

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 and Social Care, updated December 2022), states that "The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care 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 service user and, where possible, a copy filed in their notes.

Service user name: Address: NHS number: Date of birth: Service user'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 service user 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													
Service user exposed to others with infection, e.g. diarrhoea and/or vomiting, influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/> If yes, please state:													
If the service user 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: 25%;">Specimen:</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Date:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td></td> <td></td> <td></td> </tr> </table>		Specimen:				Date:				Result:			
Specimen:													
Date:													
Result:													
Treatment information: 													
Is the service user aware of their diagnosis/risk of infection? Yes <input type="checkbox"/> No <input type="checkbox"/>													
Does the service user require isolation? Yes <input type="checkbox"/> No <input type="checkbox"/>													
If the service user 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													