

Is infection prevention and control guidance fit for people?

The case for compassionate, person-centred IPC.



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Past President, Infection Prevention Society UK & Ireland,
Global healthcare consultant.

Hosted by Claire Kilpatrick



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16 April, 2026

Prelude.



EP.246 - JOE BRAND

THE ADAM BUXTON
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17 May 2025 · 1 hr 10 min ·
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View terms

A photograph of Adam Buxton and Jo Brand. Adam is on the left, wearing a grey beanie, glasses, and a green jacket. Jo is on the right, wearing glasses and a dark top. They are both smiling slightly and looking towards the camera.

“Oh god, it was just awful.”

Scene setting.



Six years ago.

“It would be better if the hospital allows one family member to come and visit as one patient died and was asking to see his eldest son, but it was denied. I think he died with a broken heart.”

*Interviewee, Vhembe District,
South Africa*

A different lens.

“Can IPC logic and relational ethical logic be integrated to inform decision making and policy?”
McMillan et al (2021)



Biomedical model?

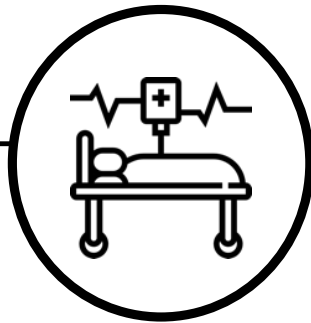
- Germ theory.
- Microbiology.
- Laboratory techniques.
- IPC programmes.
- Visitor restrictions.



- Relational, person centered approaches.
- Necessary evil.

Person centredness.

Question #1



- What does **person centredness** mean in the context of infection prevention and control?

Definitions.



Quick guide
January 2016

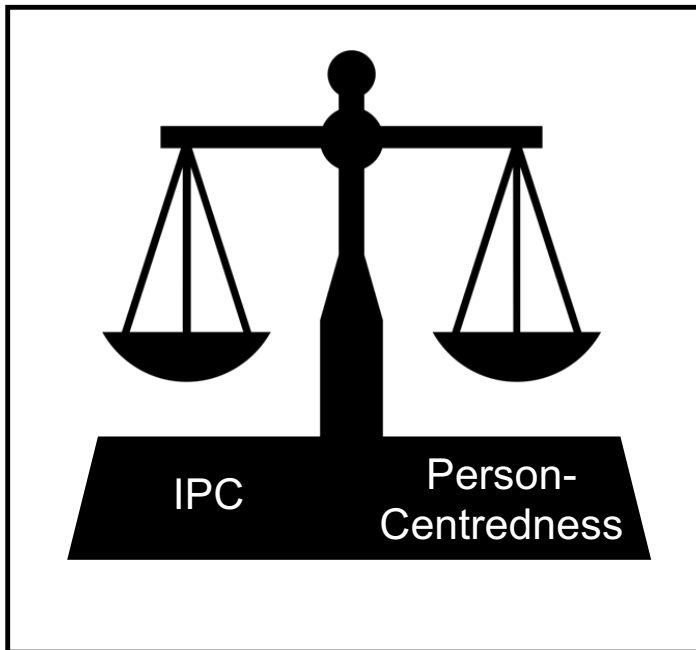
Person-centred care made simple

What everyone should know about person-centred care



 The Health Foundation

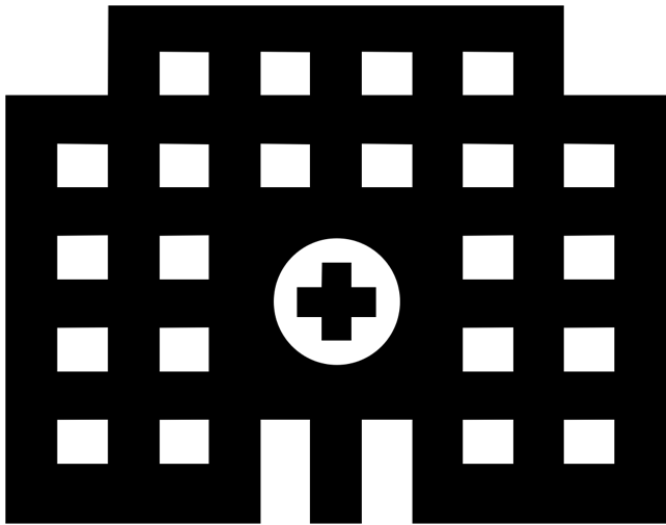
Balancing act.



Compatibility?

- “Not always”
- “Almost never”
- “Depends”
- “Requires balance”
- “Case by case”

IPC & health outcome.



