WORKING IN HEALTH AND SOCIAL CARE

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# Task 1 – Training Resource: Person-Centred Practice

## Person-Centred Practice

Person-centred practice (PCP) refers to a comprehensive care paradigm focusing on individual needs at the core of every healthcare planning stage, delivery process, and evaluation phase. People possess unique traits that grant them the right to make autonomous decisions about their healthcare based on personal choices throughout their care experiences (McCance & McCormack, 2017). According to Cahill (2024), PCP maintains ethical foundations of beneficence combined with autonomy and justice to establish respectful joint practices between individuals and professionals. The therapeutic relationship built upon Carl Rogers' humanistic theory fosters authenticity through empathy and unconditional positive regard to develop authentic connections (Byrne et al., 2020). PCP works to enhance staff health while fostering person-centered cultures between the organizational and system levels according to Edgar et al. (2021). The wide promotion of PCP has faced implementation difficulties because of conceptual confusion and operational barriers (Phoenix & Charlson, 2017). The principles of PCP maintain their influence on contemporary healthcare structures by reinforcing client autonomy while preserving self-respect and active involvement.

## Contribution to Continuity of Care

The vital nature of continuity of care in person-centred practice enables trust and stability with effective communication between individuals and health or social care professionals (Bahr & Weiss, 2019). People who receive support from the same team of caregivers will develop enduring therapeutic connections, which lead to better confidence levels and treatment compliance (Stafford et al., 2022). Consistent health care delivery proves essential for patients with complex or long-term medical conditions because it minimizes disorder and enhances the comprehension of changing requirements. According to Baker et al. (2020), continuous care develops patient-trust relationships, which allow patients to take an active role in their healthcare decisions. Over time, professionals develop trust through consistent, meaningful meetings that enable them to provide more effective and empathetic treatments (Tondora et al., 2020).

Perriman et al. (2018) posited that all members of a care team benefit from shared documentation such as care plans and electronic health records (EHRs) because this practice maintains team alignment while preventing miscommunication and conflicting interventions. The records of personal preferences in dementia care relating to routines and meal patterns need to be continuous because this practice reduces anxiety while protecting dignity (Montag et al., 2024). According to Pereira et al. (2018), implementing standardization in record-keeping systems leads to better care quality, but there must be precise synchronization of meaning, form, and process between different services. The integration of consistency with trust and shared information creates a stable person-centred environment which supports safety, autonomy, and long-term well-being.

## Role of Safeguarding and Protection in Person-Centred Practice

The central function of safeguarding within person-centered practice provides an operational framework supporting safe living conditions, self-determination, and personal dignity (Duffy et al., 2025). Safeguarding protects self-determination rights by using proportional and empowering protection strategies (Stevens et al., 2018). Cocker et al. (2021) posited that a fundamental principle within the Act stipulates that neither safety nor freedom should be permitted to deprive someone of decision-making power because interventions must promote well-informed choices. This means that people with dementia can maintain independence in their everyday activities, but carers check for potential risks of malnutrition and falls through discreet monitoring methods.

## Benefits of Positive Risk Taking

According to Duell and Steinberg (2019), positive risk-taking serves as a person-centered method that encourages self-determination by helping people make aware choices to develop independence, together with personal progress and assurance through safeguarding possible adverse outcomes. Risk assessment under this method requires objective weighting of potential results to see risks as developmental openings instead of dangers (McCuistion et al., 2021). The practice of providing mobility support through walking aids instead of mobility restrictions enables dementia patients to maintain their physical abilities as well as improve their self-esteem, according to Eklund et al. (2019). As such, Mental health support gains resilience and lessens anxiety over time by encouraging individuals to enter public areas without assistance.

Positive risk-taking enables people to develop new abilities and become more self-sufficient. The strategy of letting adults with learning disabilities try tasks like transportation, navigation, and meal preparation leads to better problem-solving capability and decision-making skills(Duell & Steinberg, 2021). Rehabilitation research by Duell and Steinberg (2020) revealed that therapeutic intervention through challenging exercise attempts, such as balance tasks post-stroke, leads to faster neurological healing with restored patient self-assurance. Hence, care professionals must actively participate in decision co-production to find appropriate risks while making certain personal growth opportunities remain visible (Duffy et al., 2025). A meaningful life includes inherent risk, which allows people to take positive risks for greater autonomy and fulfillment.

