

ADMISSION, TRANSFER AND DISCHARGE OF THE PATIENT WITH AN INFECTION RISK POLICY

Policy Type	Clinical Infection Prevention and Control
Directorate	Corporate Nursing
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals
Policy Author	Consultant Microbiologist / Infection Prevention Control Team
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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
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Nov 15	2.1		DIPC / Director of Nursing	Revision	Infection, Prevention Control Committee (IPCC)
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15 Dec 15	3	15 Dec 15	DIPC / Director of Nursing	Approved at	Policy Management Group
05 Nov 18	3.1		DIPC / Director of Nursing	Revision	IPCC
30 Nov 18	3.1		DIPC / Director of Nursing	Endorsed at	Clinical Standards Group
13 Dec 18	4.0	12 Dec 18	DIPC / Director of Nursing	Approved at	Policy Management Sub-Committee
29 Jan 21	4.0	12 Dec 18	Chief Nurse including Midwifery and Allied Health Professionals Director of Infection prevention control - DIPC	12 month blanket policy extension due to covid 19 applied with author review date 6 months prior to Valid to Date.	Quality & Performance Committee
12 May 21	4.0	12 Dec 18	Chief Nurse including Midwifery and Allied Health Professionals - DIPC	Extended policy uploaded and linked back with new cover sheet	Corporate Governance
12 Oct 22	4.1	18/11/22	Chief Nurse including Midwifery and Allied Health Professionals - DIPC	Minor amendments	Infection, Prevention Control Committee (IPCC)

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1. Executive Summary

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance requires healthcare providers to have in place systems for assessing patient risk for infection and, where risks are identified, ensuring that action is taken to reduce potential for cross infection. This includes systems for ensuring dissemination of such information between wards, departments and to other care organisations.

This policy applies to all staff involved in admission, transfer or discharge of patients and sets out the infection prevention and control principles that must be applied to admission, transfer and discharge processes in hospital and to transfer of patients to other hospitals and units including care homes, community nursing and home care services to minimise the spread of infection.

It includes guidance on assessment of patient risk, appropriate management of patients identified with infection risk and how such information should be communicated with other wards, departments and organisations

2. Introduction

2.1. Implementing the policy is key to reducing risk for infection and is the responsibility of those staff responsible for assessing risk of infection when admitting patients to hospital; decision-making about patient placement at time of admission, during in-patient stay and before discharge or transfer to other healthcare facilities

2.2. The risk of Healthcare Associated Infections (HCAI) is greatly increased by extensive bed-movement of patients within hospitals and by high bed occupancy; absence of suitable isolation facilities also adds to risk. Taking steps to identify risk, implementing appropriate practice measures to reduce risk and provide suitable placement of patients.

2.3. Facilities for patients requiring isolation care are essential to protect against HCAI.

2.4. The Department of Health's programme to reduce HCAI, identified within the Health and Social Care Act 2008, requires a review of the patient journey for emergency and planned admissions to identify and reduce the risks of infection transmission associated with movement of potentially infected patients.

The need for restricting movement of patients between wards and for prompt isolation of infected patients is an essential component of good practice.

3. Definitions

PAS: Patient Administration System

CPE : carbapenamase producing enterobacteriaceae

IPCT: Infection Prevention Control Team

HCAI: Healthcare Associated Infections

HPV: Hydrogen peroxide vaporisation

MRSA: Meticillin resistant *Staphylococcus aureus*

4. Scope

This policy applies to all healthcare staff working in the Trust involved in the admission, transfer and discharge of patients, with particular reference to those responsible for assessment of infection risk and bed management/patient placement decisions. It includes the Site Co-ordination Team, Matrons, all Sisters/Charge Nurses and relevant Departmental Managers.

5. Purpose

To define responsibilities and processes for reducing risk of infection transmission when a patient is admitted, discharged or transferred to another health care facility.

