Policy: ICP26

Healthcare Associated Infection Risk Assessment Policy for Admission, Transfer or Discharge
(Including movement of patients between departments)

<table>
<thead>
<tr>
<th>Version:</th>
<th>ICP26/05</th>
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</thead>
<tbody>
<tr>
<td>Ratified by:</td>
<td>Clinical Governance Group</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>14th May 2018</td>
</tr>
<tr>
<td>Title of Author:</td>
<td>Infection Control Team</td>
</tr>
<tr>
<td>Title of responsible Director:</td>
<td>Director of Nursing &amp; Patient Experience</td>
</tr>
<tr>
<td>Key Policy Stakeholders:</td>
<td>Infection Control</td>
</tr>
<tr>
<td></td>
<td>Infection Control Doctor</td>
</tr>
<tr>
<td>Date issued:</td>
<td>2nd July 2018</td>
</tr>
<tr>
<td>Review date:</td>
<td>May 2021</td>
</tr>
<tr>
<td>Target audience:</td>
<td>All staff trust-wide</td>
</tr>
<tr>
<td>Disclosure Status:</td>
<td><strong>B</strong>: Can be disclosed to patients and the public</td>
</tr>
</tbody>
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| EIA | N/A |

**Disclosure Status**

**B**: Can be disclosed to patients and the public

**EIA**: Not Applicable
**Equality & Diversity Statement**

The Trust strives to ensure its policies are accessible, appropriate and inclusive for all. Therefore all relevant policies will be required to undergo an Equality Impact Assessment and will only be approved once this process has been completed.

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**Sustainable Development Statement**

The Trust aims to ensure its policies consider and minimise the sustainable development impacts of its activities. All relevant policies are therefore required to undergo a Sustainable Development Impact Assessment to ensure that the financial, environmental and social implications have been considered. Policies will only be approved once this process has been completed.
## Version Control Sheet

<table>
<thead>
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<th>Version</th>
<th>Date</th>
<th>Title of Author</th>
<th>Status</th>
<th>Comment</th>
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<tr>
<td>ICP26/01</td>
<td>June 2009</td>
<td>Infection Control Team</td>
<td>Policy Issued as working document</td>
<td>New Policy developed and Approved at 22nd May 09 CSSG meeting as a working document policy. Under consultation ending 17th July 09</td>
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<td>ICP26/02</td>
<td>26th Nov 2009</td>
<td>Infection Control Team</td>
<td>Policy Issued</td>
<td>Policy approved at 26th Nov 09 Operations Board (policy receipt requested 18.01.10)</td>
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<td>ICP26/03</td>
<td>May 2012</td>
<td>Infection Control Team</td>
<td>Policy Reviewed</td>
<td>Policy approved at 8th August 2012 TMT.</td>
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<td>ICP26/04</td>
<td>March 2015</td>
<td>Senior Clinical Nurse Specialist Infection Control</td>
<td>Policy Review</td>
<td>Under Trust-wide consultation ending 17.04.15</td>
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<td>ICP26/05</td>
<td>May 2018</td>
<td>Senior Clinical Nurse Specialist Infection Control</td>
<td>Policy reviewed, ratified &amp; Issued</td>
<td>Ratified by Clinical Governance Group May 2018</td>
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</tbody>
</table>
1. Flowchart

Suspect/confirmed case of infection

Report to Infection Control

Notifiable infection

Collect and review information

Ensure protocols are followed

Monitor

Collect and review information

Inform DIPC, ICD, PHE, Occupational Health

Outbreak Meeting

Ensure protocols are followed

Monitor
2. **Introduction**

2.1 The Health and Social Care Act 2008 requires all Trusts to have in place and operate effective management systems for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents. This includes a policy detailing patient admissions, transfers, discharges and movement between hospitals and other health facilities. It is essential all organisation and clinical areas act responsibly and that assurance is in place to identify and report infection.

