GP 12

PATIENT PLACEMENT AND ASSESSMENT FOR INFECTION RISK

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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 3.00
November 2023

GP 12

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: ..... …

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised through local governance channels and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

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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 in the *National infection prevention and control manual (NIPCM) for England.*

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 SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

When caring for patients in relation to any new or emerging infection, staff should refer to the latest national infection prevention and control guidance.

GP Practices should ensure regular audits to monitor compliance with the Policy are undertaken 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), Multi-resistant Gram-negative bacteria (MRGNB), 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' 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 SICPs will reduce the risk of the transmission of infection. However, patients with specific infections, such as chicken pox, measles, influenza, or COVID-19, 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. airborne, 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 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, facial protection. Attending staff members should risk assess the PPE requirements - at a minimum, staff should wear a disposable apron and gloves. Refer to 'PPE Policy for General Practice'. **In**

relation to Pandemic Influenza 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 waste bin with a liner 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.
- Where possible, ensure good ventilation by opening windows.

5. Environmental and care equipment cleaning

The isolation room or area used for isolation should be decontaminated, i.e. cleaned and disinfected, after use, refer to the relevant infection Policy, e.g. *C. difficile*, MRGNB, MRSA, 'Safe management of care equipment Policy for General Practice' and 'Safe management of the care environment Policy for General Practice'. If the room cannot be decontaminated immediately, a notice should be displayed stating 'Isolation area - awaiting deep clean, do not enter'.

6. Communication to relevant parties

Primary 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 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 a patient passport or the Inter-health and social care infection control transfer Form (see Appendix 1, available to download at www.infectionpreventioncontrol.co.uk). 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 IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection 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:

- 27 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 General Practice Staff

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

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

9. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health (2009, updated September 2019) *Clostridium difficile infection: How to deal with the problem*

NHS England (2022, updated 2023) *National infection prevention and control manual (NIPCM) for England*

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

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 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 ☐ N/A ☐

Is the service user 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

Service user exposed to others with infection, e.g. diarrhoea and/or vomiting, influenza: Yes ☐ No ☐ Unaware ☐

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 ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

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

Does the service user require isolation? Yes ☐ No ☐

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

Additional information:

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

Print name: .....

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

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control, Reviewed April 2023
www.infectionpreventioncontrol.co.uk

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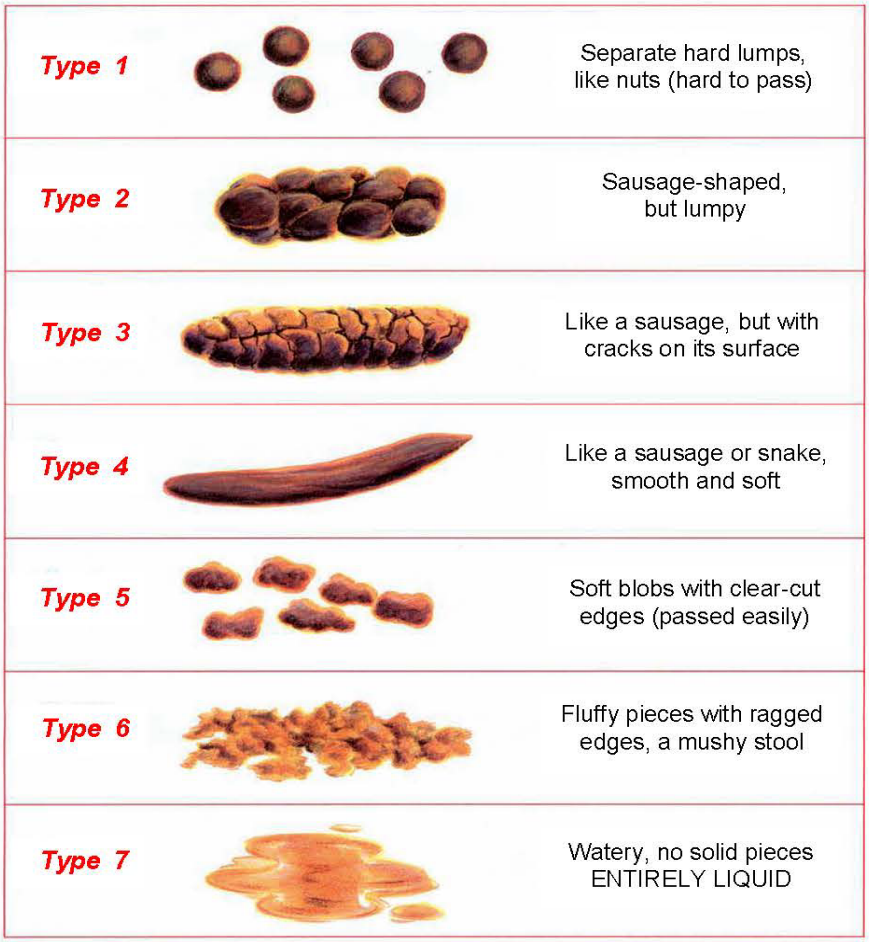
Bristol stool form scale

Please refer to this chart when completing a bowel history, i.e. stool chart record or transfer documentation, e.g. an 'Inter-health and social care infection control transfer form' or patient passport.

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.

Bristol stool form scale



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