INTER-HEALTH AND SOCIAL CARE INFECTION CONTROL TRANSFER

Community Infection Prevention and Control Guidance for Care Home settings

Inter-health and social care infection control transfer

Version 1.00
June 2019

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Signed: ....

Job Title: ....

Date Adopted: ....

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INTER-HEALTH AND SOCIAL CARE INFECTION CONTROL TRANSFER

1. Introduction

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* that accurate information on the infection status of a resident is communicated when transferring them to another health or social care provider to prevent the spread of healthcare associated infection (HCAI).

Prior to a resident's transfer to and/or from another health and social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.

An Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 1) must be completed for all transfers, internal or external and whether the resident presents an infection risk or not.

A 'confirmed risk' resident is one who has been confirmed by a laboratory test or clinical diagnosis, e.g. 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 *Clostridium difficile*.

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.

A 'no known risk' resident does not meet either of the criteria above.

The completed form should be supplied to the receiving provider and a copy kept by the care home in the resident's records.

2. Duties and responsibilities

Care home staff with responsibility for arranging a resident's transfer should complete the IHSCIC Transfer Form (see Appendix 1) for the resident to be transferred, whether they have a confirmed, suspected or no known infection.

If the resident is in the 'suspected or confirmed infection risk' group, 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 facility prior to the transfer, to enable them to make appropriate arrangements.

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3. Application

All admissions, transfers and discharges to all health and social care facilities including:

- Admissions to hospital from the care home
- Discharges from the care home where health and social care may be involved, e.g. GP, District Nurse, domiciliary staff
- Transfers from one unit to another in the same care home, e.g. residential unit to nursing unit

The transfer of an infectious resident should be avoided (some exceptions to this include MRSA and ESBL), unless emergency care or urgent admission is clinically indicated.

When transferring a resident 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. 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 facility and a copy filed in the resident's notes.

4. Practice recommendations

From other health and social care providers

- When residents are transferred from another health and social care facility, 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 being transported by ambulance transport, staff must notify the Ambulance Service of the resident's infectious status in advance, e.g. at the time of booking the ambulance.
- When residents are being transferred to another health and social care

facility, the transfer documentation should be completed and the receiving facility be contacted with advanced communication, e.g. by telephone, prior to the transfer. This will enable them to make appropriate arrangements. A copy of the IHSCIC Transfer Form should be filed in the resident's notes.

- Ensure that any leaking wounds are covered with an appropriate occlusive dressing.

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* and CQC registration requirements.

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

- Over 25 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.

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*

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7. Appendices

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

Appendix 2: Bristol Stool Form Scale

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:	GP Name and contact details:
Address:	
NHS number:	
Date of birth:	
Patient's current location:	

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 April 2017
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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

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	Description
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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