6. Roles and Responsibilities

6.1. The Director of Nursing / Director of Infection Prevention and Control

Has overall responsibility for the development and organisation wide implementation of this policy

6.2. Site Co-ordinators

Are responsible for:

- Ensuring patients identified with infection risk or as requiring isolation are appropriately allocated a bed in line with the Trust's infection prevention and control and isolation policies.
- Liaising with the Infection Prevention and Control Team (IPCT) and seeking their advice where the requirement for contingencies arises, to discuss urgent infection related issues or seeking advice as required (during office hours contact IPC Nurses on Ext. 4882; out of hours contact on-call Medical Microbiologist via switchboard).
- Maintaining routine good communication, links and regular liaison (both formal and informal) with IPCT members on infection related matters.

6.3. Infection Prevention & Control Team (IPCT)

Are responsible for:

- Ensuring this Policy is up to date
- Ensuring that information about patients identified with infection (e.g. results) or requiring isolation care is communicated to the relevant ward or clinical area; putting on Patient Administration System (PAS) using special register flags (e.g. Meticillin resistant staphylococcus aureus (MRSA) status, C.difficile infection) where indicated.
- Maintaining communication links (both formal and informal) with the Site Co-ordinators; being available to discuss and advise on issues relevant to admission, transfer and discharge of infection risk patients where necessary

including prioritisation of the use of side rooms based on risk assessment (Consultant microbiologist out of hours).

6.4. Clinical leaders, Matrons and Ward Sisters/Charge Nurses/Department Managers

Are responsible for:

- Implementing, monitoring and overseeing policy implementation and compliance in their clinical area of responsibility.
- Maintaining effective communication with IPCT, Site Co-ordinators and other relevant healthcare professionals.
- Audit of compliance with this policy (in line with IPCT and IPC committee guidance) and are ensuring that action is taken to increase compliance and improve practice standards where necessary.

7. Policy detail/Course of Action

7.1. Assessment for infection risk

7.1.1. Emergency admissions

All patients must be assessed for infection risk at time of admission and need for relevant screening within the admitting department. Findings must be documented in the patient record. The assessment must include questions about diarrhoea or vomiting (within previous 48 hrs) and checking for known infection control risks e.g. C. difficile, MRSA and other antibiotic resistant organisms which would be recorded on PAS in the alerts section.

History of admission to other hospitals with known CPE spread in the UK and any hospital abroad in the past year should be documented and communicated to the site co-ordinator immediately. The site co-ordinator must liaise with the IPCT for advice on screening and management of patients who have been inpatients in other hospitals within the past year.

Perform carbapenamase producing enterobacteriaceae (CPE) screening in accordance with the UK Health Security Agency (UKHSA) guidance in the CPE Framework of actions [Framework of actions to contain carbapenemase-producing Enterobacterales \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/637685/Updated_Candida_auris_Guidance_v2.pdf)

Perform candida auris screening in accordance with the UK Health Security Agency (UKHSA) guidance available at: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/637685/Updated Candida auris Guidance v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/637685/Updated_Candida_auris_Guidance_v2.pdf)

Perform MRSA risk assessment (in adult risk assessment booklet) as per MRSA policy and record that MRSA screen swabs taken when applicable.

Act on any infection risk identified in accordance with infection control policies. Patients identified as posing an infection risk should be appropriately placed in a single side room with use of a dedicated commode. If the patient needs

isolation care, the admitting area should liaise with the appropriate ward to arrange this and inform Site Co-ordinator and the IPCT, as appropriate, before the patient is transferred. If appropriate isolation care cannot be identified on the planned admitting ward, the Site co-ordinator should be contacted ASAP to identify an appropriate isolation area. If a side room is not readily available, the prioritisation chart in Appendix A should be used to ensure the highest risk patients are appropriately isolated.

7.1.2. Planned admissions

All patients must be assessed for infection risk at the pre-assessment visit and findings documented in the patient record. The assessment must include questions about previous MRSA status (see MRSA policy), history of C.difficile at any time in the past and other antibiotic resistant organisms (check for infection control alerts on PAS), admissions as an in-patient within preceding 12 months to any hospital within the United Kingdom(UK) or abroad.