## 6 Cs of Care in Person-Centred Practice

Person-centred practice depends on the Six Cs, which provide ethical support that maintains dignity alongside autonomy (Cahill, 2024). The healthcare system benefits from care because it shapes services around personal needs instead of standard institutional procedures (Phoenix & Charlson, 2017). On the other hand, compassion improves care delivery via emotional support systems and empathetic relationships, as Jones (2019) describes. Professional competence allows nurses to deliver secure interventions that meet the specific needs of every patient (Moody et al., 2018). The process of communicating effectively guarantees clarity and trust during shared decision-making, particularly for cases with complexity or sensitivity (Byrne et al., 2020).

According to the HCPC's recommendations (2024), staff members can use their courage to defend vulnerable individuals and protect them from harm. The consistent delivery of high-quality care under all circumstances depends on commitment, which maintains standards and ensures consistent service provision, particularly for autistic adults (Fridberg et al., 2022). These values combine as an ethical framework for care, which establishes compassionate relationships and promotes a respectful organizational culture according to the International Charter for Human Values in Healthcare (Ellis, 2020).

## Importance of Demonstrating Person-Centred Values

Health and social care professionals must exhibit person-centered values of inclusion, together with independence and empowerment, for building trust while preserving dignity and sustaining lasting well-being among patients. Dixon (2023) proves that care plans developed through collaboration between professionals and patients result in enhanced engagement by 40%. According to Stevens et al. (2018), the social model of disability shapes this approach by focusing on taking away environmental and societal barriers. Independence aids both personal esteem development and physical independence through support for mobility and choice management, which decreases depression among elderly patients.

People who receive empowerment develop both the skills and assurance required for active self-care management. Health education based on empowerment methods shows that patients achieve improved health results and decrease their need for hospital care (Tondora et al., 2020). Trust-based relationships between service users and professional patients develop when these values accumulate through time (Pereira et al., 2018). Baker et al. (2020) stated that such relationships lead professional patients who feel empowered to increase their trust in their providers by 60%. All three concepts of inclusion, with independence and empowerment, work together to develop resilient populations who maintain high motivation levels while becoming healthier and improving their relational bonds.

# Task 2 – Report: Communication in Health and Social Care

## The Role of Communication in Health and Social Care

Person-centred care depends on effective communication as its main element. Through SBAR, practitioners can achieve coordinated care development while delivering emotional support and maintaining patient protection (Dixon, 2023). The SBAR method enables more accurate handover exchanges, which minimize clinical errors together with delays (Duell & Steinberg, 2020). The communication methods that healthcare providers commonly dismiss enable them to acquire knowledge about patients' initial capabilities and create individualized treatment plans (Cahill, 2024). According to Stafford et al. (2022), the exchanges help to develop trust and empathy because these elements form the core foundation of therapeutic relationships. This means that organisational structures that do not function properly alongside staff shortages present significant obstacles that require communication training along with digital platforms to overcome them.

## Methods of Communication in Health and Social Care

The health care team utilizes four different communication channels, which include spoken and non-spoken messaging, together with written documentation and electronic communication methods. Through verbal communication, patients can achieve real-time clarification as well as establish rapport (Gehlert et al., 2019). Posture and facial expressions help patients understand emotions better, but health professionals need to remain sensitive to cultural differences (Moudatsou et al., 2020). Healthcare providers use plain language in written documents such as care plans, while pictographic symbols assist patients with limited reading skills (Bunn et al., 2018). Furthermore, the use of technology, including emails, patient portals and BSL video interpreters, extends accessibility for healthcare, but older adults might need additional help (Moudatsou et al., 2020). The integration of multiple research techniques upholds patient inclusion while improving medical service quality.

## Barriers to Communication in Health and Social Care

The communication barriers consist of environmental noise, language differences, cognitive issues, and emotional distress. The combination of noise and inadequate privacy conditions negatively affects information clarity, especially during ICU and emergency department operations (Schouten et al., 2020). Patients with limited English face 30% higher risks of adverse events due to miscommunication (Anawade et al., 2024). According to Shamsi et al. (2020), patients with dementia or delirium need alternative communication approaches through visual aids. Staff expression suffers from anxiety as an emotional factor while hierarchical structures suppress communication from junior team members (Shamsi et al., 2020). The communication process becomes complicated because of both sensory disabilities and a lack of digital access, especially affecting elderly patients.

