

Essential Steps to safe, clean care

Inter-healthcare patient infection risk assessment form

This form is designed to assess the potential risk of patient/client infection. It should be completed by the transferring facility and supplied to the receiving healthcare establishment or the patient's/client's GP. In most cases, patients/clients will not present any infection control risks; however, it is essential to confirm this by completing the form in full.

Inter-healthcare infection control transfer form

Action

When transferring patients/clients to another care setting it is vital to inform the receiving ward or unit if they have an infection. This can be done using the form overleaf and following these instructions.

PLEASE NOTE: If a patient/client being transferred is suspected or confirmed as being infectious, please contact the infection control team (ICT) at the receiving facility within normal working hours BEFORE the transfer is carried out and BEFORE transport is arranged.

This form should be completed by the transferring facility and supplied to the receiving healthcare establishment. Complete the form in full whether a patient/client presents an infection risk or not.

Use this form for all inter-healthcare facility admissions, transfers and discharges, including:

- all patients/clients admitted to hospital from a shared-living environment (eg a care home);
- all ward-to-ward inter-hospital transfers or discharges; and
- all discharges where healthcare may be involved.

HOW TO USE THIS FORM

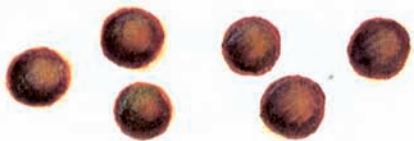



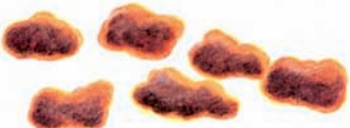


- Complete the form for every patient/client transfer to another healthcare facility.
- Complete the form prior to booking ambulance or other transport.
- A 'confirmed risk' patient/client is one who has been confirmed as being colonised or infected with organisms such as MRSA, glycopeptide-resistant enterococci, pulmonary tuberculosis and enteric infections including *Clostridium difficile*.
- Patients/clients with 'suspected risks' include those who are awaiting laboratory tests to identify infections/organisms or who have been in recent contact with infected patients/clients, eg in close proximity to an infected patient/client.
- Patients/clients with 'no known risks' do not meet either of the two criteria above.
- For patients/clients with diarrhoeal illness, please use the Bristol stool chart to indicate the frequency and type of stools over the past week. Please indicate in the 'confirmed' or 'suspected' risk box if the diarrhoea is known or suspected to be infectious.
- Please use the 'Other information' box to list protective equipment being used to assist in patient/client care. This equipment may include gloves, aprons or masks.
- After completing the form, please **print** your name and contact details in the box provided.

Please refer to this chart when making a bowel history diagnosis on the form overleaf.

Definition of diarrhoea: An increased number (two or more) of watery or liquefied stools (ie types 6 and 7 **only**) within a duration of 24 hours. Please remember: hands must be washed with soap and water when caring for patients/clients with diarrhoea.

NB Hands must be decontaminated after glove use.

THE BRISTOL STOOL FORM SCALE

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

Inter-healthcare infection control transfer form

Patient/client details: (insert label if available) Name: Address: NHS number: Date of birth:	Consultant: GP: Current patient/client location: Transferring facility – hospital, ward, care home, other: Contact no: Is the ICT aware of transfer? Yes/No
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Receiving facility – hospital, ward, care home, district nurse Contact no: Is the ICT/ambulance service aware of transfer? Yes/No	Is this patient/client an infection risk? <i>Please tick most appropriate box and give confirmed or suspected organism</i> <input type="checkbox"/> Confirmed risk Organism: <input type="checkbox"/> Confirmed risk Organism: <input type="checkbox"/> Suspected risk Organism: <input type="checkbox"/> No known risk Patient/client exposed to others with infection eg D&V Yes/No
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If patient/client has diarrhoeal illness, please indicate bowel history for last week:
 (based on Bristol stool form scale, see previous page)

Is the diarrhoea thought to be of an infectious nature? Yes/No

Relevant specimen results (including admission screens – MRSA, glycopeptide-resistant enterococcus SPP, *C. difficile*, multi-resistant *Acinetobacter* SPP) and treatment information, including antimicrobial therapy:

Specimen:				
Date:				
Result:				

Treatment information:

Other information:

