



**Lincolnshire Partnership**  
NHS Foundation Trust

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Lincolnshire Partnership NHS Foundation Trust (LPFT)

**Title of Policy**

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Committee, Group or Individual Monitoring the Document	<b>Patient Safety and Experience Committee</b>
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**This procedure details clear operational guidance for the transfer of patients within hospital trust sites, community services and to external organisations.**

**LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST**

**TRANSFER OF PATIENTS WITH A KNOWN / SUSPECTED INFECTION**

**Issue 2**

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## **TRANSFER OF PATIENTS WITH A KNOWN / SUSPECTED INFECTION**

### **1.0 INTRODUCTION**

- 1.1 This policy has been developed to provide clear operational guidance for the transfer of patients both within Trust inpatient wards and sites and to external organisations.
- 1.2 This will enable the admitting health care facility/nursing service to make a risk assessment and instigate appropriate Infection Prevention and Control (IPC) precautions.
- 1.3 This will be based on the transmission route of each particular healthcare associated infection (HCAI) and the clinical environment in which the service user will be cared for, whilst maintaining individualised care as far as possible.
- 1.4 By identifying potential exposure risks posed by HCAIs and their causative organism, the provision of a safe environment for staff, visitors and patients can be maintained.

### **2.0 POLICY/PROCEDURE PRINCIPLES**

2.1 The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Revised 2015) Criterion 4, states that Registered Providers must:

*“Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.”*

2.2 This policy will ensure that the Trust is compliant with Criterion 4

### **3.0 RESPONSIBILITIES.**

Responsibilities are as set out in the overarching IPC policy 7a.

### **4.0 DUTIES**

4.1 Any member of staff involved in the transfer of service users has a responsibility to ensure that:

- Accurate information on the service user’s infection status is communicated in an appropriate manner.
- The IPC Transfer/Discharge Form (Appendix1) must be completed for all service users:
  - For internal transfers i.e. from ward to ward,
  - For external transfers i.e. to acute care facilities, care homes, external agencies
  - To service users own homes where input from community healthcare services is required.
- This information will facilitate the provision of optimum care and minimise the risk of further potential transmission of infection by ensuring appropriate IPC measures are put in place.

#### **4.2 Patient Alerts on Silverlink.**

- IPC alerts will be placed on Silverlink when a confirmed HCAI or notifiable infection is isolated in any patient.
- These will consist of the name of the organism and any consideration to be given to management of the patient to ensure recovery and to minimise the risk of transmission.
- Responsibility for this will primarily be with the IPC Nurse Specialist following confirmation of alert via Web V.

#### 4.3 IPC Transfer/Discharge Form (Appendix 1).

- This form must be completed for all patients who are known to be currently colonised or infected with an organism or with a history of previously confirmed diagnosis of an HCAI such as Methicillin Resistant *Staphylococcus Aureus* (MRSA), Methicillin Sensitive *Staphylococcus Aureus* (MSSA) and *Clostridium Difficile* Infection (CDI), and highly infectious enteric organisms such as Norovirus as follows:
  - To other hospitals: the transferring units must liaise with the receiving area regarding the current infection/colonisation status of the patient.
  - To care homes: the discharging unit must ensure that the care home is informed of the infection/colonisation status of the service user prior to discharge.
  - To the patient's own home: if input is required from community services the discharging unit must liaise with the community services prior to discharge.
  - If the patient is being discharged home with a care package, the carers must be informed of the patients infection/colonisation status.
  - From the community to a health care facility: the community services must liaise with the receiving area regarding the current infection/colonisation status of the patient on referral and prior to any transfer into services.
- Patients with diarrhoea/enteric infection such as *Clostridium difficile*, *Norovirus*, or unexplained diarrhoea/vomiting
  - These patients should not be transferred to another health or social care provider until they have been free of diarrhoea for 72 hours and have passed a stool that is normal for that patient, unless clinically indicated.
  - A Diagnosis of *C. Difficile* or *Norovirus* will not necessarily mean the patient cannot be discharged if they are deemed to no longer need Mental Health inpatient care. It will depend on how severe the symptoms, what support the patient has at home or whether they can manage the symptoms adequately independently. Many people are managed at home with *C. Difficile*
  - If the patient has been in a healthcare facility where there has been a suspected/confirmed outbreak of enteric infection, the admitting healthcare facility or community service must be informed even if the patient was asymptomatic during the outbreak period.
- Patients with any other known / suspected infection, currently managed with IPC precautions, or coming from a hospital, care home or residential facility managing an outbreak, such as Influenza, Chickenpox or other highly infectious diseases, advice from the IPC Nurse Specialist must be sought before transfer/admission is arranged.