The Pre-Assessment and Admissions Unit (PAAU) will undertake MRSA screening where applicable, as per MRSA policy (including all orthopaedic patients and all previously MRSA positive patients).

Clinical teams and Theatres should be notified of any identified infection risk prior to the admission of the patient. PAAU will record the relevant infection risk information on admissions list. Site co-ordinators and ward managers will identify from admission list.

If the patient needs isolation care, the Ward Sister/Charge Nurse in liaison with the duty Site Co-ordinator will be responsible for arranging appropriate isolation facilities.

If the patient assessment identifies a risk, inform the Infection Prevention and Control Team (IPCT).

If in doubt about the requirement for isolation care, clinical staff must seek advice from a member of the IPCT. If a single room is indicated, the patient should be directly admitted to one without delay wherever possible.

After admission, a patient's infection risk status and isolation care requirements should be regularly reviewed and reassessed as appropriate and in light of clinical developments.

Delays in transferring Emergency Department patients awaiting a single room on a ward for the purpose of isolation must be kept to a minimum.

During periods of bed crisis, patients requiring isolation care must not be transferred to temporary in-patient facilities (see Bed Management Policy).

7.2. Isolation Facilities

Patients identified as posing an infection risk should be appropriately placed in a single side room. If the patient needs isolation care, the admitting area should liaise with the appropriate ward to arrange this and inform Site Co-ordinator and the IPCT, as appropriate, before the patient is transferred.

If appropriate isolation care cannot be identified on the planned admitting ward, the Site co-ordinator should be contacted as soon as possible to identify an appropriate isolation area. If a side room is not readily available, the prioritisation chart in Appendix A should be used to ensure the highest risk patients are appropriately isolated.

Where necessary, seek advice from a member of the IPCT (Consultant microbiologist out of hours), who will assist in prioritising indications for single room care.

Site Co-ordinator, Ward Sisters/Charge Nurses and Matrons should use judgment and communicate with IPCT.

Do NOT admit patients for cohort isolation care into bays unless specifically recommended by the IPCT. If this is the only course of action available the IPCT (Consultant Medical Microbiologist out of hours) must be consulted to agree the appropriate course of action.

There are some circumstances (e.g. in event of an outbreak, or in orthopaedic wards where MRSA 'ring fencing' is operational policy) where it may be necessary to admit the patient for cohort isolation care in a designated isolation care bay rather than a single room - do so only where advised by IPCT.

7.3. Patient movement: Transfers and Discharges

Transfers and moves within hospital (Movement between wards and departments)

Once admitted to isolation care, a patient requiring ongoing isolation care should not be routinely transferred to other wards within the hospital unless advised by the IPCT (e.g. if cohort isolation care necessary) or there is a specific clinical need for specialist care. **The patient's clinical needs must take priority.**

If non-urgent transfer or movement to another ward is considered necessary, contact a member of the IPCT for advice first.

Terminal cleaning, including hydrogen peroxide vaporisation (HPV) for C. difficile or norovirus, of vacated single rooms/cohort bays must be undertaken before the next patient/s can be safely admitted to that room/bay (see Clean Patient Environment Policy).

A patient requiring isolation care MAY go to theatre and visit other departments for diagnostic investigations or procedures that cannot wait until the infective period is over. Inform the department of any infection risk first and seek advice from the IPCT as necessary. After the investigation or procedure they should be returned to the single room. Good communication between wards and

departments regarding a patient's infection risk is essential and enables the receiving department to take any necessary additional infection control measures, which may include putting the patient at the end of the day's list where possible as well as additional cleaning procedures.

7.4. Patient movement – SOP for restricted bed movement (see Appendix B)

Transfers should be undertaken using trolleys unless there is good clinical or a health and safety reason why a bed transfer must take place.

Personal protective equipment should not be routinely worn by staff when escorting patients in public areas with the exception in extraordinary circumstances following response to National Guidance e.g. Pandemic.

Patients transferring from one ward to another e.g. from Medical Assessment Unit to a medical ward should normally be transferred on a trolley taking their personal possessions with them.