“..health is a state of complete physical, mental and social well-being, **and not merely the absence of disease.**”

WHO constitution (1947)

“..**nothing else** seemed to matter.”

Woolhouse M (2022)

Traditional weapons.

in the infection prevention 'armoury'

- Biological sciences
- Epidemiology
- Surveillance
- Education
- Policies
- Audit
- Legal frameworks



The Health Foundation
Inspiring
Improvement

Integrating human factors with infection prevention and control

Julie Storr, Dr Neil Wigglesworth, Claire Kilpatrick

In this thought paper, the authors discuss the application of human factors principles within infection prevention and control activities. They argue that the time has come to strengthen infection prevention and control capacity and capability by embedding human factors principles, methods, expertise and tools. They suggest that a root and branch review, through a human factors lens, of infection prevention measures could help develop interventions that work safely within the complex socio-technical system that is healthcare.

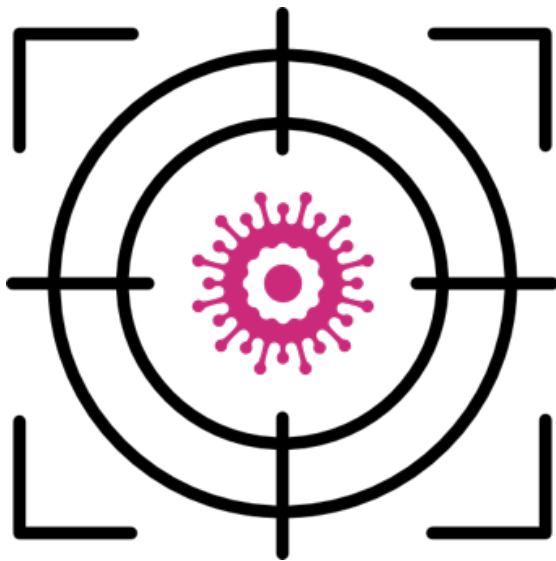
At the Health Foundation, we are working to identify, test and demonstrate ways to manage risk in systems of care, and reduce the number of failures. We are conducting research and running improvement programmes to provide vital evidence and learning that can be shared across the health service.

Health Foundation thought papers present the authors' own views. We would like to thank Ms Storr, Dr Wigglesworth and Ms Kilpatrick for their work, which we hope will stimulate ideas, reflection and discussion.

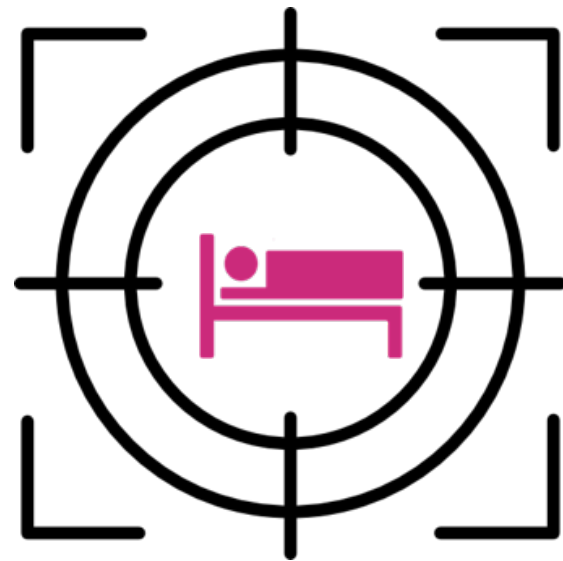


Thought paper
May 2013

Semantics?



Infection
Prevention
& Control



Patient
Safety

The paper outlines **seven policy, practice & research considerations** that might address the issues raised.

- 1 International and national **IPC guidance** and **implementation resources** must address principles of **person-centredness**.
- 2 **IPC guidance** that includes restrictions should be **accompanied by implementation tools** to support front line staff including unambiguous definitions re **local discretion** and an emphasis on professionals and patients /loved ones **working together** in decision-making.
- 3 **Nurses** and **IPC leaders** must be included in **ethical decision-making processes** in future pandemics, at all levels.
- 4 Where not in place, **collaboration** between **IPC and nurse training institutions** must exist to strengthen aspects of **compassion-informed decision-making** and **ethical competence**.
- 5 **Policy briefs** should be available and must focus on **person-centred mitigations** associated with the **non-transmission related consequences** of each element of the **IPC hierarchy of controls**.
- 6 A **research agenda** that aims to reach a **model of embodied compassion in IPC decision making** throughout the health system, using the COVID-19 experience as an example, should exist.
- 7 **Research** should ensure that perspectives from **low-, middle- and high-income settings** are considered and that the **factors influencing** the ability to implement person-centred approaches be considered.