2.2 To prevent the spread of infection and control potential infection, Healthcare associated infection (HCAI) risk assessments will be completed for all patients in risk areas i.e. older people, children, patients with a chronic illness or those admitted from acute hospitals within 48 hours of admission. The purpose in doing so is to determine the risk of a patient contracting or spreading a healthcare associated infection. The findings from HCAI assessments will inform the care planning, transfer and discharge process.

2.3 A HCAI risk assessment should be undertaken on admission, transfer and if necessary on discharge of patients, using the risk assessment tool (appendix 1). This should be stored in the patient’s multi-disciplinary notes upon completion, or on RIO.

2.4 When a HCAI risk assessment is completed prior to transfer or discharge (including community follow up) of a patient to another hospital or another care facility a copy of the risk assessment form should form part of the transfer/discharge summary paperwork which accompanies the patient.

3. **Scope**

3.1 The presence of an infectious disease such as MRSA does not usually prevent patient transfer to another ward or unit however; good communication before transfer will ensure that correct management measures are taken to reduce risks of spread. Good communication with the receiving facility within the Trust or external healthcare organisation will help determine e.g. whether the patient needs isolation facility or not.

3.2 If appropriate, Infection Control should be involved early in assessing risk and if necessary to liaise with other Infection Control Teams as required.

4. **Definitions**

4.1 A healthcare associated, or hospital-acquired infection (also known as a nosocomial infection), is defined as an infection that is not present when a patient is admitted to a hospital or healthcare facility.

4.2 Healthcare-associated infections (HCAI) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care.
5. Duties

5.1 The Chief Executive and Trust Board
They have a collective responsibility for Infection Prevention and Control within the Trust, the Trust Infection Control Group is accountable to the Chief Executive. The Trust accepts this policy as an agreement for its collective responsibility to support the measures to prevent and control the risks of healthcare associated infections.

5.2 The Director of Nursing and Patient Experience is the Director of Infection Prevention And Control [DIPC]

Is the Trust lead for Infection Prevention and Control reports directly, and is accountable to the Trust Board. The DIPC is responsible for the Infection Prevention and Control Team and for ensuring that appropriate arrangements are in place for Occupational Health to prevent and manage occupational risks of infection. The DIPC oversees the effective implementation of Infection Prevention and Control policies, assesses the impact of new guidance/directives and provides quarterly reports of healthcare associated infections and an annual report on Infection Prevention and Control to the Trust Board.

5.3 CSU Directors and Clinical Directors
CSU Directors and Clinical Directors will ensure that the results of audits and surveillance are reported at Directorate meetings and are used to inform Directorate planning. In the event of an infection control risk being identified following an assessment, audit or inspection Clinical Directors and Service Directors are responsible for ensuring remedial action is taken, if required, to minimise risk, following assessment, audits or inspections and provide information on the risk and actions taken in line with the Trust’s Risk Management policy and strategy.

5.3.1 Clinical Directors and Service Directors also have responsibility for the allocation of appropriate funds for the correction of any hazardous/ineffective procedures within departments and ensuring that Infection control advice is sought at the earliest stages of service change and development.

5.4 All Line Managers
They have a responsibility to provide adequate resources in terms of capacity and finance for both the Prevention and Control of Infection. They also have a responsibility to ensure that their staff attend the relevant training as advertised by the Trust’s Learning and Development Centre. Line managers will ensure that the responsibilities for Prevention and Control of Infection, which are reflected in all staff members’ job descriptions, are incorporated into annual appraisal.

5.5 The Trust Infection Control Group [TICG]
This group supports the Infection Control Team and commissions all Infection Prevention and Control Policies and protocols. The group is responsible for the review and sharing of lessons from root cause analysis of Infection Control related incidents.

5.6 The Infection Prevention and Control Team (IPCT)
5.6.1 The IPCT will support the development and implementation of Trust Infection Control Policies and protocols. The team will be responsible for producing an annual Infection Control programme in consultation with the Trust Infection Control Group. The group will initiate, develop and lead in delivering Infection Control education for staff and service users and will be involved in the relevant programmes and groups designed to improve the quality
of services to service users. The IPCT will offer support and education to service users and family members about Infection Control precautions as required and will provide expert advice to all Trust staff when caring for service users with communicable conditions. The team will be responsible for liaising with relevant clinical and non-clinical staff and liaise with appropriate external agencies, i.e. PHE, Acute Trusts, PCT, DH etc and will ensure Link Nurses meet on a regular basis with the team.