If a transfer has to take place using a bed, transfer the patient onto a clean bed, with clean bed linen, on arrival in the new ward. Clean the trolley/bed after transfer with detergent wipes (actichlor plus or chlorine wipes if infection risk).

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7.5. Transfer and Discharges to other healthcare settings and units

(Applies to other hospitals or units, care homes and patients to be cared for by community nursing or home care services.)

Inform the receiving healthcare facility or carers of any identified infection risk.

- Ensure the receiving Hospital, Unit, Care home, Residential home or Community Nursing service is verbally made aware of the patient's infection risk status and informed of any necessary precautions.
- Written information regarding infection control issues must be transferred with the patient to improve communication of infection risks between healthcare providers. The nurse in charge of the ward the patient is being discharged or transferred from, must ensure referral documentation includes infection risk information and is provided to Patient Transport or Ambulance Service as well as the receiving healthcare facility.
- When a patient is discharged, the patient and their relatives or carers should be offered and provided with any necessary information and leaflets as appropriate about their specific infection or infection risk and about any measures they need to take. The side room must then undergo terminal cleaning in line with the Clean Patient Environment policy (see also Appendix A for post discharge cleaning requirements for specific infections).

8. Consultation

This document has been sent to the following stakeholders for consultation:

- Site Co-ordinator Team
- Infection Prevention & Control Committee (IPCC)
- Head of Facilities

9. Training

This Admission, Transfer and Discharge of the Patient with an Infection Risk Policy does have a Infection Prevention and Control level 2 mandatory training requirement which is detailed in the Trusts Statutory and Mandatory Training Framework.

The policy will be made available via the intranet and all relevant clinical areas advised that it has been updated

10. Monitoring Compliance and Effectiveness

Monitoring of compliance will be undertaken as part of the Infection Prevention and Control weekday routine patient surveillance. Matrons and Ward Sisters/Charge Nurses are expected to ensure compliance within areas, deal with breaches of policy appropriately including datix incident reporting where appropriate and reporting of any significant issues to the Infection Prevention and Control Team.

11. Links to other Organisational Documents

Infection Prevention and Control MRSA and MSSA Policy

Infection Prevention and Control Diarrhoeal infections including Norovirus Policy

Infection Prevention and Control Clostridioides difficile Policy

Infection Prevention and Control Antibiotic Resistant Bacteria Policy

Infection Prevention and Control Isolation Policy

Infection Prevention and Control Outbreak Policy including Bed Closure

Bed Management Policy

Clean Patient Environment Policy

[Intranet > Home > Corporate > Corporate Governance > Policy Management > Policies \(iow.nhs.uk\)](#)

Infection Prevention and Control Standard Operating Procedure: Restricted Bed Movement (Appendix B)

Framework of Actions to contain Carbapenemase Producing Enterobacteriaceae
[Framework of actions to contain carbapenemase-producing Enterobacterales \(publishing.service.gov.uk\)](#)

A to Z of infectious diseases Infection Prevention and Control Intranet site

Norovirus Pack <http://intranet.iow.nhs.uk/Home/Corporate/Infection-Prevention-Control/Infections/Norovirus>

12. References

Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance.

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

NHS England. National infection prevention and control manual for England

<https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>

13. Appendices

Appendix A.

Isolation Room Prioritisation Chart and post discharge cleaning guidance.

Appendix B. Standard Operating Procedure – Restricted Bed Movement.

Appendix C.

Financial and Resourcing Impact Assessment on Policy Implementation

Appendix D.

Equality Impact Assessment (EIA)

Isolation Room Prioritisation Chart and post discharge cleaning guidance.

Ideally, all patients identified as posing an infection risk should be isolated in a single room, preferably with en-suite facilities or a dedicated commode where en-suite facilities are not available. Where the need for isolation is greater than side room capacity, the following prioritisation chart should be used to ensure patients posing the highest risk of infection are allocated to single rooms. This list is not exhaustive. Please also see the A-Z of infectious diseases guidance on the Infection control intranet site. If in doubt, advice should be sought from the Infection Prevention and Control Team (IPCT). Isolation care must not compromise the clinical needs of the patient. Isolation precautions must remain in place until the environment has been appropriately cleaned as it will be harbouring potentially infectious organisms.