- If patient transport and/or ambulance services are expected to carry a patient with a suspected (or confirmed) infectious illness, they must be informed in advance to allow for the vehicle to be prepared if necessary, Personal Protective Equipment can be sourced and to ensure that they do not carry other passengers at the same time. Deep cleaning of the vehicle may also need to be arranged in advance following the transport, to ensure that it is safe for further use.

#### 4.4 Admission to Trust Inpatient Facilities

- The receiving ward must ensure that infection risks are taken into account prior to, and during admission. This is to identify the patient's infection/colonisation status to ensure that appropriate IPC measures are put into place in a timely manner to minimise the risk of transmission to other patients and staff.
- If the patient is admitted from another healthcare provider, the receiving ward must ensure that the patient's infection/colonisation status is communicated as early as possible in the referral/transfer process to ensure that appropriate advice can be sought and that IPC measures are put into place in a timely manner to minimise the risk of transmission to other patients and staff.

#### **5.0 TARGET AUDIENCE.**

All staff involved in arranging, facilitating and managing the admission, transfer / discharge of service users

#### **6.0 TRAINING**

No specific training is required for this procedure. Staff can access this procedure and associated IPC policies / procedures on the Trust website and Intranet

#### **7.0 CHAMPION AND EXPERT WRITER**

The Champion for this policy is the Director of Nursing and Quality  
The Expert Writer is the Infection Prevention and Control Nurse Specialist

#### **8.0 CONSULTATION.**

Consultation for version 1 occurred through:

- Infection Prevention and Control Committee
- Nursing Executive members
- Public Health England

Additional Consultation for the revised version:

- Head of Physical Healthcare, IPC, Medical Devices and Smoking Cessation.
- Acting Service Manager Older Adults Division.
- IPC link practitioners
- Matrons
- Physical Healthcare Practitioners

#### **9.0 LEGISLATION GUIDANCE AND REFERENCES.**

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Revised 2015)

**10.0 MONITORING COMPLIANCE**

All reported adverse incidents in relation to the transfer of patients with a known / suspected infection will be investigated by the Manager responsible and the IPC Nurse Specialist and reported to the Patient Safety and Experience Committee and any other Trust Governance structures for investigating potential harm to patients.

**11.0 ASSOCIATED TRUST POLICES**

- 7a. Infection Prevention and Control
- 7c. Outbreaks of Infection
- 7d. Management of Methicillin Resistant *Staphylococcus Aureus*
- 7e. Management of *Clostridium Difficile*.
- 7f. Isolation
- 7g. Decontamination
- 7h. Surveillance of alert organisms and dissemination of information
- 7n. Correct Use of Personal Protective Equipment in the Healthcare Environment

**12.0 REVIEW DATE.**

This policy/procedure will be reviewed in 3 years or in light of organisational or legislative changes.