5.6.2 The team will be responsible for the development and leading the Trust Infection Control Audit Programme and will ensure that information is available to service users and the public with regard to the Trust’s processes and management of preventing and controlling health care acquired infections, via leaflets, posters and information on the Trust’s intra/internet site.

5.7 All Trust Staff
They are personally accountable for their actions and responsible for ensuring that they comply with the agreed policy, understanding their legal duty to take reasonable care of their own health, safety and security and of other persons who may be affected by their actions, and for reporting untoward incidents and areas of concern.

5.7.1 All staff are responsible for identifying infectious conditions and circumstances that may lead to outbreaks of infection which require specific controls to protect themselves, their service users or others. They are responsible for notifying the Infection Control Team of such circumstances and it is the responsibility of such workers to ensure that, during the course of their daily work, they utilise the safe Infection Control working systems developed both locally and nationally.

6. Systems and recording

6.1 Positive results

<table>
<thead>
<tr>
<th>Where recorded</th>
<th>RiO – progress notes, ICD10 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who records</td>
<td>Nurse / doctor on ward</td>
</tr>
</tbody>
</table>

Notification
- Phone / e-mail to DIPC
- Phone / e-mail to Infection Control Doctor
- Phone / e-mail to Public Health England – Only if a Notifiable Infection
- Phone / e-mail Occupational Health

Who notifies
- Senior Clinical Nurse Specialist - Infection Control

Contract tracing (depending on outbreak)

<table>
<thead>
<tr>
<th>Where recorded</th>
<th>RiO – progress notes for patients</th>
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<tbody>
<tr>
<td>Who records</td>
<td>Nurse</td>
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Action plan – If Required

<table>
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<th>Where discussed</th>
<th>Teleconference</th>
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</thead>
<tbody>
<tr>
<td>Who arranges</td>
<td>Senior Clinical Nurse Specialist - Infection Control/Infection Control Doctor</td>
</tr>
</tbody>
</table>
7. **Risk assessment**

7.1 It is expected that the Trust HCAI Risk Assessment Checklist Tool, Appendix 1, is completed for all patients admitted and transferred to the Trust and who fall within the high risk category as stated.

   a. Older people
   b. Children (up to the age of 18 years)
   c. Patients presenting with loose bowel motions or who have areas of broken skin
   d. Patients who appear unwell or have a high body temperature
   e. This potentially high risk group should not exclude any patient particularly if there are clinical symptoms of infection.
   f. Patients transferred from acute hospitals and nursing homes.

7.2 The risk assessment checklist (Appendix 1) contained in this policy will assist to decide the level of infection risk a patient faces or poses to others. The more *Yes’s* selected the higher the infection risk.

7.3 **Risk factors for contracting healthcare associated MRSA**

- Current or recent hospitalization. MRSA remains a concern in hospitals, where it can attack those most vulnerable such as older adults and people with weakened immune systems, recent surgery
- Open wounds or burns, skin conditions or serious underlying health problems
- **Residing in a long-term care facility.** MRSA is also prevalent in these facilities and carriers of MRSA have the ability to spread it, even if they’re not showing signs of infection
- **Invasive devices.** People who are catheterised, intravenous drips in situ or have feeding tubes or other invasive devices in situ are at higher risk

**NB:** All patients admitted into an inpatient unit after being risk assessed if deemed to be high risk will need to be screened for MRSA (see ICP12 MRSA Policy), if the screening is positive discuss further actions with Infection Prevention and Control Nurse (IPCN) and ward doctor.