## Information Handling and Recording Procedures

Accurate information handling systems protect both patient safety and legal requirements. Following NMC (2024), records need to be prepared in proper order, along with easy legibility and secure maintenance. EHR systems provide current information updates alongside audit trails while reducing drug interaction mistakes by 55% according to Squires (2018), but staff members can develop alert fatigue. Medical documents are easily lost or their contents become unclear when paper records are used. According to GDPR (2016) and the Data Protection Act of GOV.UK (2018), healthcare organizations need to collect and share data only when it is necessary. The accessibility of clear record documentation enables multidisciplinary care delivery and establishes responsible care practices that strengthen service user relationships and accountability.

## Principles of Confidentiality in Health and Social Care

Privacy principles are formed from respecting patients and their right to consent and privacy. Basic concepts include obtaining voluntary patient consent, together with restricting access to pertinent staff and maintaining secure storage facilities (Fridberg et al., 2022). The NMC (2024) mandates immediate, accurate record-keeping and careful sharing. The GDPR (2016) gives patients control over data usage, but the GMC (2017) states that some kinds of disclosures and safeguarding operations are subject to exceptions. This means that professionals have legal authorization to share patient information when the person faces danger to themselves or others. The adherence to these principles increases patient trust levels, which form the foundation for delivering person-centered care.

## Strategies to Overcome Communication Barriers

The process of barrier removal depends on aids, together with environmental adjustments and training procedures. Interpretation services by professionals minimize communication mistakes for patients with limited English proficiency, and pictograms enhance comprehension among dementia patients as well as those with low reading abilities (Schouten et al., 2020). Through video interpreters as well as text-to-speech applications, video interpreter services assist deaf or aphasic patients according to Shamsi et al. (2020). The design of more inclusive environments becomes possible through noise reduction and improved facility layout. Anawade et al. (2024) reported that staff members who receive training about trauma-informed communication, together with cultural sensitivity, develop better relationships and reduce conflicts with patients. These approaches enable fair person-centred interactions among healthcare providers in different care environments.

# Task 3 – Training Guide: Infection Control

## Cause and Spread of Infection in Healthcare Settings

Healthcare facilities experience infections among bacteria, viruses, fungi and parasites that are transmitted through direct contact, airborne droplets, fomites and contaminated food (Jacob & Cummins, 2019). The spore-spread of Clostridioides difficile occurs along surfaces, while influenza and COVID-19 transmission rely on respiratory droplets in unventilated areas (CDC, 2021; WHO, 2020). Immunocompromised patients face risks from Candida auris, which survives on shared medical equipment according to ECDC (2021). The respiratory form of the TB virus stays suspended in the air as aerosol particles in confined medical spaces, according to HSE (2022). Salmonella infections that originate from unsafe care home kitchens were identified by the FSA in 2021. The chain of infection reveals infection transmission patterns that healthcare facilities must interrupt by implementing strict hygiene practices and environmental controls combined with isolation measures (Bonadonna et al., 2021).

## Importance of Preventing the Spread of Infection

The prevention of infections remains crucial because it protects patients with weak immune systems, maintains public trust, and follows legal requirements. Medical facility infections known as HAIS lead to increased sickness rates, prolonged hospital stays, and higher patient mortality statistics (PHE, 2019). The Health and Social Care Act 2008 requires infection control through legal standards that the Care Quality Commission CQC (2022) enforces. Service suspension, together with legal consequences, follows when healthcare providers fail to meet requirements (NMC, 2021). Updated IPC protocols, PPE guidance, and improved ventilation emerged from the COVID-19 pandemic as it revealed insufficient airborne precautions preparedness (WHO, 2022). The CQC (2022) review revealed that 25% of care homes failed to maintain proper infection prevention systems, which shows that risks remain active. This means that the implementation of transparent communication along with legal accountability and ethical responsibility creates infection prevention as both a public and professional priority.

## Strategies to Reduce Infection in Healthcare Settings

The control of infections requires personal protective equipment (PPE) and hand hygiene practices, together with surface cleaning and proper food hygiene measures. Hand hygiene during the 5 Moments of Care, together with C. difficile soap use, is essential to proper care (NHS, 2021). High-risk procedures generate minimal transmission when health providers wear personal protective equipment, which includes gloves, gowns, and N95 respirators (CDC, 2021). According to RCN (2020), High-touch surfaces and shared equipment should be cleaned with chlorine-based cleaners to stop fomite transmission. The prevention of respiratory contagion occurs through practices such as cough protection with face masks, which NICE (2022) supports. Food safety measures, which split raw ingredients from cooked ones alongside suitable storage practices, stop E. coli as well as Salmonella from causing outbreaks in care facilities (FSA, 2021). Shamsi et al. (2020) demonstrate that implementing these different strategies together creates an effective dual action which reduces hospital-acquired infection rates by 50%.