For post discharge cleaning of isolation rooms, different infections will require different levels of cleaning – see table.

- A **GREEN** standard post discharge clean (no infection issue) is the responsibility of the ward nursing staff, using detergent.
- An **AMBER** standard **barrier** clean is performed by the Cleanliness team using actichlor plus and Ultra-violet light in the C spectrum (UVC)
- A **RED** specialist barrier clean using actichlor followed by hydrogen peroxide vaporisation (HPV) is performed by the specially trained members of the Cleanliness team for specific infections.

Risk Rating	Infection Risk	Isolation requirement	Comments	Post discharge cleaning required
Very High	Suspected or confirmed Viral Haemorrhagic Fever	Isolation room essential whilst awaiting transfer to specialist unit	Discuss with Consultant Microbiologist immediately	Seek advice from IPCT
Very High	Suspected or confirmed Avian Influenza eg H7N9, H5N1	Negative pressure isolation room essential	Discuss with Consultant Microbiologist immediately FFP3 respirator mask required when entering room	Seek advice from IPCT
Very High	Suspected or confirmed SARS or MERS coronavirus or other emerging severe respiratory viruses	Negative pressure isolation room essential	Discuss with Consultant Microbiologist immediately FFP3 respirator mask required when entering room	Seek advice from IPCT
Very High	Suspected or confirmed Multi-drug resistant Pulmonary Tuberculosis (MDR-TB)	Negative pressure isolation room essential	Discuss with Consultant Microbiologist immediately FFP3 respirator mask required when entering room	Seek advice from IPCT Specialist RED clean –(Hydrogen Peroxide Vapour)

Very High	Open Pulmonary Tuberculosis – smear positive (no suspicion of MDR-TB)	Isolation care until 14 days of compliant treatment completed	FFP3 mask essential when performing aerosol generating procedures	Standard AMBER barrier clean
Very High	Carbapenemase Producing Enterobacteriaceae	Isolation care throughout admission. Discuss with IPCT as additional contact precautions will be required.		Seek advice from IPCT. Specialist – RED clean –Hydrogen Peroxide Vapour (HPV)
High	<i>Clostridioides difficile</i> infection (CDI)	Isolation care with en-suite (or designated commode) essential until diarrhea resolved for 48hrs. To remain in side room once resolved for duration of inpatient stay where capacity allows		Specialist RED clean –Hydrogen Peroxide Vapour (HPV)
High	<i>Clostridioides difficile</i> carriage and active diarrhoea	Isolation care with en-suite (or designated commode) essential until diarrhoea resolved for 48hrs		Specialist RED clean – Hydrogen Peroxide Vapour (HPV)
High	Potentially infectious diarrhoea	Isolation care with en-suite (or designated commode) until symptoms have been resolved for 48hrs or infective cause is ruled out, there is no significant risk factors for <i>Clostridioides difficile</i> infection and there is a clear reason identified and documented for ongoing diarrhoeal symptoms		Standard AMBER barrier clean (unless subsequently identified as <i>Clostridioides difficile</i> or Norovirus)
High	Norovirus - Diarrhoea and/or vomiting (or history of D&V in past 48hrs)	If symptoms known before ward admission, isolation care. If patient already in an open ward area, liaise with IPCT immediately if Norovirus suspected, before moving patient as cohort nursing may be appropriate e.g. if vomited in bay		Specialist RED clean – Hydrogen Peroxide Vapour (HVP) post Norovirus cases otherwise standard barrier clean
High	Confirmed Salmonella (inc. <i>typhi</i> (typhoid fever)	Isolation care with en-suite (or designated commode). Excretion may continue for 2 days to 2 months, median 5 days		Standard AMBER barrier clean