7.4 **Risk factors for Clostridium Difficile-Associated Diarrhoea (Also known as C – Diff)**

- Advanced age
- Antibiotic therapy – the overuse of antibiotics
- Placement of nasogastric tube
- Prolonged hospital stay
- Repeated enemas
- Gastrointestinal tract surgery
- Sharing a room with a C.diff infected patient
- Use of antacids

7.4.1 C. Difficile-associated disease occurs when the normal intestinal flora is altered, allowing C. Difficile to flourish in the intestinal tract and produce a toxin that causes a watery diarrhoea. The environment, equipment and hands can become contaminated and therefore a significant likelihood of the infection spreading.
8. Infection control care plan

If, following completion of the Trust HCAI Risk Assessment Checklist Tool, Appendix 1, there is indication of infection hazards identified then a doctor should be informed and the Infection Prevention and Control Nurse (IPCN) made aware. It is important that an individual care plan (Appendix 2) is formulated to minimise the risks identified and to provide consistent and effective care. This may include antibiotic therapy, wound care, prevention and control measures i.e. Level of personal protective equipment, equipment management and isolation of the patient or transfer to another clinical area or Acute Trust. When MRSA (Trust Policy ICP12) or Clostridium Difficile (Trust Policy C26) is suspected the integrated care pathway contained in each policy should be followed and any concerns should be discussed with Infection Control.

9. Inter-healthcare infection control transfer

9.1 When transferring patients/clients to another care setting it is vital to inform the receiving ward or unit if they have an infection.

9.2 If a patient/client being transferred is suspected or confirmed as being infectious, please contact the infection prevention and control team (IPCT) at the receiving facility within normal working hours BEFORE the transfer is carried out and BEFORE transport is arranged. For all inter-healthcare facility admissions, transfers and discharges an Inter-Healthcare Infection Control Transfer form (Appendix 3) should be completed, for the following patient groups:

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

9.3 To assist completion of the inter-healthcare infection control transfer form (Appendix 3) the following guidance should be adhered

9.4 Complete the form for every patient/client transfer to another healthcare facility.

9.5 Complete the form prior to booking ambulance or other transport.

9.6 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, Carbapenemase-producing Enterobacteriaceae and enteric infections including Clostridium difficile.

9.7 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, e.g. in close proximity to an infected patient/client.

9.8 Patients/clients with ‘no known risks’, do not meet either of the two criteria above.

9.9 For patients/clients with diarrhoeal illness, please indicate in the ‘confirmed’ or ‘suspected’ risk box if the diarrhoea is known or suspected to be infectious.
9.10 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.

9.11 After completing the form, please print your name and contact details in the box provided

10. Training

Infection Prevention and Control forms part of the Trust’s mandatory training programme and as such is included in induction and ongoing training programmes generated by the Trust’s appraisal based Training Needs Analysis.

11. Monitoring

11.1 For training requirements please refer to the mandatory passports within the M12 Mandatory Policy

12. Fraud statement

No fraud statement is required for this policy.

13. References

Guidance on the diagnosis and reporting of clostridium difficile - Department of Health

14. Supporting documents

The Health and Social Care Act 2008

15. Glossary of terms / acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>HCAI</td>
<td>Healthcare Associated Infection</td>
</tr>
<tr>
<td>MRSA</td>
<td>Meticillin-Resistant Staphylococcus Aureus</td>
</tr>
<tr>
<td>IPCN</td>
<td>Infection Prevention and Control Nurse</td>
</tr>
<tr>
<td>DIPC</td>
<td>Director of Infection Prevention and Control</td>
</tr>
<tr>
<td>TICG</td>
<td>Trust Infection Control Group</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Team</td>
</tr>
<tr>
<td>IPCT</td>
<td>Infection Prevention control Team</td>
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</tbody>
</table>
16. **Appendices**

Appendix 1 - HCAI Risk Assessment Checklist Tool  
Appendix 2 - Infection Control care Plan  
Appendix 3 - Inter-Healthcare Infection Control Transfer Form
CAI Risk Assessment Checklist Tool

Admission ☐  Transfer ☐  Discharge ☐

Where From ........................................... Where To ........................................... Date: ................................

Patient/Service User details:
Name: ...................................................
DOB: ...................................................
Address: .............................................
Consultant: ...........................................
GP: ....................................................
Current Patient Location: ..........................

