



**Community Infection Prevention and Control
Policy for Domiciliary Care staff**

Patient placement and assessment for infection risk

**PATIENT PLACEMENT AND
ASSESSMENT FOR INFECTION RISK**

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PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

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Organisation:

Signed:

Job Title:

Date Adopted:

Review Date:

If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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**PATIENT PLACEMENT AND
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PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

1. Introduction

This Policy is one of the 'Standard infection control precautions' (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.

Always use standard infection control precautions and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

When caring for service users in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.

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. Application

Prior to a service user's transfer to and/or from another health or 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
- 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 service user presents an infection risk or not.

To other health and social care providers

- If the service user is in the 'suspected or confirmed infection risk' group (see section 3 below), 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 dressing, as advised by a healthcare professional.
- When transferring a service user 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 IHSCIC Transfer Form should be supplied to the receiving provider and a copy filed in the service user's notes.

From other health and social care providers

If the service user is in the 'suspected or confirmed infection risk' group (see section 3 below), the person responsible for arranging the transfer should provide advanced communication, e.g. by telephone, to the transport service at the time of booking and the receiving social care provider prior to the transfer, to enable them to make appropriate arrangements and ensure staff take appropriate SICPs and TBPs. Refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

- When service users are transferred from another health or 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 at the first visit, to ensure 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

(IPC) or Health Protection (HP) Team.

3. Definitions

Confirmed risk

A 'confirmed risk' service user is one who has been confirmed by a laboratory test or clinical diagnosis, e.g. COVID-19, Multi-drug resistant organisms (MDRO), Meticillin resistant *Staphylococcus aureus* (MRSA), 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.

4. 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 Domiciliary Care 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:

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

In addition, we hold educational study events in North Yorkshire and York and can arrange bespoke training packages. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

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: <i>Please tick most appropriate box and give details of the confirmed or suspected organism</i> <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"/>																
Relevant specimen results if available <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Specimen:</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Date:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Treatment information:		Specimen:					Date:					Result:				
Specimen:																
Date:																
Result:																
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' or when documenting a service user's 'Stool chart record'.

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, after removing gloves, hands must be washed with liquid soap and warm running water when caring for service users with diarrhoea.

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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