


## Community Infection Prevention and Control Guidance for Domiciliary Care staff

# Patient placement and assessment for infection risk

**PATIENT PLACEMENT AND  
ASSESSMENT FOR INFECTION RISK**

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## This guidance document has been adopted as a policy document by:

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**PATIENT PLACEMENT AND  
ASSESSMENT FOR INFECTION RISK**

# PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

## 1. Introduction

This Policy is 1 of the 10 'Standard infection control precaution' (SICPs) referred to as 'Patient placement/assessment for infection risk' by NHS England and NHS Improvement.

It is a requirement of the *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* to provide suitable, accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.

**Note:** Where personal care is provided by a domiciliary care agency to an individual person in their own home, it is unlikely that the agency will be responsible for providing the information given in this policy. However, this will apply if it provides personal care to a group of service users in a supported living service or sheltered housing complex and takes an active role in liaising with or contacting healthcare professionals on behalf of service users.

## 2. Definitions

### Confirmed risk

A 'confirmed risk' service user is one who has been confirmed by a laboratory test or clinical diagnosis, e.g. Meticillin resistant *Staphylococcus aureus* (MRSA). Multi-resistant Gram-negative bacteria (MRGNB), Pulmonary Tuberculosis (TB), scabies, seasonal influenza and enteric infections (diarrhoea and/or vomiting) including *Clostridioides difficile* (formerly known as *Clostridium difficile*).

### Suspected risk

A 'suspected risk' service user includes one who is awaiting laboratory test or clinical diagnosis results to identify infections/organisms or those who have been in recent contact/close proximity to an infected person.

### No known risk

A 'no known risk' service user does not meet either of the criteria above.

### 3. Application

Prior to a service user's transfer to and/or from another health and social care provider, an assessment for infection risk must be undertaken. This ensures both the appropriate placement of the service user and that appropriate precautions are taken.

This applies to all admissions, transfers and discharges to all health and social care facilities including:

- Admissions to hospital
- Transfers from the Domiciliary Care Agency to another Domiciliary Care Agency or to a Care Home

Staff with responsibility for arranging a service user's transfer should complete the Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 1), for the service user to be transferred, whether they have a confirmed, suspected or no known infection.

When transferring a service user who has had diarrhoea of any cause in the past seven days, staff should ensure they include the infection risk, history of type of stool (see Appendix 2) and frequency of bowel movements during the past week. The history should be given in any verbal communication to the ambulance personnel and the receiving unit, to ensure that isolation facilities are identified.

The completed IHSCIC Transfer Form should be supplied to the receiving provider and a copy filed in the service user's notes.

### 4. Referral or transfer to another health or social care provider

#### From other health and social care providers

- When service users are transferred from another health and social care provider, the transfer documentation must be checked for suspected or confirmed infection risks.
- The service user's current condition should be assessed prior to or on arrival to ensure appropriate isolation for infection risk minimisation and the appropriate infection prevention and control measures are in place.
- For further guidance on specific infections, refer to the relevant 'Community Infection Prevention and Control Policies for Domiciliary Care staff'. Advice can be sought from your local Community Infection Prevention and Control or Public Health England Team.

## To other health and social care providers

- If the service user is in the 'suspected or confirmed infection risk' group, the person completing the IHSCIC Transfer Form is responsible for advanced communication, e.g. by telephone, to the transport service at the time of booking and the receiving health or social care provider prior to the transfer, to enable them to make appropriate arrangements.
- Ensure that any leaking wounds are covered with an appropriate occlusive dressing.

## 5. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2009) *Clostridium difficile infection: How to deal with the problem*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

## 6. Appendices

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

Appendix 2: Bristol Stool Form Scale



**Inter-Health and Social Care Infection Control Transfer Form**

The Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: ..... Address: ..... NHS number: ..... Date of birth: ..... Patient's current location: .....	GP Name and contact details:		
Receiving facility, e.g., hospital ward, hospice: .....			
If transferred by ambulance, the service has been notified: Yes <input type="checkbox"/> N/A <input type="checkbox"/>			
Is the patient an infection risk: Please tick most appropriate box and give details of the confirmed or suspected organism			
<input type="checkbox"/> Confirmed risk      Organisms: .....			
<input type="checkbox"/> Suspected risk      Organisms: .....			
<input type="checkbox"/> No known risk			
Patient exposed to others with infection, e.g., D&V, Influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/>			
If yes, please state: .....			
If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale): .....			
Is diarrhoea thought to be of an infectious nature? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
<b>Relevant specimen</b> results if available			
Specimen:			
Date:			
Result:			
Treatment information:			
Is the patient aware of their diagnosis/risk of infection?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the patient require isolation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the patient requires isolation, phone the receiving facility in advance:		Actioned <input type="checkbox"/> N/A <input type="checkbox"/>	
Additional information:			
Name of staff member completing form: .....			
Print name: .....			
Contact No: .....		Date: .....	



### The Bristol Stool Form Scale

Please refer to this chart when completing a bowel history on the Inter-Health and Social Care Infection Control Transfer Form

Definition of diarrhoea: an increased number (two or more) of watery or liquefied stools, i.e. types 5, 6 and 7 only, within a duration of 24 hours. Please remember, hands must be washed with liquid soap and warm water when caring for service users with diarrhoea.

NB: Hands must be decontaminated after glove use.

## THE BRISTOL STOOL FORM SCALE

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

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