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PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

Patient placement and assessment for infection risk

Version 2.00
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PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This document has been adopted as a Policy by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

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

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

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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.

Assessment for infection risk and subsequent correct patient placement is an essential infection prevention and control practice to prevent the spread of communicable disease within General Practice.

Always use standard infection control precautions and, where required, transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

For any patient with suspected or confirmed COVID-19 or any other new or emerging infection, refer to national infection prevention and control guidance.

GP Practices should ensure regular audits to monitor compliance with the Policy are undertaken and to provide assurance.

2. Risk definitions

Confirmed risk

A 'confirmed risk' patient is one who has been confirmed by a laboratory test or clinical diagnosis, e.g. COVID-19, Meticillin resistant *Staphylococcus aureus* (MRSA), Multidrug-resistant organisms (MDROs), 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' patient includes one who is awaiting laboratory test results or clinical diagnosis 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' patient does not meet either of the criteria above.

3. Assessment for isolation

Where possible, arrangements should be made to see an infectious patient virtually, e.g. using a smart phone, tablet or computer, or in their own home.

If the patient needs to be seen in the Practice, the implementation of standard infection control precautions will reduce the risk of the transmission of infection in General Practice. However, patients with specific infections, such as chicken pox, measles, influenza, or COVID-19 during a pandemic, should be isolated in a separate area or room away from other patients so that the risk of infection to others in waiting or communal areas is minimised.

When a room is not available, the epidemiology of the suspected infection should be considered when determining patient placement.

When assessing the need to isolate a patient, the following should be considered:

- The risk of spread to other patients and staff, e.g. air-borne, faecal/oral route
- The susceptibility of others to the infection
- The patient's clinical condition
- Decontamination of the isolation facilities

If isolation in a room is required, the clinician should ensure the patient has a complete understanding of why they are being isolated and the precautions required.

On arrival at the Practice, the patient should be taken immediately to the isolation room or designated area. If a room is used, the door should remain closed.

4. Requirements for isolation

- An identified room or designated area should be used for isolation.
- A notice should be displayed on the door stating 'Isolation area - no unauthorised entry'.
- The room should be free from clutter and, where possible, equipment not required for the consultation should be removed from the room before the patient enters.
- Always use standard infection control precautions and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

- Ensure appropriate personal protection equipment (PPE) is available, e.g. disposable aprons, gloves, eye/facial protection. Attending staff members should risk assess the PPE requirements - at a minimum, staff should wear a disposable apron and gloves. Refer to 'Personal protective equipment Policy for General Practice'. **In relation to Pandemic Influenza, COVID-19 or any other new emerging infection, refer to national infection prevention and control guidance.**
- Ensure hand hygiene facilities are available, e.g. wall mounted liquid soap, paper towels, wall mounted alcohol handrub or in a pump dispenser.
- A foot operated lidded lined waste bin should be available and waste disposed of as infectious waste.
- Medical devices and care equipment used in the room should be disposable. If reusable items are used, they should be appropriately decontaminated before removal from the room (see Section 5).
- Do not use linen pillow cases and 'modesty' blankets, couch roll should be used. If a pillow is used, it should be encased in a cleanable plastic case.

5. Environmental and care equipment cleaning

- The isolation room or area used for isolation should be decontaminated, i.e. cleaned and disinfected, after use. If the room cannot be decontaminated immediately, a notice should be displayed stating 'Isolation area - awaiting deep clean, do not enter'.
- Staff undertaking the cleaning should risk assess the PPE requirements – at a minimum, staff should wear a disposable apron and gloves. Refer to the 'Personal protective equipment Policy for General Practice'.
- Remove any fabric curtains for laundering and dispose of any disposable curtains, replacing them when the cleaning has been completed.
- Clean and disinfect the environment using a top to bottom, clean to dirty approach, including reusable medical devices and care equipment, such as couch, chair, work surfaces, stethoscope. Refer to the 'Safe management of the care environment Policy for General Practice' and 'Safe management of care equipment Policy for General Practice'.
- Clean all large and flat surfaces using an 'S' shaped pattern from clean to dirty, top to bottom, overlapping slightly, but taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms that may be transferred from a dirty area to a clean area.

- Flooring should be decontaminated last, using the technique above. In the event that the flooring is carpeted, it should be shampooed or steam cleaned.
- Cleaning cloths and mop heads should be single use and disposed of after use.

- The use of a chlorine-based disinfectant solution may cause damage to carpets or soft furnishings. A risk assessment of using such solutions on surfaces should be made and, where deemed unsuitable to use, pH neutral detergent and warm water alone is advised.
- PPE should be removed in the correct order, i.e. gloves off first then apron, then hands cleaned, refer to the 'Personal protective equipment Policy for General Practice'.
- All waste, including cleaning cloths and PPE, should be disposed of as infectious waste. Refer to the 'Safe management of waste Policy for General Practice'.

6. Communication to relevant parties

Primary medical care practitioners are key providers of information to other health and adult social care providers concerning individual users and community outbreaks. Appropriate information should be held in the practice patient summary record.

