



## Community Infection Prevention and Control Guidance for General Practice

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

# Inter-health and social care infection control transfer

Version 1.00  
December 2017

INTER-HEALTH AND SOCIAL CARE  
INFECTION CONTROL TRANSFER

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INFECTIOUS CONTROL TRANSFER

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Signed:  .....

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**INTER-HEALTH AND SOCIAL CARE  
INFECTION CONTROL TRANSFER**

# 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 patient is communicated when transferring them to another health or social care provider to prevent the spread of healthcare associated infection (HCAI).

Prior to a patient's transfer, the risks of transmission of infection must be assessed and minimised.

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 patient presents an infection risk or not.

A 'confirmed risk' patient 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), seasonal influenza and enteric infections (diarrhoea and/or vomiting) including *Clostridium difficile*.

A 'suspected risk' patient 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' patient does not meet either of the criteria above.

## 2. Duties and responsibilities

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

If the patient 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.

The completed IHSCIC Transfer Form should be supplied to the receiving health and social care facility and a copy filed in the patients notes.

### 3. Transferring patients

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

- Admissions to hospital from a shared-living environment, e.g. care home
- Discharges where health and social care may be involved, e.g. GP, District Nurse, Care Home staff, Domiciliary staff
- Transfers from one unit to another in the same care setting, e.g. residential unit to nursing unit within a care home

The transfer of an infectious patient should be avoided unless emergency care or urgent admission is clinically indicated.

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. 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 patient's notes.

### 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 your Practice 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 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

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](http://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*

## 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: Please tick most appropriate box and give details of the confirmed or suspected organism <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"/>			
<b>Relevant specimen results if available</b>			
Specimen:			
Date:			
Result:			
Treatment information:			
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

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

<i>Type 1</i>		Separate hard lumps, like nuts (hard to pass)
<i>Type 2</i>		Sausage-shaped but lumpy
<i>Type 3</i>		Like a sausage but with cracks on its surface
<i>Type 4</i>		Like a sausage or snake, smooth and soft
<i>Type 5</i>		Soft blobs with clear-cut edges (passed easily)
<i>Type 6</i>		Fluffy pieces with ragged edges, a mushy stool
<i>Type 7</i>		Watery, no solid pieces <b>ENTIRELY LIQUID</b>

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