East London **NHS**

NHS Foundation Trust

Infection Prevention and Control protocol for

Bed Management and Movement of Patients
ADDITION to Admission and Discharge Policy

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Target audience:	All clinical staff, directors and duty senior nurses

Version Control Summary

Version	Date	Author	Ratified By	Comment
1.0	May 2016	Carol Shannon	Quality Committee	

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INTRODUCTION

1.1. Background

The risks of health care associated infection (HCAI) are greatly increased by extensive movement of patients within the hospital, by very high bed occupancy and by an absence of suitable isolation facilities (DoH, Winning Ways 2003). The Department of Health's programme to reduce HCAI including MRSA requires a review of the patient journey for emergency and planned patients to identify and reduce the risks of infection transmission that are associated with movement of potentially infected patients (DoH, Saving Lives 2005). The need for restricting movement of infected patients between wards and for rapid isolation of infected patients has been emphasised in a Healthcare Commission Report into outbreaks of Clostridium Difficile (Healthcare Commission, 2006).

1.2. Rationale

This policy sets out the infection prevention and control principles that must be applied to bed management and movement of patients to minimise the risk of infection.

1.3. Scope

This policy applies to all staff involved in patient care and management including patient placement and should be used in conjunction with other relevant sections of the Infection Control Policy including;

Standard Precautions Policy

Outbreak Management Policy

Isolation Policy

TB Policy

MRSA Policy

Clostridium Difficile Policy

Diarrhoea and Vomiting Policy

Admission and Discharge Policy

Decontamination Policy

Mattress Policy

1.4. Principles

This policy is based on published evidence, national guidelines and local experience. Although patient safety is paramount, no patient should be denied necessary assessment or treatment solely on the grounds of having an infection.

2.0 Infection Prevention and Control Risk Assessment

Patients on admission should be assessed for risk factors for infections that may pose a risk to themselves or others if not treated.

Individuals found to have an infection or suspected as having an infection should have a risk assessment carried out appendix 2.

The risk assessment should be sent to the **infection control lead** for management advice.

Patients should be re-assessed as their condition changes and at regular intervals.

Communication between wards and departments regarding the "infection risk" of a patient is essential and enables the receiving department to put its local procedure in place.

2.1 Patient admission from general hospital or accident and emergency

The accepting ward must ensure that details of the physical health has been assessed and documented on the transfer/admission/discharge form.

2.2 Patient admission from community

Admission history must include details of any physical health or infection control assessment. This should be clearly recorded in the CPA.

Nurse accepting admission should confirm all assessments have been carried out and documented.

2.3 Transfer of patients known to have an infection to another hospital or community facility including outpatients appointments

If the resident is to be transferred to another hospital, care home, or has an appointment in a unit within the acute hospital e.g. X-Ray, Outpatient Department etc., the receiving hospital/home must be informed of the residents' infection status, if known.

The Inter-healthcare infection control transfer form has been designed by the Department of Health (2007) to improve communication of infection risks between healthcare providers.

An Inter-healthcare infection control transfer form should be completed and accompany patients requiring transferring between wards or to other hospitals when the patient or client is known to be an infection risk.

An Inter-healthcare infection control transfer form should be completed and accompany patients discharged to other healthcare settings, including nursing and residential homes.

2.4 Transport of residents by ambulance with suspected or confirmed infection

The fact that a service user has an infection must never delay or prevent clinical attention, such as investigations, or treatment or admission.

The ambulance trust be informed in advance in order to undertake the appropriate risk assessment.

The accepting ward / hospital/ unit should be informed of diagnosis and risks.

3.0 Sleepovers

Where a patient has been admitted as an inpatient, but has no designated named bed, s/he will sleep in an alternative vacant, leave or AWOL bed within the Trust. It is considered preferable that sleepovers occur within the same inpatient site.

However, it is acknowledged that during periods of high bed occupancy, it may be necessary for patients to sleep over in another inpatient facility. (see main admission and discharge policy)

The following minimum requirements should be applied to reduce risk of cross infection and to maintain patient's privacy and dignity

1. Residents diagnosed with or suspected as having an infection should NOT be allocated for sleepovers.
2. All residents should be risk assessed before being identified for sleepover. The risk assessment should take account of physical health and infection control needs as well as psychological factors
3. Wards known to or suspected as having potentially contagious infections or infestations should not be included in sleepover arrangements.
4. Beds and rooms should be cleaned between all patients and appropriately prepared.

Communicating with Infection Control

Contact Carol Shannon, Infection Control Lead on 07940 237 087 or by email:
carol.shannon@eastlondon.nhs.uk

<u>Out of Hours</u>

Bleep the On-Call Microbiologist via local hospital.

In the absence of the Trust Infection Control Lead

Monday to Friday 08.30 to 04.30 contact:

The John Howard Centre and City and Hackney Centre for Mental Health:

Newham Centre for Mental Health and Tower Hamlets Centre for Mental Health:

<u>Infection</u>

The Infection Control Nurses, Homerton University Trust: 020 8510 7557

Luton and Bedfordshire Mental Health and Wellbeing

Contact: 01234 355122

Inter-healthcare infection control transfer form

Action

When transferring patients/clients to another care setting it is vital to inform the receiving ward or unit if they have an infection. This can be done using the form overleaf and following these instructions.