High	Shigella	Isolation care whilst acutely symptomatic (excretion may continue for 2-4 weeks post acute illness)		Standard AMBER barrier clean
Moderate	Campylobacter	Isolation care with en-suite (or designated commode) until Isolation care with en-suite (or designated commode) essential until diarrhoea resolved for 48hrs		Standard AMBER barrier clean
High	Chickenpox	Isolation care until vesicles fully crusted		Standard AMBER barrier clean
High	Shingles – wet lesions in exposed area	Isolation care until lesions are fully dried.	Only staff with a history of Chicken pox (or serologically confirmed immunity) should have contact with patients with active shingles / chickpox	Standard AMBER barrier clean
Moderate	Shingles – wet/drying lesions able to be covered or in non-exposed area	May be treated in a main bay with strict standard precautions provided no immunocompromised patients are in the bay if a side room is not available		Standard AMBER barrier clean
High	Mumps	Isolation care until 9 days after development of parotitis	Only staff with a history of Mumps (or serologically confirmed immunity) should have contact with patients with active Mumps	Standard AMBER barrier clean
High	Measles	Isolation care until 5 days after onset of rash. Negative pressure isolation is optimal but discuss patient placement with IPCT	Only staff with a history of Measles (or serologically confirmed immunity) should have contact with patients with active Measles	Standard AMBER barrier clean
High	Suspected Meningococcal meningitis	Isolation care until 24 hours of appropriate antibiotics		Standard AMBER barrier clean
High	Group A Streptococcal infection	Isolation care until 24 hours of appropriate antibiotics except in severe open infection where advice should be sought from the IPCT.		Standard AMBER barrier clean
High	Influenza (seasonal)	Isolation care. Liaise with Infection Prevention and Control Team re duration of isolation care.	FFP3 mask essential when performing aerosol generating procedures	Standard AMBER barrier clean

High	Respiratory syncytial virus (RSV) mainly applicable to paediatrics	Isolation care until symptoms resolved		Standard AMBER barrier clean
High Moderate	GRE Glycopeptide resistant enterococci (including VRE)	Isolation care for patients in high risk clinical areas (Intensive care units, surgical wards, CCU) who have wound carriage/infection, exfoliating skin conditions or are faecally incontinent Patients in non- high risk clinical areas may be nursed in corner bed in bay with strict standard precautions in place if a side room is not available		Specialist RED clean – Hydrogen Peroxide Vapour (HVP)
High Moderate Low	Extended Spectrum Beta-Lactamase (ESBL) producing organisms	In high risk clinical areas (Intensive care units, surgical wards, CCU) isolate In lower risk clinical areas (e.g. medical wards) may be nursed in corner bed in bay with strict standard precautions in place if a side room is not available In low risk settings isolation care not essential if patient fully continent and able to practice effective hygiene – discuss individual cases with IPCT		Standard AMBER barrier clean
High	Multi Resistant Acinetobacter baumannii	Isolation care - discuss with IPCT re duration		Standard AMBER barrier clean
High	Crusted (Norwegian) scabies	Isolation care as significant risk of environmental contamination	Discuss with IPCT re duration and precautions	Discuss with IPCT Standard AMBER barrier clean
Moderate	Classical scabies	May be nursed in corner bed in bay with strict standard precautions in place if side room is not available	Staff must wear gloves and arm protection when providing hands on care until patient has received 2 treatments a week apart	Standard AMBER barrier clean

High	<p>MRSA – high risk if any of the following present:</p> <ul style="list-style-type: none"> • present in sputum and expectorating cough • shedding skin condition • leaking wounds • multi resistant strain • cannot undertake reduction therapy regime 	Isolation care		Standard AMBER barrier clean
Moderate	MRSA and none of the above present	May be nursed in corner bed in bay with strict standard precautions in place if a side room is not available		
High	Neutropenic patients		Protective isolation for patient	Standard GREEN post discharge clean
	Neutrophils below 0.2	Side room care essential		
Moderate	Neutrophils below 0.5	Side room care desirable		

Standard Operating Procedure: Restricted Bed Movement

The following operating procedure standardises the mode of transfer for patients between departments and wards, to prevent mobile equipment such as beds and chairs from contaminating multiple clinical environments.