MRSA
Is the patient known to be infected or colonised with MRSA?
* Is the patient from a nursing or residential home or another Trust?
* Has the patient any wounds/skins lesion/pressure sores?
* Has the patient a history of frequent acute hospital admissions?
Has the patient had an MRSA screen undertaken?

If yes: Where ........................................... When ........................................... Result ...........................................

Yes No NK
MRSA:

NB: If yes to all questions * consider high risk and undertake MRSA screening.
NB: If MRSA positive on admission or positive on screening please refer to MRSA policy.

Diarrhoea
Does patient have diarrhoea?

Is the diarrhoea thought to be of an infectious nature?

Has a specimen been sent?

Has an organism been identified?

If yes: Where ........................................... When ........................................... Result ...........................................

Has patient had treatment?

If yes: What ........................................... and when completed ...........................................

Yes No NK
Diarrhoea:

NB: Patients with diarrhoea caused by Clostridiuum difficile toxins or enteric pathogens such as E.coli or salmonella should be isolated in single room until 48 hours symptom free.

Other communicable disorders
Does the patient have or is suspected of having any of the following communicable disorders:

Smear positive TB ☐  Chicken pox or shingles ☐  Influenza ☐
Impetigo ☐  Scabies ☐  Other ☐  please specify: ..............................................................

If any of the communicable diseases have been ticked (affirmed) please contact the Trust Infection Control Nurse and proceed to isolate patient.

Other factors which predisposes to HCAI

Yes No

Does the patient have a urinary catheter or other indwelling device in situ?

Is the patient receiving enteral feeding?

Is the patient currently receiving antibiotics?

If yes to any of these ensure care plan includes specific care of patient with i.e. urinary catheter and observe for any signs of infection.

Assessment undertaken by ................................................................. (write/type Name)
### Infection Control Care Plan

A number of questions should be addressed when formulating the infection control care plan:

<table>
<thead>
<tr>
<th>Question</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the source or likely source of the infectious organism?</td>
<td>Blood, faeces, urine or sputum</td>
</tr>
<tr>
<td>How does the organism spread?</td>
<td>Direct or indirect contact, airborne or faecal oral</td>
</tr>
<tr>
<td>Are there additional risk factors?</td>
<td>Indwelling device, wounds, antibiotics, incontinence, diarrhoea, impaired immunity, age and environmental conditions and staff practice</td>
</tr>
<tr>
<td>What is the general mental and physical health of the patient?</td>
<td>Underlying disease, dementia, immobility and poor personal hygiene</td>
</tr>
<tr>
<td>Are other patients, staff or visitors at risk?</td>
<td>Sharing room, pregnant staff or visitors, older patients</td>
</tr>
<tr>
<td>Availability of staff and facilities?</td>
<td>Isolation facility, adequate staffing levels</td>
</tr>
<tr>
<td>What could be contaminated?</td>
<td>Hands, face, clothing, linen, equipment, environment</td>
</tr>
</tbody>
</table>
## Inter-Healthcare Infection Control Transfer Form

### Patient details:
- **Name:**
- **Address:**
- **NHS Number:**
- **Date of Birth:**

### Consultant:
- **GP:**
- **Current Patient Location:**
  - Transferring Facility – hospital, ward, care home, other

### Current Patient Location:
- **Contact No:**

### Receiving facility – hospital, ward, care home, district nurse:
- **Contact No:**

### Is the IPCT/ambulance service aware of transfer?
- **Yes/no**

### Is is this patient an infection risk?
- **Yes/No**
  - Please tick most appropriate box and give confirmed or suspected organism
  - □ Confirmed Risk
  - □ Suspected Risk
  - □ No Known Risk
  - Patient exposed to others with infection e.g. D&V

### Is the diarrhoeal illness, please indicate bowel history for last week:
- **Yes/No**

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

### Relevant specimen results (including admission screens – MRSA, C.difficile):

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
</table>

### Treatment Information:

### Other Information:
- **Is the patient aware of their diagnosis/risk of infection?**
- **Yes/No**
- **Does the patient require isolation?**
- **Yes/No**

### Name of staff member completing form:
- **Print Name:**
- **Contact Number:**