



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
Next Author Review Date	1 st July 2022
Approving Body	Policy Management Sub-Committee 12 th December 2018
Version No.	4.0
Policy Valid from date	1 st December 2018
Policy Valid to date:	31 st December 2022

'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
3 Sep 12	2		DIPC / Director of Nursing	Revision	Executive Board
Nov 15	2.1		DIPC / Director of Nursing	Revision	Infection, Prevention Control Committee (IPCC)
4 Dec 15	2.1		DIPC / Director of Nursing	Ratified at	Clinical Standards Group
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

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

Contents	Page
1. Executive Summary.....	4
2. Introduction.....	4
3. Definitions.....	4
4. Scope.....	5
5. Purpose.....	5
6. Roles & Responsibilities.....	5
7. Policy Detail / Course of Action.....	6
7.1. Assessment for infection risk	6
7.2. Emergency admissions	6
7.3. Planned admissions	7
7.4. Isolation facilities	8
7.5. Patient Movement: Transfers And Discharges	8
7.6. Patient movement – SOP for restricted bed movement	9
7.7. Transfers and Discharges to other healthcare settings and units	9
8. Consultation.....	10
9. Training.....	10
10. Monitoring Compliance and Effectiveness.....	10
11. Links to other Organisational Documents.....	10
12. References.....	11
13. Appendices.....	11
Appendix A. Isolation Room Prioritisation Chart and post discharge cleaning guidance.	12
Appendix B. Financial and Resourcing Impact Assessment on Policy Implementation	17
Appendix C Equality Impact Assessment (EIA) Screening Tool	19

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 providing suitable

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*
PHE: Public Health England

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 Bed Management / Site Co-ordination Team, Modern 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. Bed Managers/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 Bed Managers/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, Modern 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, Bed Managers/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/ISIS 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 bed manager/site co-ordinator immediately. The bed manager/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 Public Health England (PHE) guidance in the CPE toolkit http://intranet/uploads/infection/CPE/CPE_tool_kit.pdf

Perform candida auris screening in accordance with the Public Health England (PHE) guidance available at: 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 identified 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 Bed Manager/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 bed manager/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 ISIS/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. Bed and ward managers will identify from admission list.

If the patient needs isolation care, the Sister/Charge Nurse in liaison with the duty Bed Manager/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 Bed Manager/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 bed manager/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.

Bed managers, Sisters/Charge Nurses and Modern 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

[S:\IPC Shared\Hotel Services\SOP for Restricted Bed Movement.docx](#)

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.

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).

If a transfer has to take place using the 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).

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.
- 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:

- Bed management team
- Infection Prevention & Control Committee (IPCC)
- Hotel Services Manager

9. Training

This Admission, Transfer and Discharge of the Patient with an Infection Risk Policy does have a mandatory training requirement which is detailed in the Trusts mandatory training matrix and is reviewed on a yearly basis. The non mandatory training for Flu Awareness is also recommended from the main Training Tracker e-learning list.

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 annual audit plan. Modern Matrons and Ward Sisters 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 Nursing Team.

11. Links to other Organisational Documents

Infection Prevention and Control MRSA Policy
Infection Prevention and Control Patients with Diarrhoea Policy
Infection Prevention and Control Clostridium difficile Policy
Infection Prevention and Control Antibiotic Resistant Bacteria Policy
Infection Prevention and Control Isolation Policy
Infection Prevention and Control Outbreak and Bed Closure Policy
Bed Management Policy
Clean Patient Environment Policy
Infection Prevention and Control Standard Operating Procedure: Restricted Bed Movement
Acute Trust Toolkit for the Early Detection, Management and Control of Carbapenemase Producing Enterobacteriaceae
A to Z of infectious diseases Infection Prevention and Control Intranet site
Norovirus Pack
<http://intranet/uploads/infection/pdfs/Norovirus%20outbreak%20procedures%20%20guidance%20for%20staff%20%20wards%202014.pdf>

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>

13. Appendices

Appendix A.
Isolation Room Prioritisation Chart and post discharge cleaning guidance.

Appendix B.
Financial and Resourcing Impact Assessment on Policy Implementation

Appendix C
Equality Impact Assessment (EIA) Screening Tool

Appendix A

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>Clostridium 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>Clostridium 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>Clostridium 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>Clostridium 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 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	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		Specialist RED clean – Hydrogen Peroxide Vapour (HVP)
Moderate		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		
High		In high risk clinical areas (Intensive care units, surgical wards, CCU) isolate		
Moderate	Extended Spectrum Beta-Lactamase (ESBL) producing organisms	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		Standard AMBER barrier clean
Low		In low risk settings isolation care not essential if patient fully continent and able to practice effective hygiene – discuss individual cases with IPCT		
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	MRSA – high risk if any of the following present: <ul style="list-style-type: none"> present in sputum and 	Isolation care		

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

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
-----------------------	---

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:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	ADMISSION, TRANSFER AND DISCHARGE OF THE PATIENT WITH AN INFECTION RISK POLICY
Purpose of document	Prevent spread of infections
Target Audience	Staff involved in admitting, transferring and discharging patients
Person or Committee undertaken the Equality Impact Assessment	K.Robinson. Head of Infection Prevention and Control

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

No, does not discriminate in any way. Solely concerned with infection risk level and patient, staff & visitor safety.

If no, confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	no	no	
	Women	no	no	
Race	Asian or Asian British People	no	no	
	Black or Black British People	no	no	
	Chinese people	no	no	
	People of Mixed Race	no	no	
	White people (including Irish people)	no	no	

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	no	no	
Sexual Orientation	Transgender	no	no	
	Lesbian, Gay men and bisexual	no	no	
Age	Children	no	no	
	Older People (60+)	no	no	
	Younger People (17 to 25 yrs)	no	no	
Faith Group		no	no	
Pregnancy & Maternity		no	no	
Equal Opportunities and/or improved relations		no	no	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or

improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

Uncontrolled when printed