

Infection Prevention and Control Risk Assessment/ Transfer Form

(To be completed for all Residents on arrival at the home and incorporated into Residents care plan or when being transferred to other health facilities)

Name:	Transferred from:
Address:	Transferred too:
Date of Birth:	Date of Transfer:
Date of Admission	Reason for Transfer:
Hospital Number	Transfer Contact:
Name of GP	Tele No.:
Tele No.	Date of Assessment:

MRSA Risk Assessment

Known History of MRSA **Y N** Date swab taken:

Site of colonisation/infection i.e. Skin/Wound Urine Sputum Nose Groin Other

Resident currently on decolonisation treatment (skin washes and nasal ointment) **Y N**

Diarrhoea and or Vomiting/C.diff Risk Assessment

Is the client currently having diarrhoea and or vomiting (D&V) where infection has not been ruled out? **Y N**

If yes has specimen been obtained **Y N** Result.....

Has the client been exposed to diarrhoea and or vomiting in the past 72 hours (i.e. other cases of D&V in the home, hospital or by family member/carer? **Y N**

Has the client a history of clostridium difficile? **Y N** Date of diagnosis.....

Is client currently symptomatic (i.e. having active diarrhoea)? **Y N**

Has a stool specimen been taken **Y N** Date..... Result.....

Other relevant information: i.e. Current antibiotics, Contact with infection

Has the client received a seasonal influenza vaccine within the past twelve months? **Y N**

Date:.....

If no please give reason:

Is the Resident at risk from the following	Yes	No	If yes suggested risks reduction (to be completed in care plan by named carer)	Comments further/ assessment
Urinary Catheter Insitu			Follow the essential steps for urinary catheterisation. Strict hand hygiene Wear clean gloves and aprons when emptying or accessing system Empty urine into clean urinal or directly down toilet Maintain a closed system, attach night drainage bag to leg bag tap. Undertake assessment for the need for catheterisation. Ensure this is recorded in care record.	
Suspected or confirmed wound infection Chronic wounds (pressure sores, venous ulcers, burns etc			Follow essential steps programme Take wound swab if signs of infection (pus, heat, temperature, pain) Refer to Tissue Viability Nurse/GP/District Nurse	
Blood Borne Viruses (known or suspected) Hep B, C HIV			Follow Standard Infection Prevention and Control Precautions i.e. gloves and aprons when in contact with blood and body fluids Treat any blood spills with a solution of chlorine i.e. Milton or bleach or use spill kit.	
Skin risks, Evidence of weeping vesicles Shingles or Chicken pox Suspected or confirmed scabies or lice, itchy skin rash or skin lesions			Follow Infection Prevention and Control policy. Follow Standard Infection Prevention and Control Precautions Discuss with GP	
Respiratory Risks Known or suspected influenza			Follow Infection Prevention and Control policy. Follow Standard Infection Prevention and Control Precautions Discuss with GP	
On chemotherapy or high doses of steroids			Discuss with GP	
Does the resident require isolation from others? Y N				
Has the Community Infection Prevention and Control Nurse been informed Y N Date: _____ Name of person who made contact:				
Telephone no. 0121 6121627				
Referral to other professionals (state Which) Date.....				
If risks identified ensure risk reduction strategy is incorporated in Residents Care Plan				

