

Document Type:		Guideline	
Reference Number :	1079	Version Number:	5
		Next Review Date:	27 November 2023
Title:	Admission/ Discharge/ Transfer Policy for Patients with a Known or Suspected Infectious Condition		
Document Author:	Infection Control Support Department		
Applicability:	All Staff		

Admissions into hospital wards

All patients admitted to Torbay and South Devon Foundation Trust's hospitals, MIUs & AMUs MUST be risk assessed using the D&V/MRSA green form. This form must also be checked by the receiving nurse on the ward ([Appendix 1](#)). All patients admitted via Emergency Department must have the infection control box completed on page 8 of symphony. The SBAR format, indicating any Alert organisms (MRSA, ESBL, VRE, PVL, C Diff, PVL, CPE) should be used when handing over the patient between areas. All wards that accept direct admission should complete the green risk assessment form ([appendix 1](#))

During the winter months the yellow Flu risk assessment form ([appendix 2](#)) should be used by all wards, AMUs, MIUs accepting direct admissions. For those who are admitted via Emergency Department they must have the flu section of the infection control box completed on page 8 of symphony.

Patients with undiagnosed rashes & fever will be isolated when attending A&E, MIUs, AMUs. If the attending doctor diagnoses measles then the Infection Prevention & Control Team (IP&CT) must be informed straightaway and if out of hours the consultant microbiologist via switchboard.

Any patients admitted with a known or suspected infection MUST be risk assessed and isolated appropriately. The patient must be made aware of their condition and the reasons for isolation. This must be documented in the patient's notes. Specific patient information leaflets are available on the hospital intranet and from the IP&CT.

IHCS, Cyberlab, Swift Plus, Nervecentre and patient's notes must be checked for MRSA, ESBL, CDIFF, VRE, PVL, CPE alerts.

Transfers to Other Hospital Wards

Where possible, patients with infectious conditions which could lead to cross infection should remain in one area during their hospital stay. If the patient requires specialist treatment on a designated ward then they may be transferred to a single room. Using the SBAR format the receiving ward must be informed of the patient's condition. The reason for the transfer must be documented in the patient's notes.

Attendances at the GP Unit on Level 2 Torbay hospital

Patients attending the GP Unit from outside the hospital have a telephone triage in the first instance. A GP or Nurse Practitioner will enquire about diarrhoea and vomiting and flu symptoms and possible measles, if these are present the patient will not be invited to attend the GP Unit.

If a patient does vomit in the GP Unit then the staff will use PPE and remove the vomit into orange clinical waste bags and call the Hospital's Deep Cleaning Team to clean the area.

If a patient is diagnosed with measles in the GP Unit the Infection Prevention & Control Team (IP&CT) must be informed straightaway and if out of hours the consultant microbiologist via switchboard.

Transfers to Other Areas/Departments

Patient care/investigations should NOT be compromised or delayed as a result of their infection.

To reduce the risk of cross infection the following points must be followed:-

- ALL staff who come into contact with the patient must be told of the patient's condition.
- Where possible the patient should be placed last on a theatre list or outpatient list - this is not always necessary (e.g. C diff patient without diarrhoea) please refer to appendix 1 in the Operating Theatre Infection Prevention & Control Policy [G1710](#) please. If possible the patient should be seen as soon as possible to reduce the time spent in the department.
- If a patient is symptomatic whilst in the area i.e. diarrhoea and/or vomiting please contact the Infection Prevention and Control Team for further advice.

Discharge

When a patient is discharged from hospital to another healthcare setting/nursing home/residential home both TSDFT and non-TSDFT, the receiving area must be informed of their condition either verbally and/or in writing.

When a patient is discharged to their home the discharge letter must have details regarding the patient's infection.

For specific infection control precautions, please refer to the ISOLATION POLICY (Ref: [0394](#)) and/or specific policy for the condition ie. TB, Clostridium Difficile, Flu Management policy.

Appendix 1 – Admission Checklist Green Form

Appendix 2 – Influenza Risk Assessment of Confirmed or Suspected Flu

Appendix 1

Linked to Clinical Forms Library:

Infection Prevention and Control Risk Assessment

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/Infection%20Prevention%20and%20Control%20Risk%20Assessment.pdf

Appendix 2

Linked to [G2062 – Seasonal Flu](#)

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

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Purpose of document:	Guideline		
Date of issue:	27 November 2020	Next review date:	27 November 2023
Version:	5	Last review date:	
Author:	Infection Prevention Department		
Directorate:	Infection Control		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Infection Prevention and Control Committee		
Date approved:	25 January 2018		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
17 April 2008	1	New	Director of Nursing & Quality, Director of Infection Prevention and Control
25 February 2010	1	Document Control Added	
12 August 2010	2	Revised	Director of Nursing and Governance, Director of Infection Prevention and Control Clinical Director of Pharmacy
11 April 2013	3	Revised	Director of Nursing and Governance, Director of Infection Prevention and Control Clinical Director of Pharmacy Director of Professional Practice
7 August 2015	4	Revised	Director of Nursing, Professional Practice and People's Experience Director of Infection Prevention and Control Director of Nursing and Professional Practice in the Community
22 February 2018	5	Revised	Infection Control Committee
27 November 2020	5	Date change	Infection Control Committee

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion/Belief (non)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pf.d.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.