



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

# Patient placement and assessment for infection risk

# PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

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## Contents

## Page

1. Introduction.....	4
2. Definitions.....	4
3. Application.....	4
4. Referral or transfer to another health or social care provider .....	5
5. Infection Prevention and Control resources, education and training.....	6
6. References .....	7
7. Appendices.....	7
Appendix 1: Inter-Health and Social Care Infection Control Transfer Form .....	8
Appendix 2: Bristol Stool Form Scale.....	9

# PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

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## 1. Introduction

This Policy is one 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.

## 2. Definitions

### Confirmed risk

A 'confirmed risk' resident is one who has been confirmed by a laboratory test or clinical diagnosis, e.g. COVID-19, 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*). **For COVID-19, please refer to national infection prevention and control guidance.**

### Suspected risk

A 'suspected risk' resident 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' resident does not meet either of the criteria above.

## 3. Application

Prior to a residents 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 resident 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 or to another care home
- Attends for treatment or support in another health or adult social care setting

Transfer documentation, e.g. an Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 1) or patient passport, must be completed for all transfers, internal or external and whether the resident presents an infection risk or not. Refer to the 'Patient placement and assessment for infection risk Policy for Care Home settings'.

When transferring a resident who has had diarrhoea of any cause in the past 7 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 transfer documentation should be supplied to the receiving provider and a copy filed in the residents notes.

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

### From other health and social care providers

- When residents are transferred from another health and social care provider, the transfer documentation must be checked for suspected or confirmed infection risks.
- The resident'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 Care Home settings'. 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 resident is in the 'suspected or confirmed infection risk' group, the person completing the transfer documentation 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 dressing

as advised by a healthcare professional, e.g. GP, Tissue Viability Nurse, Community Nurse.

### Isolation

When a resident has a known or suspected infection, they may require isolation in order to prevent spread to other residents. Residents who may present a potential risk include those with diarrhoea and vomiting, respiratory symptoms and fever.

Where possible, the resident should be isolated in their own bedroom, preferably with en-suite facilities, until they are no longer infectious or a risk to other residents. This situation may be frightening or frustrating for the affected resident, therefore, staff should discuss the situation with the resident and their family.

In some circumstances, for example residents with dementia, isolation may not be possible. In these cases, a careful risk assessment should be undertaken and a plan developed to minimise any risk of spread of the infection. All arrangements for isolation should be documented in the resident's care plan and reviewed as the situation develops.

It is important to report any signs of infection to your supervisor/manager as soon as possible so that a risk assessment can be completed.

For further information on isolation for residents, refer to the 'Isolation Policy for Care Home settings'.

## 5. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location. Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 6. 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*

## 7. Appendices

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

Appendix 2: Bristol Stool Form Scale

# CH 15 Appendix 1: Inter-Health and Social Care Infection Control Transfer Form



## 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

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

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