PLEASE NOTE: If a patient/client being transferred is suspected or confirmed as being infectious, please contact the infection control team (ICT) at the receiving facility within normal working hours BEFORE the transfer is carried out and BEFORE transport is arranged.

This form should be completed by the transferring facility and supplied to the receiving healthcare establishment. Complete the form in full whether a patient/client presents an infection risk or not.

Use this form for all inter-healthcare facility admissions, transfers and discharges, including:

•   all patients/clients admitted to hospital from a shared-living environment (eg a care home);
•   all ward-to-ward inter-hospital transfers or discharges; and
•   all discharges where healthcare may be involved.

HOW TO USE THIS FORM

•   Complete the form for every patient/client transfer to another healthcare facility.
•   Complete the form prior to booking ambulance or other transport.
•   A 'confirmed risk' patient/client is one who has been confirmed as being colonised or infected with organisms such as MRSA, glycopeptide-resistant enterococci, pulmonary tuberculosis and enteric infections including *Clostridium difficile*.

- Patients/clients with 'suspected risks' include those who are awaiting laboratory tests to identify infections/organisms or who have been in recent contact with infected patients/clients, eg in close proximity to an infected patient/client.
- Patients/clients with 'no known risks' do not meet either of the two criteria above.
- For patients/clients with diarrhoeal illness, please use the Bristol stool chart to indicate the frequency and type of stools over the past week. Please indicate in the 'confirmed' or 'suspected' risk box if the diarrhoea is known or suspected to be infectious.
- Please use the 'Other information' box to list protective equipment being used to assist in patient/ client care. This equipment may include gloves, aprons or masks.
- After completing the form, please **print** your name and contact details in the box provided.

Please refer to this chart when making a bowel history diagnosis on the form overleaf.

Definition of diarrhoea: An increased number (two or more) of watery or liquefied stools (ie types 6 and 7 **only**) within a duration of 24 hours. Please remember: hands must be washed with soap and water when caring for patients/clients with diarrhoea.

- NB Hands must be decontaminated after glove use.

THE BRISTOL STOOL FORM SCALE

Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on its surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces ENTIRELY LIQUID

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Inter-healthcare infection control transfer form

Patient/client details: (insert label if available) Name: Address: NHS number: Date of birth:	Consultant: GP: Current patient/client location:
	Transferring facility – hospital, ward, care home, other: **Contact no:** Is the ICT aware of transfer? Yes/No
Receiving facility – hospital, ward, care home, district nurse Contact no: Is the ICT/ambulance service aware of transfer? Yes/No	Is this patient/client an infection risk? *Please tick most appropriate box and give confirmed or suspected organism* □Confirmed risk Organism: □Confirmed risk Organism: □Suspected risk Organism: □No known risk Patient/client exposed to others with infection eg D&V Yes/No

If patient/client has diarrhoeal illness, please indicate bowel history for last week:
(based on Bristol stool form scale, see previous page)

Is the diarrhoea thought to be of an infectious nature? Yes/No

Relevant specimen results (including admission screens – MRSA, glycopeptide-resistant enterococcus SPP, *C. difficile,* multi-resistant *Acinetobacter* SPP) and treatment information, including antimicrobial therapy:

Specimen:				
Date:				
Result:				

Treatment information:

Other information:

Is the patient/client aware of their diagnosis/risk of infection? Yes/No

Does the patient/client require isolation? Yes/No

Should the patient/client require isolation, please phone the receiving unit in advance.

Name of staff member completing form: ....

Print name:

Contact number:

Proforma for Initial Assessment/Screening of Patients Suspected or Diagnosed with Infection

Directorate/service **DIPSC**	**Department** **INFECTION CONTROL**	**Person responsible for the assessment**
Name of Function/policy/procedure Infection Control	Date of assessment	Has the patient arrived with a transfer summary
Does the patient have diarrhoea		
Does the patient have a cough		
Has the patient been diagnosed with TB		
Is the patient on medication	How Long have they been on medication	Have they brought medication with them
Has the patient got a history of MRSA		
Is the patient infected Y/N	Is the patient on decolonisation therapy Y/N	Has the therapy arrived with the patient If not get Duty doctor to prescribe
Is the patient colonised		
Is the patient unwell	Has the patient got a wound/catheter/Peg	
If YES	Is the wound infected Redness/swelling/weeping	

If NO	Is the patient on antibiotics? Refer to tissue viability for urgent assessment Has the patient a bed in multi bedded bay Has the patient got a single room Does the patient share a toilet /bathroom	
If the patient is NOT infected Consider the health/medical conditions of the other patients on the ward	Do you have patients with Invasive device Catheter PEG Do you have any patients immunocompromised	
4. Are there any concerns of cross infection	Is there any evidence for this? State yes or no	Score likely risk of

Impact Assessment Tool

Incorporating:

Equality and Diversity; Human Rights and Environmental Issues

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

			Comments
1	**Briefly describe the procedure/decision?**		Reduction of cross infection from safe movement of clients know or suspected of having infections
1.1	**Briefly describe the purpose or objective of the procedure/decision?**		To reduce3 cross infection and maintain a safe environment for clients and staff
1.2	**Does the procedure/decision have a legitimate aim?**	**Yes**	
1.3	**Is the procedure/decision necessary, proportionate and lawful?**	**Yes**	
2	**Will the procedure/decision affect one group or a combination of groups less or more favourably than others on the basis of:** Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, Language (Disability includes: learning disabilities, physical disability, sensory impairment and mental illness)	**No**	
2.1	**List or describe the evidence that some groups**		This does not impact on one group over another

			Comments
	will be affected differently?		
3	**Will the procedure/decision affect or restrict anyone's human rights? (see attached list)**	No	
3.1	**If the answer to Q3 is yes, which rights will be affected or restricted?** **a) absolute right** e.g. the right to protection from inhuman & degrading treatment **b) limited right** e.g. the right to liberty **c) qualified right** e.g. the right to respect for private and family life; freedom of expression; peaceful enjoyment of property etc;		
3.2	**Can the procedure/decision be achieved without the infringement of human rights?**	**Yes**	
4	**Will this procedure/decision:** • **Reduce or increase waste** • **reduce or increase use of energy** • **Have an impact on the use of transport**	**NO**	

			Comments
	• **Create community employment opportunities**		
5	**What action is to be taken to minimise the impact that the procedure/decision will have on equality and diversity and human rights.**		There is no impact on Human Rights
5.1	**What action is to be taken to minimise the impact that the procedure/decision will have on the environment**		This protocol has no environmental risks
6	**Have you consulted with relevant groups around this procedure/decision?** - **Staff members** - **Service Users** - **Carers** - **Other agencies**	**Yes**	
6.1	**Do you have further plans to consult with the relevant groups**	**Yes**	There will be a policy roll out by matrons and lead nurses
7	**Will the procedure/decision be monitored?**	**Yes**	Via Datix reports of patients admitted with infection
7.1	**Will the procedure/decision be reviewed?** **If yes, when?**	**Yes**	3 years or sooner of indicated

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			Comments
7.2	**Will this procedure/decision and this Impact assessment be published?** **If yes, list when and where this information will be available.**	**Yes**	On the intranet with the policy

HUMAN RIGHTS ACT 1998

Convention Rights

- ❖ Right to life

- ❖ Right not to be tortured or treated in a inhuman or degrading treatment

- ❖ Right to be free from slavery or forced labour

- ❖ Right to no punishment without law

- ❖ Right to Liberty

- ❖ Right to fair trial

- ❖ Right to respect for private and family life, home and correspondence

- ❖ Right to freedom of thought, conscience and religion

- ❖ Right to freedom of expression

- ❖ Right to freedom of assembly and association

- ❖ Right to marry and found a family

- ❖ Right not to be discriminated against

❖ Right to peaceful enjoyment of possessions

❖ Right to education

❖ Right to free elections

Types of rights

Absolute rights such as the right to protection from torture, inhuman and degrading treatment and punishment, the prohibition of slavery and enforced labour and protection from retrospective criminal penalties **– can never be interfered with.**

Limited rights such as the right to liberty which are limited under explicit and finite circumstances set out European Commission for Human Rights (ECHR) itself, which provides exceptions to the general right – can be restricted in some tightly defined circumstances.

Qualified rights which include the right to respect for private and family life, religion and belief, freedom of expression, assembly and association, the right to peaceful enjoyment of property and to some extent the right to education. Interference with them is permissible only if what is done:

A.   Has its basis in law, and

B.   Is done to secure a permissible aim set out in the relevant Article, for example for the prevention of crime, or for the protection of public order or health, and

C.   Is necessary in a democratic society, which means it must fulfil a pressing social need, pursue a legitimate aim and be proportionate to the aims being pursued.

Implementation Plan Template

Procedure title: **Bed Management addendum for infection Control**   **Lead Director: Dr Kevin Cleary**

Procedure lead: Carol Shannon   **Sponsor Group: Infection Control**

Objective	Action	Lead	Timescale	Progress/Outcome	Evaluation/Evidence
1. The procedure is properly disseminated throughout the Trust.	Memebers of the quality committee to distribute the updated protocol to their teams	Group members	May 2016		
2. Appropriate training is provided to staff.	Training is included in the trust e-learning and face to face training	CS	On going		

Procedure Checklist

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
2.	**Purpose**		
	Are reasons for development of the document stated?		
3.	**Development Process**		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
4.	**Style/format**		
	Is the document clear and concise?		
	Are key terms defined?		
5.	**Content**		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
6.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are supporting documents referenced?		
7.	**Approval**		
	Does the document identify which committee/group will approve it?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) reviewed the document?		
8.	**Implementation Plan**		
	Is there an Implementation Plan?		
	Does the plan clearly state how the procedure will be disseminated?		
	Does the plan include the necessary training/support to ensure compliance?		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
9.	Document Control		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
10.	Impact Assessment		
	Is the Impact Assessment completed?		
11.	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
12.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?		

Individual Approval
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

Committee Approval
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	
Signature			