A number of studies have indicated that contaminated beds contribute to cross infection. Mattresses, bed rails and bed frames have been found to carry pathogens such as MRSA, *Clostridioides difficile* and Vancomycin resistant Enterococcus (VRE). Decontamination of beds between patients is crucial and should be compliant with the Trust Standard Operating Procedure for Cleaning the Bed Space In Between Patients¹. Achievement of effective cleaning of a bed on a daily basis where patients in situ is extremely challenging, therefore bed movement between departments and wards should be kept to an absolute minimum.

National guidelines³ have also indicated that rates of *Clostridioides difficile* are lower in hospitals which have restricted bed movement policies. In order to prevent contaminated beds moving between wards or departments the following Standard Operating Procedure will apply.

An assessment will be made by the nurse in charge of the originating ward³.

- Patients who are reasonably well, needing transfer to another ward or department should be transported in a wheelchair.
- Patients who are unwell should be transferred on a trolley with the use of appropriate manual handling techniques and aids e.g. transfer board.
- Only patients who are very sick, dying and/or using specialist equipment e.g. bariatric bed or supported ventilation can remain on their bed.
- On completion of the transfer the porters should return an appropriately cleaned vacant bed to the originating area.

(For manual handling information and patient handling training requirements please contact the Back Care Advisory Team)

The nurse in charge of the receiving area will assess whether the transfer was appropriate and inform the Infection Prevention and Control Team of any breaches to this standard.

1. Isle of Wight NHS Trust Standard Operating Procedure for Cleaning the Bed Space In Between Patients (2017) [LinkClick.aspx \(iow.nhs.uk\)](#)
2. Isle of Wight NHS Trust Admissions, Transfers and Discharges of the Patient with an Infection Risk policy
3. Health Protection Agency (2009) *Clostridium difficile*. How to deal with the problem. DoH/London <https://www.gov.uk/government/publications/clostridium-difficile-infection-how-to-deal-with-the-problem>
4. Creamer E, Humphreys H, (2008) The contribution of beds to healthcare associated infection: the importance of adequate decontamination. *Journal of Hospital Infection* Vol 69, Issue 1 8-23 [The contribution of beds to healthcare-associated infection: the importance of adequate decontamination - ScienceDirect](#)

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	ADMISSION, TRANSFER AND DISCHARGE OF THE PATIENT WITH AN INFECTION RISK POLICY
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	Nil new		
Training Staff			
Equipment & Provision of resources			

Summary of Impact:

There will be a manpower impact of this policy, however this is necessary in order to safely deliver the services of the Trust. The Trust employs a number of staff who within their primary role have responsibility for maintenance of an effective risk management system. In addition staff across the Trust will have specific responsibilities, however this will fluctuate depending on the number and nature of risks.

Risk Management Issues:

This policy is document is designed to support effective risk management across the Trust.

Benefits / Savings to the organisation:

Effective risk management will support the Trust to deliver its service efficiently, effectively with due regard to the financial envelope and quality agenda.

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix D

Equality Impact Assessment

This Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

Name of policy/procedure	Admission Transfer and Discharge of patients with an infection risk
Date of assessment:	28/09/22
Responsible department:	Infection Prevention & Control Team
EIA Author:	Karen Robinson
Intended equality outcomes:	Prevent spread of infections

Who was involved in the consultation of this document?

Date	Forum
18/11/22	Infection Prevention & Control Committee (IPCC)

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any actions to mitigate against this by completing stage 2. Supporting Information can be found by following the link:

www.legislation.gov.uk/ukpga/2010/15/contents

Protected Characteristic	Equality Analysis	EIA Impact (Positive/Negative)
Age		No
Disability		No
Gender reassignment		No
Marriage & civil partnership		No
Pregnancy & maternity		No
Race		No
Religion/Belief		No
Sex		No
Sexual orientation		No

Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions
N/A	N/A	N/A