Is the patient/client aware of their diagnosis/risk of infection? Yes/No

Does the patient/client require isolation? Yes/No

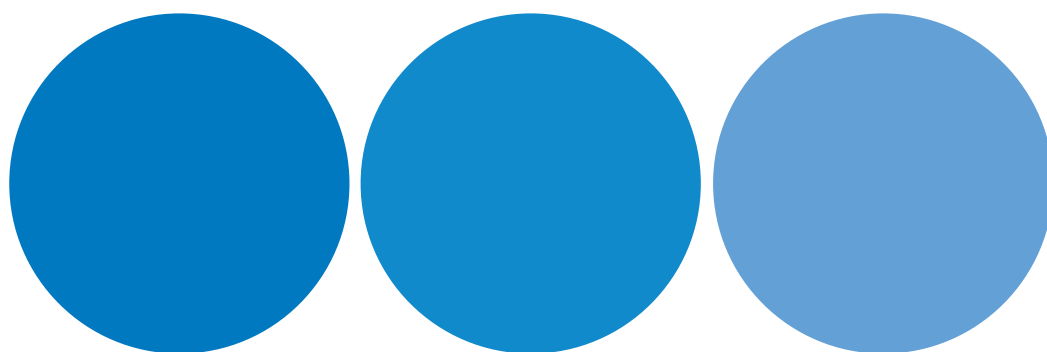
Should the patient/client require isolation, please phone the receiving unit in advance.

Name of staff member completing form:

Print name:

Contact number:

For further advice, please contact your infection control team/adviser



Essential Steps to safe, clean care

Scenarios

These scenarios are examples of commonly occurring situations whereby following the Essential Steps laid out in this guidance will ensure that your organisation is adhering to a national standard of best practice aimed at reducing healthcare associated infection and therefore providing safe, clean care to patients/clients.

Scenarios

Scenario 1

Mr Smith is 75 years old; he suffered from a mild stroke five years ago, but has recovered well and lives in a residential care home where he is generally independent. He has recently been to see the consultant surgeon at the local hospital and it has been identified that he needs a hernia repair. Prior to admission Mr Smith has numerous investigations and is routinely swabbed for MRSA. The result indicates that Mr Smith has MRSA colonising (as opposed to infecting) his nose. To reduce the possible complications of infection after surgery, the hospital infection control team advise the appropriate decolonisation treatment and recommend when the swabbing is to be repeated.

There are no special requirements that the home needs to implement. Mr Smith can be cared for in the same way as other clients; standard infection control precautions should be appropriately used for all clients all of the time, thus reducing the risk of cross-infection. He should be allowed to continue to mix with other clients and visitors as normal. There are no special requirements in relation to the cleaning of his room, laundry or crockery.

The hospital infection control team advises when Mr Smith can safely have his operation and a date for surgery is given.

When transferred into hospital, the care home is to complete a transfer form, which indicates Mr Smith's previous results and treatment.

On discharge from hospital, the staff will complete a transfer form indicating if Mr Smith has any further infection concerns.

Mr Smith will not require further screening or treatment unless he needs further admissions or at the request of the infection control team.

Scenario 2

Mrs Taylor is a 70-year-old lady who lives in a nursing home; she is only partially mobile and needs assistance in most of her care. She shares a room with another lady, Mrs Dixon, 82 years old, who is mainly confined to her bed due to a degenerative neurological disease. Mrs Dixon is fed by a gastrostomy tube and has a urinary catheter in situ.

Mrs Taylor has had a venous leg ulcer in her lower left leg for sometime, which was proving difficult to treat. Her ulcer was redressed weekly with compression bandaging, which stayed intact with no exudate breakthrough. Recently her condition deteriorated; Mrs Taylor was more lethargic than normal and started with a low-grade temperature. The ulcer and the surrounding area appeared more inflamed and pus was evident; her left leg was also more painful.

The nursing staff obtained a wound swab from Mrs Taylor's ulcer site and it was confirmed as being infected with MRSA.

Although Mrs Taylor has an infected wound, unless the bandages are being changed, the site of infection is continuously covered, therefore providing a barrier. The risk of cross-infection will be reduced by the appropriate use of standard infection control precautions. Therefore, Mrs Taylor should be able to mix with other clients and visitors. However, consideration should be given to the sharing of a room with Mrs Dixon, who is at greater risk of infection due to the invasive devices breaching her natural bodily defences. Further advice may be sought from the infection control nurse. There are no special requirements in relation to the cleaning of her room, laundry or crockery.