## Managing an Outbreak

The five fundamental aspects of outbreak management are identification, isolation, contact tracing, disinfection, and communication (PHE, 2019). The outbreak management entailed two steps at the care home: the isolation of sick residents and enhanced protocols for PPE usage. Workers who handled the cleaning tasks used chlorine disinfectants to sanitise surfaces, and healthcare providers tracked those who showed exposure symptoms. The information about the situation was communicated to families alongside health authorities. According to Lipman et al. (2019), implementing structured outbreak protocols within homes reduced norovirus durations from 14 to 3 days. Thorough preparation and open communication effectively contain the spread and maintain public trust through speedy recovery.

## Risk Assessment in Infection Control

The risk assessment procedure involves multiple steps, which start with identifying infection hazards and continue with control implementation, followed by evaluation of control measures. As defined by Lai et al. (2020), identifying contamination hazards during catheter treatment or hospital wound management leads to specific hygiene protocols. Healthcare facilities perform assessments on communal areas and tools to establish strategies that include regular cleaning practices and grouping residents (Abraao et al., 2022). Visitor screening and vaccination mandates are among the controls that healthcare facilities implement according to CQC (2021). Hand hygiene audits alongside surface cultures represent two examples of monitoring tools that track the level of compliance. The NHS (2021) published audit results showing a 25% decrease in catheter-related UTIs because of monthly IPC reviews. Risk assessments protect safety levels by incorporating person-centred healthcare approaches.

# Task 4 – Analytical Review: Partnership Working

## Different Working Relationships in UK Health and Social Care

The foundation of working relationships in UK health and social care establishments depends on team-based cooperation between multidisciplinary staff members, families, GPS, social workers, and specialists. Staff members from the nursing, therapy and care assisting disciplines come together to co-create rehabilitation designs while using SBAR tools to prevent miscommunication (Aveyard, 2023). GPS works with social workers to safeguard clients through external partnerships while handling referrals between primary and secondary medical services (Kelliher et al., 2019). Ravalier et al. (2020) stated that family involvement is critical in dementia and disability care since it helps shape interventions that follow their values. The third sector organisation Age UK delivers hospital discharge planning services to improve patient continuity and minimise readmissions (Kelliher et al., 2019). This means that working relationships succeed because they require shared trust, mutual respect, and clearly defined roles.

## Role of Advocates in UK Health and Social Care

The advocacy process enables people with decision-making challenges or communication disabilities to receive support for their wishes and right protection. According to Alexis et al. (2022), the organisation supplies unbiased information which helps people make informed decisions and defends choices that protect autonomy. The Independent Mental Capacity Advocate (IMCA) service under the Mental Capacity Act 2005 provides essential support to adults whose representation needs are unmet by family or friends while making decisions about medical care and accommodation (Jones & Burns, 2021). Through their role, IMCAS reviews essential medical records and asks for professional assessments while verifying that the decisions respect best interests and human rights standards (Hanna et al., 2021). According to Aveyard (2023), advocacy leads to increased satisfaction and trust in care systems, ensuring vulnerable individuals can have their voices heard.

## Importance of Working in Partnership in UK Health and Social Care

Delivering holistic person-centred care relies on partnership working that unites various health and social care professionals. Organisations that establish common objectives and transparent data-sharing methods enable their staff to deliver more coordinated interventions while minimising unnecessary work and handling complex patient needs (Ravalier et al., 2020). Implementing integrated care teams who manage diabetes patients has led to a decrease of 22% in hospital admissions because they provide joint educational services and preventive care (Papadopoulos et al., 2020). The Health and Social Care Act 2012 supports interoperable electronic health records, which enhance service user results through instant data exchange and shorten delays, implementing standard operating procedures and mutual service delivery systems through pathways co-created for stroke rehabilitation, resulting in decreased medical mistakes and better mobility results (Beresford, 2019). Hence. partnership collaborations produce financial savings and enhanced patient satisfaction outcomes.