**Record of changes**

<b>Date</b>	<b>Author</b>	<b>Policy/Procedure</b>	<b>Details of change(s).</b>
July 2017	J. Lord	7m	Minor formatting and grammatical changes Changes in job titles Update in legislation referenced New guidance relating to discharge with C. Difficile infection and alerts on patient records

## Appendix 1

### Infection Prevention and Control Discharge/ Transfer Form

This form must be completed in conjunction with other discharge/ transfer documentation and kept with any multi-disciplinary notes

<b>Patient/Client details:</b> (insert label if available)  <b>Name:</b> <b>Address:</b>  <b>Date of birth:</b> <b>NHS number:</b>	<b>Consultant:</b>  <b>Contact no:</b>  <b>GP:</b>  <b>Contact no:</b>		
<b>Transferring facility:</b> <i>(hospital, ward, care home, other)</i>  <b>Contact name:</b>  <b>Contact no:</b>	<b>Receiving facility:</b> <i>(hospital, ward, care home, district nurse [if applicable], GP)</i>  <b>Contact name:</b>  <b>Contact no:</b>		
<b>Symptoms:</b>  <b>Diagnosis:</b> <i>(confirmed organism)</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">           Infection            Yes <input type="checkbox"/> No <input type="checkbox"/> </td> <td style="border: none;">           Colonisation            Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table>	Infection Yes <input type="checkbox"/> No <input type="checkbox"/>	Colonisation Yes <input type="checkbox"/> No <input type="checkbox"/>
Infection Yes <input type="checkbox"/> No <input type="checkbox"/>	Colonisation Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Microbiological identification (specimen results):**

Specimen & Results	Specimen type	Date	Result
Screen/diagnostic			
Confirmatory			
Other			
Further screening required?			

Treatment information (if appropriate): *(including type of medication, dose and duration)*

Infection prevention & control precautions required / in place:

Does the patient require isolation? Yes  No

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Other information relevant to patient's care:

Has the IPC Nurse Specialist been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, give reason
Has ambulance service been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, give reason
Is the patient/client aware of their colonisation/infection status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, give reason
Has patient received information about their status? (patient leaflet)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, give reason
Has the nearest relative/ carer received information about their status? (patient leaflet)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, give reason

**Name of staff member completing form:**

<b>Print name</b>		<b>Contact number</b>	
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**Appendix 2**  
**Equality Analysis Form**

Name of Policy/ project/ service	<b>Infection Prevention and Control</b>				
	<b>Transfer of Patient with Known/Suspected Infection</b>				
Aims of policy/ project/ service	<b>This procedure details clear operational guidance for the transfer of patient within hospital trust sites, community services and to external organisations.</b>				
Is this new or existing?	Existing				
Person(s) responsible	Jane Lord				
Key people involved	Jane Lord				
Who does it affect?	Service users <input checked="" type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Wider Community <input type="checkbox"/>
Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)					
	Positive	Negative	None	Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
Age	<input checked="" type="checkbox"/>				
Disability	<input checked="" type="checkbox"/>				
Sex	<input checked="" type="checkbox"/>				
Gender Reassignment	<input checked="" type="checkbox"/>				
Sexual Orientation	<input checked="" type="checkbox"/>				
Race	<input checked="" type="checkbox"/>				
Religion and Belief	<input checked="" type="checkbox"/>				
Marriage and Civil Partnership	<input checked="" type="checkbox"/>				
Pregnancy and	<input checked="" type="checkbox"/>				

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Maternity					
Carers	√				

Any other information that is relevant to the equality impact of the policy/ project/ service?

Detail any positive outcomes for any of the protected groups listed above

The policy will ensure best practice to ensure high levels of communication to prevent transmission of infectious disease on admission, transfer or discharge from services.

**Result of Equality Analysis**

Based on the information above- what is the outcome of the Equality analysis?

a) No change      √ <input type="checkbox"/>	b) Adjust the activity <input type="checkbox"/>	c) Stop/remove the activity <input type="checkbox"/>
Detail any adjustments that are to be made and how these will be monitored		

Person who carried out this assessment	Jane Lord
Date assessment completed	19/07/2017
Name of responsible Director/General Manager	Anne-Maria Olphert
Date assessment was signed	
Date of next review	19/07/2020