

**INFECTION PREVENTION AND CONTROL DISCHARGE / TRANSFER COMMUNICATION FORM**

To be completed on discharge/transfer to other care or shared housing facilities, including care homes and sheltered housing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Name:** | **D.O.B:** | | | **Hospital No / NHS No:** |
| **Date of discharge:** | **Discharging ward and hospital:** | | | |
| **IS THE PATIENT KNOWN TO HAVE ANY OF THE FOLLOWING CROSS-INFECTION RISKS?** | | | | |
|  | | **Yes** | **No** | **Additional information** |
| **METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)** | | | | |
| If yes, date of positive swab: | |  |  |  |
| If yes, has skin suppression been administered? | |  |  |
| Any further rescreens and results? | |  |  |
| **CLOSTRIDIUM DIFFICILE** | | | | |
| If yes, date of toxin positive sample: | |  |  |  |
| Does the patient still have diarrhoea? | |  |  |
| Detail the patient’s bowels for the last 72 hours: | |  |  |
| **CARBAPENEMASE RESISTANT ORGANISMS (CRO) / CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE (CPE)** | | | | |
| If yes, date of positive swab: | |  |  |  |
| **VANCOMYCIN RESISTANT ENTEROCOCCI (VRE) / GYLCOPEPTIDE RESISTANT ENTEROCOCCI (GRE)** | | | | |
| If yes, date of positive result | |  |  |  |
| Does the patient have diarrhoea (which would increase the risk of cross-infection)? | |  |  |
| **EXTENDED SPECTRUM BETA LACTAMASE (ESBL) PRODUCING ENTEROBACTERIACEAE** | | | | |
| If yes, date of positive result | |  |  |  |
| **INFLUENZA** | | | | |
| If yes, date of positive swab/diagnosis: | |  |  |  |
| Is the patient still symptomatic? | |  |  |
| **COVID-19** | | | | |
| If yes, date of positive result: | |  |  |  |
| Is the patient still symptomatic? | |  |  |
| Has the patient been rescreened? | |  |  |
| Date and result of rescreen: | |  |  |
| Has the patient been exposed to COVID-19 whilst in hospital and requires self-isolation? | |  |  |
| If yes, indicate when self-isolation period will end: | |  |  |
| **TUBERCULOSIS** | | | | |
| If yes, date of positive result | |  |  |  |
| Has the patient received 2 weeks compliant therapy? | |  |  |
| Is the patient now non-infectious? | |  |  |
| **DOES THE PATIENT HAVE INFECTIOUS DIARRHOEA AND / OR VOMITING** | | | | |
| Is the patient still symptomatic? | |  |  |  |
| If yes, date / time of last symptoms (within last 72 hours) | |  |  |
| **ANY OTHER CROSS-INFECTION RISKS?**  If yes, provide full details: | | | | |

**IF ANSWERING YES TO ANY CROSS-INFECTION RISK(S),**

**PLEASE DETAIL THE INFECTION PREVENTION AND CONTROL PRECAUTIONS REQUIRED:**

**Single room / source isolation**

**Standard infection control precaution Contact precautions**

**Droplet precautions Airborne precautions**

**Any additional information:**

**Name and job title of person completing the transfer form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_/ \_\_\_\_ \_\_\_\_**

**Definitions:**

**Standard infection control precautions (SICPs):** the basic IPC precautions necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. SICPs include the use of patient placement and assessment for infection risk, hand hygiene, personal protective equipment, safe management of: the care environment, care equipment, healthcare linen, blood and body fluids, waste, sharps, occupational safety and maintaining physical distancing (new SICP due to COVID-19).

**Contact precautions:** used to prevent and control infection transmission via direct contact or indirectly from the immediate environment (including care equipment). This is the most common route of infection transmission and hand hygiene is vitally important when using contact precautions.

**Droplet precautions:** used to prevent and control infection transmission over short distances via droplets (>5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual and includes the use of good respiratory hygiene, hand hygiene and use of fluid resistant surgical masks.

**Airborne precautions:** used to prevent and control infection transmission via aerosols (=5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual and includes the use of FFP3 respirator masks.