## Role of Teams in Coordinated Care

The coordinated delivery of patient care depends on multidisciplinary teams which work together to fulfil comprehensive patient requirements. Team reviews and structured handover procedures using SBAR prevent care transition disruptions and minimise potential threats (NHS England, 2021). The combined efforts of physiotherapists alongside speech therapists and family carers in MDTS for stroke rehabilitation result in better care plan development, which leads to a 25% decrease in hospital readmissions (Reeves et al., 2017). The PHE (2019) shows that integrated electronic records promote real-time collaboration between primary and secondary care, but the existing IT system incompatibilities remain difficult. Team communication that maintains clarity and establishes firm accountability leads to better care plan compliance and higher patient satisfaction by 30% (Lipman et al., 2019).

## Team Leadership Challenges in Health and Social Care

Effective leadership within health and social care teams fosters motivation, clarity, and collaborative practice. Transformational leaders achieve employee retention and collective vision development by involving staff in organisational decisions (Cummings et al., 2021). Training sessions about roles help healthcare teams avoid missed duties, especially when providing complex care transitions (Schouten et al., 2020). The conflict resolution tool, the Thomas-Kilmann model, provides solutions for professionals to solve their priority differences (Moudatsou et al., 2020). Mentoring programs boost staff development while strategic delegation maintains safety measures and operational efficiency (Jacob & Cummins, 2019). Well-structured leadership that shows empathy drives teams to achieve cohesion and perform at the highest level.

# Task 5 – Informational Leaflet: Care Planning

## Purpose of Care Planning

The person-centred care planning method creates structured support plans that deliver personalized services and establish clear objectives while recording intervention details for accountability reasons (Jacob & Cummins, 2019). Moudatsou et al. (2020) stated that personalised care delivers services that match personal requirements together with personal preferences and future aspirations, which uphold dignity and independence. According to Fridberg et al. (2022), by implementing effective care plans, individuals gain better health outcomes and wellbeing outcomes, together with increased ability to make decisions and manage their health independently. The assessment team reviews plans through regular monitoring sessions while documenting support changes to enable multi-agency coordination and legal documentation (McGregor & Dolan, 2021). This means that people gain better satisfaction and psychological health through active participation in their care planning.

## Roles in the Care Planning Process

The process of care planning combines user participation with staff members, together with personal advocates and their family members, and team leaders. At assessment, service users establish their goals and preferences, which ensures their voice appears in the plan (NMC, 2024). Nurses, together with social workers, conduct risk evaluations and then develop support strategies that care staff execute daily (Bunn et al., 2018). People who lack capacity or suffer from communication issues receive advocacy services from IMCAs to protect their rights and maintain involvement. GMC (2017) posited that families who have service users’ permission help provide information about personal routines and cultural requirements. Hence, managers take responsibility for maintaining regulatory standards and resource distribution while ensuring proper training for repeated evaluation of clinical results.

## Involving the Individual

The act of involving individuals leads to care that responds respectfully and builds trust while promoting self-determination. Person-centred assessments use communication aids like “This Is Me” booklets together with pictorial tools to allow individuals to share their life stories and preferences, while Lipman et al. (2019) support this approach. Through shared decision-making processes, individuals can select between available support options, and service feedback mechanisms, including surveys or digital portals, let service providers adapt their offerings (NHS England, 2023). The Mental Capacity Act (2005) establishes safeguards for best interests through advocacy services or mediation for cases that differ between clinical advice and personal wishes (Hanna et al., 2021).

## Overcoming Barriers

To improve care planning barriers, one must fix resource limitations and train staff properly, and solve language and cultural mismatch issues. Reeves et al. (2017) suggested that the implementation of professional interpreters together with staff training sessions about cultural competence, as well as pictographic communication elements and co-developed healthcare resources, serves as a strategy to enhance access for patients. The strategies promote equality as well as increase participation levels in compliance with the Equality Act 2010.

## Challenges of Meeting Individual Needs

The health and social care field faces continuous difficulties when it comes to meeting individual needs. Safety measures frequently create tensions with persons who have limited mental capacity or who face potential threatening situations (Jacob & Cummins, 2019). Decisions regarding capacity assessments frequently generate disagreements due to the subjectivity of capacity evaluation processes (Schouten et al., 2020). This show that the conflict arises when protective measures used in safeguarding restrict personal independence and social involvement, which reduces individual dignity and self-esteem. The appropriate intervention may be delayed when cultural values and family customs restrict freedom of response regarding abuse or self-neglect incidents (Duffy et al., 2025). As highlighted by Cahill (2024), the simultaneous factors of limited resources and fuzzy organizational roles, and challenging inter-agency procedures create obstacles for providing person-centered support.