The General Practice may share information with other providers as appropriate, this should include circumstances when:

- Referral or admission is to a hospital, adult social care or mental health facility
- A patient is scheduled for an invasive procedure
- A patient is transported in an ambulance
- There is an outbreak or suspected outbreak amongst patients

7. Referral or transfer to another health or social care provider

- If it is necessary to refer or transfer a patient to another health or social care provider, e.g. ambulance service, hospital, they should be informed of the patient's status prior to the transfer. This will enable a risk assessment to be undertaken to determine the appropriate infection prevention and control (IPC) measures to be taken, e.g. transported without other patients, isolated on admission.
- Staff preparing to transfer a patient to another health or social care provider should complete the Inter-Health and Social Care Infection Control Transfer Form (see Appendix 1) or patient passport. This should accompany the patient. When transferring a patient 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.

- If the patient is in the 'confirmed' or 'suspected' infection risk group (see section 2), 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 facility prior to the transfer, to enable them to make appropriate arrangements.
- SICPs should be followed whenever transferring a patient, whether they have a confirmed infection or not.
- The completed transfer documentation should be supplied to the receiving health or social care provider and a copy filed in the patients notes.
- Ensure that care equipment used to transfer the patient, e.g. wheelchair, is decontaminated in accordance with the 'Safe management of care equipment Policy for General Practice'.

8. 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 Practice 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:

- 25 IPC Policy documents for General Practice
- 'Preventing Infection Workbook: Guidance for General Practice'
- 'IPC CQC inspection preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and York 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.

9. 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*

Department of Health (2007) *Essential Steps to Safe, Clean Care Inter-healthcare service user infection risk assessment form*

Department of Health (2007) *Saving Lives: reducing infection, delivering clean and safe care. Isolating service users with healthcare-associated infection*

NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021*

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

10. Appendices

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

Appendix 2: Bristol Stool Form Scale

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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 ☐ N/A ☐

Is the patient an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: .....

☐ Suspected risk Organisms: .....

☐ No known risk

Patient exposed to others with infection, e.g., D&V, Influenza: Yes ☐ No ☐ Unaware ☐

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 ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

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

Does the patient require isolation? Yes ☐ No ☐

If the patient requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: .....

Print name: .....

Contact No: ..... Date .....

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk

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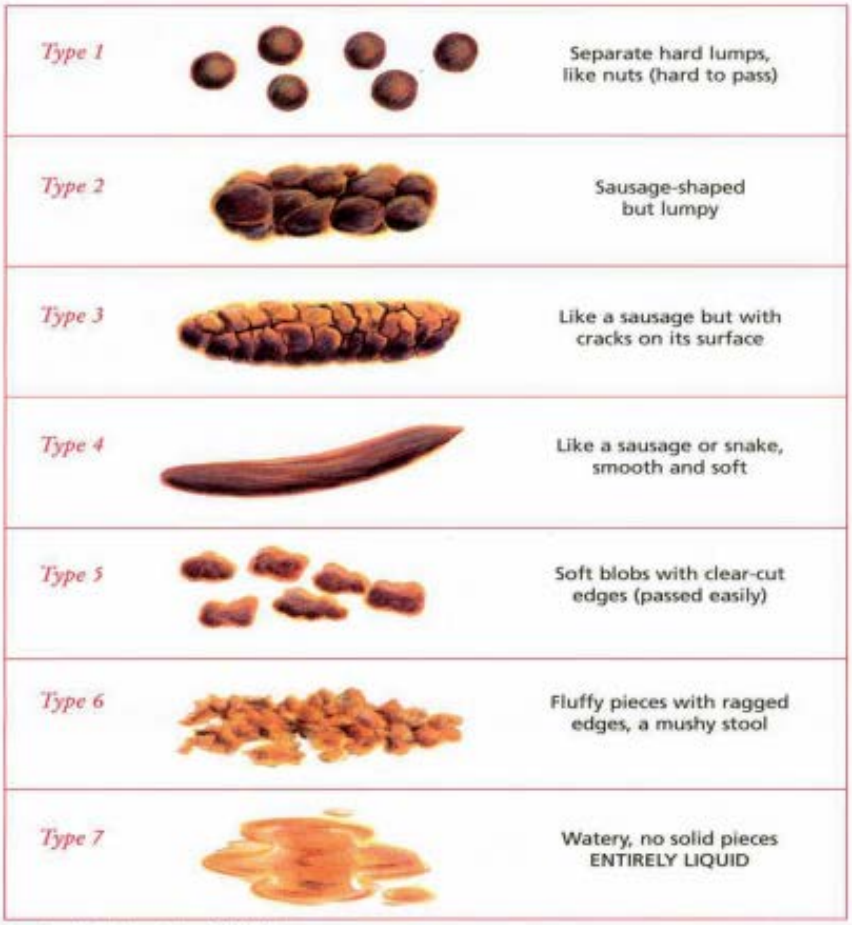
The Bristol Stool Form Scale

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



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