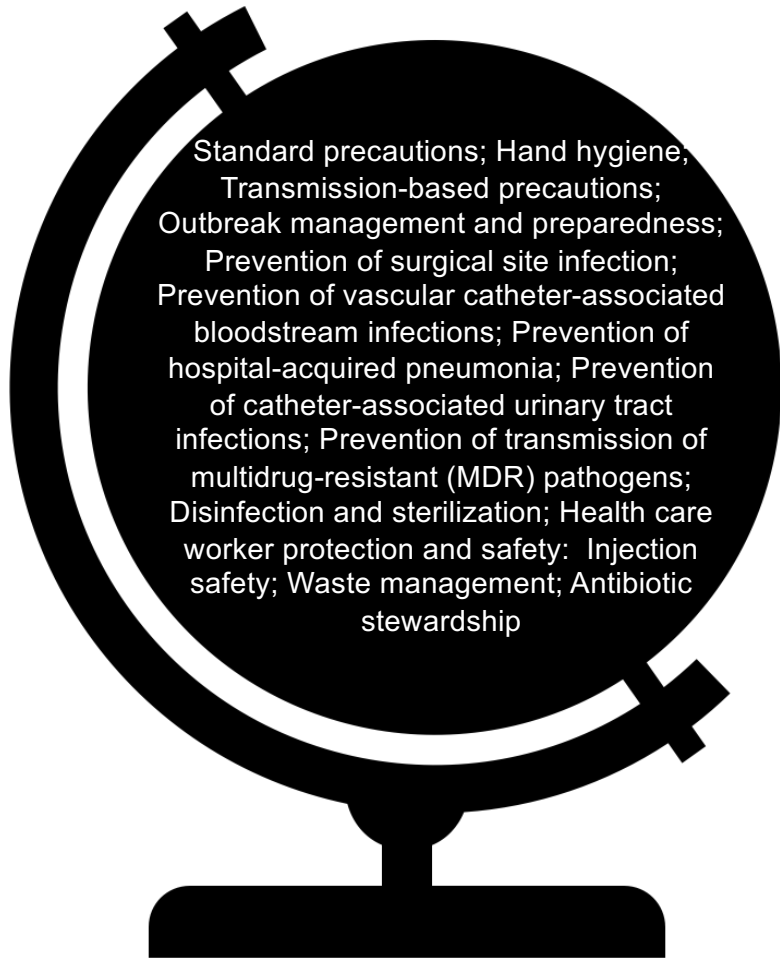
- International and national **IPC guidance** and **implementation resources** must address principles of person-centredness.
- IPC guidance that includes restrictions should be accompanied by **implementation tools**and an emphasis on healthcare professionals and patients /loved ones working together in decision-making.

IPC guidance.

Question #2



- To what extent **do** or **should** IPC guidelines, policies, protocols etc. explicitly and comprehensively address **dignity, respect, humanity, communication, anxiety** and **psychological needs**?



**Some
examples
from across
the world.**

Anxiety (1).

- **The guidance:**

- Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition Provincial Infectious Diseases Advisory Committee (PIDAC) 2025

- **What it says:**

- “Although Additional Precautions, such as wearing gloves and single room accommodation, are necessary to protect both other clients/patients/residents and health care providers, there may also be negative impacts for the client/patient/resident.. Psychological problems related to isolation such as anxiety, depression, sleep disturbance, withdrawal, regression and hallucinations have been reported.”

Anxiety (2).

- **The guidance:**

- Clinical Excellence Commission, 2025, Infection Prevention and Control Practice Handbook, v4.0, Sydney, Australia

- **What it says:**

- “Patient isolation may also impact patients with anxiety, falls risk and reduced health worker visits and therefore education and communication are needed to ensure patients are well informed of the rationale and any requirements of transmission-based precautions.”
- “Additionally, education on HAIs will better inform health workers on appropriate precautions to adopt, enable them to provide accurate information to patients, and further reduce their own anxiety around self- protection.”

Communication (1).

- **The guidance:**
- CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) updated 2024
- The APIC/JCR Infection Prevention and Control Workbook (4th Edition)

What it says:

- “the potential adverse psychological impact on the... patient” (CDC)
- “Effective communication is critical to meeting patient needs and providing safe, high-quality, and patient-centered care; it is also necessary for successfully managing health care delivery.” (APIC/JCR)
- “the challenge in communicating organizational expectations and patient, resident, family, and visitor responsibilities” (APIC/JCR)

Communication (2).