# Task 6 – Reflective Account: Safe Medication Admin

## Common Types of Medication

The medication administration practices in UK care homes consist of multiple pharmaceutical drugs that support resident health and life quality, yet present distinctive benefits together with safety concerns. The pain management medicines paracetamol and NSAIDs (including ibuprofen) are commonly used, yet NSAIDs create a double risk of gastrointestinal bleeding and renal impairment for frail elderly residents (NICE, 2022). Medical experts must closely monitor opioid treatments with morphine because the drugs help manage severe pain, yet cause dependency problems and respiratory problems, and digestive issues (Merel & Paauw, 2017). According to Perez et al. (2025), the necessity of antihypertensive medications such as ACE inhibitors and beta-blockers for cardiovascular management becomes compromised by their adverse effect of inducing dizziness and the risk of falls because of blood pressure reduction. The critical use of antibiotics provides infection treatment yet disrupts gut bacterial populations, potentially triggering both serious diarrhoea and C. difficile infection (Public Health England, 2021). Additionally, the utilization of benzodiazepines as sedatives faces limitations in care homes because older adults exhibit increased risks of drowsiness along with falls and cognitive deterioration (Ahmed et al., 2025).

## Routes of Administration

Choosing a medication administration route demands skilled judgment to merge treatment purposes with patient safety and comfort standards (Ginsburg et al., 2024). Medications are most often administered through the mouth because it provides both convenience and non-invasive delivery; however, this method cannot be used by patients with swallowing difficulty or vomiting issues. Fast or extended drug delivery occurs through injection methods that include IV, IM, and SC routes, which help during emergency scenarios and situations where oral intake proves unreliable (Ahmad et al., 2025). Localized conditions receive treatment through the topical and transdermal administration routes, which cause minimal systemic effects, while inhalation delivers medication directly to the respiratory system for asthma treatment (Gusain et al., 2025). Szyk et al. (2025) further emphasised that the delivery method of drugs through the rectal passage or under the tongue provides acceleration of medication absorption when oral administration is not feasible.

## Safe Administration and Legislation

The foundation of safe medication administration rests on the “five rights” which include the correct patient along with the proper drug dosage at the appropriate time through the suitable route (NMC, 2021). Professionals who practice person-centered care must expand their practice to problem-solving and teamwork beyond standard protocols. The Medication Administration Record (MAR) chart maintains transparency through its audit tracking capabilities while receiving additional benefit from strict medication name verification and dosage reviews, especially when dealing with similar-looking drugs (Llapa-Rodriguez et al., 2018). Professional responsibility regarding side effect surveillance, including dizziness and bleeding, is required as per CQC guidelines under the Health and Social Care Act 2008 (Reeves et al., 2017). Legislation such as the Human Medicines Regulations (2024) and the Mental Capacity Act (2005) underpins all aspects of consent, safe prescribing, and administration.

## Record Keeping

The foundation of secure medication safety practices relies on high-quality secure recordkeeping systems. Per CQC (2022), every medication entry in MAR charts includes dose information and time-stamp alongside signature documentation to maintain continuity and detect discrepancies. The medical center uses storage logs to monitor controlled drug access events and disposal forms to protect hazardous medications before their safe disposal in compliance with GDPR (2016) data protection laws. Staff who are authorised to work with sensitive records have exclusive access through password-protected encrypted electronic systems, which follow Data Protection Act (2018) regulations. Medical providers face regulatory penalties while patients risk safety problems when documentation fails to follow required procedures (NHS Digital, 2021).

## Infection Control in Medication Administration

The practice of infection control remains essential for safe medication distribution because any failures may lead to healthcare-linked infections, which harm susceptible patient groups (Reeves et al., 2017). NICE (2022) guidelines (QS61) mandate rigorous hand hygiene before and after all medication handling, with alcohol-based rubs or soap and water as appropriate. The administration of invasive procedures needs personal protective equipment (PPE) along with aprons and gloves (Bunn et al., 2018). At the same time, aseptic non-touch techniques perform best at preventing microbial contamination of IV or wound-related medications (Lai et al., 2020). A system that includes proper disposal of sharps along with clinical waste through tamper-proof bins combined with clear waste segregation protocols ensures safety for staff and patients. Sturm et al. (2021) explained that the maintenance of safety standards depends on continuous training and auditing to embed safety culture throughout the organization.

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