KSF Core Dimensions.

In order to be successful as a Cleanliness Champion role model the student will be expected to implement within their own practice the learning that they have undertaken. How they apply their learning within their practice will influence the evidence they will be able to provide to meet the criteria for the core/non core dimensions of the Knowledge and Skills Framework (KSF).

As the student develops as a Cleanliness Champion role model we would encourage them to make links to other frameworks where this is relevant to their healthcare setting.

You will find more information and examples of how to link the Cleanliness Champions Programme to the NHS Knowledge and Skills Framework (KSF) dimensions at:

Support in the Workplace

What the student does in the workplace with regard to the prevention and control of infection is crucial to them becoming a Cleanliness Champion and an effective role model. The student should identify with their manager a suitable mentor or supervisor who will support them as they prepare to take on the Cleanliness Champion role and work through the learning materials. The student is encouraged to share their learning from each Unit with their mentor/supervisor, and also to record learning as soon as possible after the event in their Folder of Evidence of Learning.

What makes a good Mentor?

A good mentor
- Is supportive
- Wants to be a mentor
- Has good communication and interpersonal skills
- Is committed to mentorship
- Is organised
- Can encourage others
- Acts as a positive role model
- Is approachable
- Gives feedback on performance.

A good mentor/supervisor will help develop the student’s skills, knowledge and enhance their performance within the workplace setting in a reflective and supportive way.

Note for Mentors/Supervisors

The Cleanliness Champion Programme is predominantly a self-directed activity with the student taking responsibility for managing their study time and planning the associated activities. However it is important that the student is supported in this endeavour and that each student will have an identified mentor/supervisor who may or may not be a member of the student’s clinical/workplace team. Mentors/supervisors may support more than one student at any one time and need not be from the same discipline. The mentor/supervisor supporting a student for the first time may find it helpful to also undertake the programme.

Lead staff are in place to implement the programme within each organisation and a local Registering Officer will liaise with the Records Department of NHS Education for Scotland (NES) who will index the student and supply all necessary materials for the student to start the programme.
Mentors/Supervisors Role

Mentors/supervisors will be expected to:

• **Have knowledge of Standard Infection Control Precautions (SICPs)**

  *It is important for mentors/supervisors to have a good understanding/knowledge of the SICPs and to be familiar with the content of the Cleanliness Champions Programme, and the learning activities within the Folder of Evidence of Learning (FEL) to be able to assist/facilitate the students learning opportunities.*

  *It is preferred where possible that mentors/supervisors are themselves Cleanliness Champions.*

• **Liaise with lead staff to prepare for the role**

  *It will be important for mentors/supervisors to have a good understanding of what their support role is and how this can best be managed.*

• **Have an initial discussion with the prospective student to negotiate the nature of support required and timetabling**

  *Meeting with the student at the start of the programme allows both the mentor and the student to discuss how and when they will meet, the frequency of meetings and how best to communicate. Timetabling of work and setting goals will help keep the student motivated and is vital in ensuring the timely completion of the programme.*

• **Monitor the student's progress throughout the programme**

  *Regular contact with the student throughout the programme will allow potential problems to be identified and provide feedback to the student. Many students will need reassurance that they are working through the programme in the correct way and are starting to achieve the learning outcomes.*

• **Identify and support students experiencing difficulties with the demands of the programme**

  *The support required will vary. It may be that some require advice on how to write a reflective account or how to address identified bad practice by colleagues. Others may need certain aspects of the programme clarified.*

• **In particular support the application of theory to practice**

  *Applying the theory to practice is key to the programme. If students are having difficulty in seeing the relevance of the theory to their own practice it may be useful to discuss this and give examples.*
• Confirm that the identified learning outcomes and competencies have been achieved

Regular contact with the student will allow this to be done throughout the programme.

Where learning outcomes and competencies are difficult to achieve within the student's workplace then the mentor should be able to assist/direct the student to identify how the learning outcomes can be achieved, and encourage the student to document within the FEL the evidence to support their achieving the learning outcomes and competencies.

The mentor/supervisor will determine that the learner has achieved the learning outcomes and competencies by reviewing the evidence that the student provides ensuring that it meets with the criteria detailed within the FEL learning activities.

• Participate in Quality Assurance

There should be development of an environment which is supportive and conducive to learning and educational development that supports both the student and the mentor.

To ensure the consistent and fair approach local teams can develop a quality assurance system such as peer review, mentor support groups and approaches such as double-blind review and random sampling of completed Folders of Evidence of Learning.

• Communicate confirmation of successful completion of the programme to lead staff

Final confirmation of completion of the programme is required for the student to be registered as a Cleanliness Champion with NHS Education for Scotland.

• Ensure that the student completes the course evaluation

Evaluation of the course is important in order for the student to identify and reflect on their learning experience from undertaking the Cleanliness Champions Programme.

• Ensure the issue of a statement of completion to the student

This is an important part of the process for the student as it formalises the completion of their work and recognises their achievement. The statement can be customised with the organisation’s own logo and can be downloaded from the Educational Programmes section of the NES HAI website (www.nes.scot.nhs.uk/hai).

• Contribute to making the workplace team aware of the rationale for the Cleanliness Champion role and the demands of the educational programme

The whole team needs to understand the role and the rationale for the introduction of the Cleanliness Champion. This will enable colleagues to support the Cleanliness Champion in their role and contribute to its successful implementation.
Sample Work Schedule

Included is a sample of a work schedule to give ideas of how to plan the programme workload. It is provided to give students and mentors an idea of how they can plan a schedule of work to assist the student to navigate their way through their completion of the programme. It is not prescriptive but is a guide that students can and should feel free to modify as necessary.

Example Cleanliness Champions Programme Work Schedule

<table>
<thead>
<tr>
<th>Week</th>
<th>Start date</th>
<th>Unit Number</th>
<th>Learning outcomes</th>
<th>Unit Content</th>
<th>FEL Activities</th>
<th>Target date of completion</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1,2,3,4,5</td>
<td>The unit explains what the programme is about and introduces the role and concept of the Cleanliness Champion. It addresses and outlines the Standard Infection Control Precautions (SICPs).</td>
<td>1,2,3,4,5</td>
<td>1,2,3,4,5</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1,2</td>
<td>The Chain of Infection including reservoirs and routes of transmission. The unit covers how Standard Infection control Precautions (SICPs) can break the chain of infection.</td>
<td>1,2,3</td>
<td>1,2,3</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3,4</td>
<td>The unit covers how to collect, handle and submit laboratory specimens and healthcare practices which could predispose to infection.</td>
<td>4,5</td>
<td>4,5</td>
<td></td>
</tr>
</tbody>
</table>
Further Reading and References

Further Reading


References