- **The guidance:**
- National infection prevention and control manual for England, 2025

What it says:

- “communicate the infection prevention and control practices to be carried out by colleagues, those being cared for, relatives and visitors, without breaching confidentiality”
- “Signage should be used on doors/areas to communicate isolation requirements and prevent entry of unnecessary visitors, and non-essential staff. Patient confidentiality must be maintained.”

Compassion.

- **The guidance:**
- National infection prevention and control guidelines, Sierra Leone 2022

What it says:

- “visiting by family members should consider patient, visitor and health, worker, safety, including compassionate care needs.”
- “when transmission based precautions are indicated, efforts must be made to counteract possible adverse effects on patients, i.e. anxiety, depression, and other mood disturbances.”

Person centredness (1).

The guidance:

- WHO Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level (2016)

What it says:

- “.....the need to create an enabling environment for the delivery of safe, high quality and people-centred care.”
- “relevant to the pursuit of integrated, high-quality and people-centred health services”

Person centredness (2).

- **The guidance:**

- Infection Prevention and Control (IPC) National Clinical Guideline No. 30. May 2023 volume 1 (Ireland)

- **What it says:**

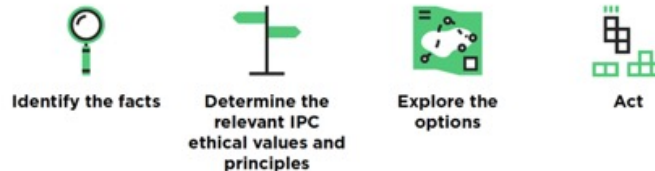
- “Transmission-based precautions can also lead to less contact with clinical staff and family. This can make people feel lonely and isolated. This can be particularly difficult for people who already have problems with anxiety, learning disability or dementia. All health and care workers should understand that there is a risk of harm associated with transmission- based precautions and that they should do whatever can be done to reduce the risk.”

Other developments.



Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework

A partnership between The Association for Professionals in Infection Control and Epidemiology (APIC) and Infection Prevention and Control Canada (IPAC Canada)



Original Article

An ethical framework adapted for infection prevention and control

Charlie Tan MD^{1,2}, Marianna Ofler PhD^{1,3}, Heather L. Candon MSc, MEdM¹, Kevin Reel MSc^{4,5}, Sally Bean JD, MA^{1,4}, Adrienne K. Chan MD, MPH^{1,2,3} and Jerome A. Leis MD, MSc^{1,2,3}

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Abstract

Objective: The ethical implications of infection prevention and control (IPAC) are recognized, yet a framework to guide the application of ethical principles is lacking. We adapted an ethical framework to provide a systematic approach for fair and transparent IPAC decision making.

Methods: We conducted a literature search for existing ethical frameworks in IPAC. Working with practicing healthcare ethicists, an existing ethical framework was adapted for use in IPAC. Indicators were developed for application to practice, with integration of ethical principles and process conditions specifically relevant to IPAC. Practical refinements were made to the framework based on end-user feedback and application to 2 real-world situations.

Results: In total, 7 articles were identified that discussed ethical principles within IPAC, but none proposed a systematic framework to guide ethical decision making. The adapted framework, named the Ethical Infection Prevention and Control (EIPAC) framework, takes the user through 4 intuitive and actionable steps, centering key ethical principles that facilitate reasoned and just decision making. In applying the EIPAC framework to practice, weighing the proscribed ethical principles in different scenarios was a challenge. Although no hierarchy of principles can apply to all contexts in IPAC, our experience highlighted that the equitable distribution of benefits and burdens, and the proportional impacts of options under review, are particularly important considerations for IPAC.

Conclusions: The EIPAC framework can serve as an actionable ethical-principles-based decision-making tool for use by IPAC professionals encountering complex situations in any healthcare context.

(Received 4 December 2022; accepted 22 May 2023; electronically published 10 July 2023)

Ethical practice is a core tenet of health care, and it is well integrated in clinical medicine, medical research, and public health. Although the ethical implications of infection prevention and control (IPAC) have been described,^{1–4} a framework to guide the application of ethical principles in this field is lacking.

This gap exists despite the frequency with which ethical questions are encountered in IPAC. The decisions that IPAC professionals are faced with are characteristically complex. They involve the considerations not only of individual patients but also of healthcare workers and their institutions, each with distinct viewpoints and priorities. Similar to clinical medicine, recommendations are made based on the best available evidence, whether derived from existing published literature, ongoing surveillance, or iterative quality assessments. However, unlike clinical medicine, in which the autonomy and well-being of the individual patient is generally prioritized, IPAC also applies a public health perspective that includes consideration of overall welfare, justice, and fairness across groups, populations and health systems.⁵ IPAC decisions also frequently involve allocation of finite resources within the pragmatic context of organizational constraints. Such decisions can be incongruent with IPAC best practices, which can lead to ambiguity around the most ethically appropriate course of action. The COVID-19 pandemic has highlighted the need for a more systematic approach for situations where infection control professionals are grappling with complicated questions that have ethical implications, especially in context of considerable evidentiary uncertainty.^{6,7}

Ethical frameworks are tools to work through complex ethical questions and establish the most appropriate courses of action using the information available. From the 1980s to the 1990s, professionals confronted, balanced, and synthesized ethical frameworks for IPAC in a framework specifically adapted.

Methods

Study setting

Sunnybrook Health Sciences C

Toronto, Canada, comprised of



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Hot off the press.



"The open letter that Jules had published in the Nursing Times was truly a pivotal point in our campaigning and the work that you all put into the www.enable safecare.org project was very powerful."
Sheila Hall, Care Home Relative Scotland



What does all this tell us?

IPC guidance is:

- highly developed
- evidence-based
- operationally detailed
- Sometimes “black & white”



And often silent on:

- person centredness - how patients feel, how staff should communicate, how to preserve dignity, respect connection, compassion

“Living in the grey..”



“IPC lives in the grey”

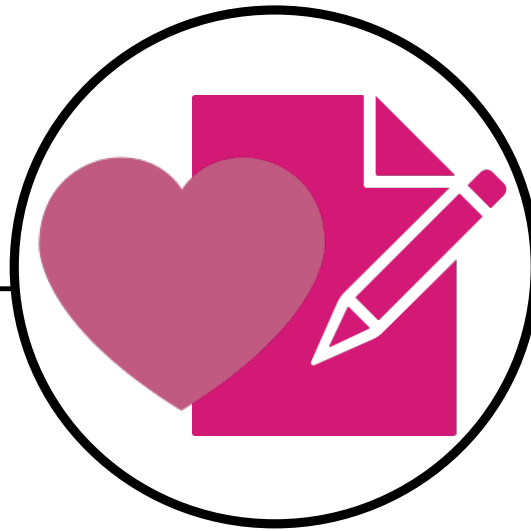


“But our systems and policies tend to be black and white.”

Key takeaways.

- Guidelines and protocols should not dominate the crucial human qualities of caring and compassion.

Coulter and Oldham (2016)



- *IPC as enabler*
- *Risk-based, case-by-case decisions*
- *Better communication*
- *Collaboration*
- *Hard-wire person centredness & flexibility in guidance.*

IPAC/IPS panel (2026)

Thank you for listening

"Approaching prevention from one viewpoint means we are a little right and mostly wrong."

*Professor Elaine Larson



From spark
to success:
shaping impact
together!



Acknowledgements

- Claire Kilpatrick and Holly Seale for collaborating on the recent paper.
- Sheila Hall and all the Nursing Times letter signatories & all of the campaigning groups fighting for IPC with compassion.
- WHO colleague, Shams Syed, for championing compassion as a critical element of quality health care.
- WHO IPC colleagues including Bendetta Allegranzi for her global leadership in IPC.
- And I would like to thank Paul Elliott & Annette Jeanes for collaborating on our IPC & social sciences book.

Additional sources

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- Anne's <https://www.gov.scot/publications/annes-law-code-practice-care-home-services-visits-care-home-residents-scotland-regulations-2026-31-march-2026/>
- Nursing Times Open letter: Infection prevention and control should never be at the expense of compassionate care <https://www.nursingtimes.net/opinion/open-letter-infection-prevention-and-control-should-never-be-at-the-expense-of-compassionate-care-16-10-2020/>

WED
22

April 22 @ 1:30 pm AST

(Australasian Teleclass) Infection Prevention and Control Response and Escalation Framework: Evaluation and Application Beyond a Pandemic

Australasian Teleclass

Kathy Dempsey, Clinical Excellence Commission, Australia

Free



TUE
28

April 28 @ 2:30 pm CEST

New WHO/UNICEF Global Guidelines on Hand Hygiene in Community Settings

Presented by the **International Federation of Infection Control (IFIC)**

Joanna Esteves Mills, World Health Organisation

Free



May 2026

TUE
5

May 5 @ 1:30 pm EDT

Special Lecture for International Hand Hygiene Day

Amanda Deeves, World Health Organization



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