# Inter-Health and Social Care Infection Control Transfer Form

***The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*** **(Department of Health 2015)**

"A registered provider must ensure that it provides suitable and sufficient information on a service user's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or to and from a service user's home, so that any risks to the service user and others from infection may be minimised. If appropriate, providers of a service user's transport should be informed of any infection."

**HOW TO USE THIS FORM**

- Complete the form for every service user transferred to another healthcare provider.
- Complete the form prior to booking ambulance or other transport.
- A '**confirmed risk'** service user is one who has been confirmed as being colonised or infected with organisms such as MRSA, MRGNB and enteric infections including *Clostridium difficile*.
- Service users with '**suspected risks**' include those who are awaiting laboratory tests to identify infections/organisms or who have been in recent contact with infected service users e.g., in close proximity to an infected person.
- Service users with '**no known risks**' do not meet either of the two criteria above.
- For service users 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 personal protective equipment being used to assist in the service user's care. This equipment may include gloves, aprons or masks.
- Please print your name and contact details in the box provided.
- This form should accompany the service user during transfer and be given to the receiving facility. A copy should also be retained for evidence purposes and filed in the notes.

**Service user details** (insert label if available)

Name:

Address:

NHS number:

Date of birth:

**Consultant:**
**GP:**
**Current service user's location:**

**Transferring facility:** (e.g. hospital – ward / care home)

Contact No:

Date of Transfer:

**Receiving facility:**
(e.g. hospital – ward / care home / district nurse)

Contact no:

Have the following been informed of the transfer of those service users with a confirmed/suspected risk:

Transport provider: Yes ☐ No ☐ N/A ☐

**Is the service user 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

Service user exposed to others with infection:
(e.g. D&V) Yes ☐ No ☐

**If the service user has a diarrhoeal illness, please indicate bowel history for last week:**
(based on Bristol Stool Form Scale)

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

**Relevant specimen** results – MRSA (including admission screens), multi-resistant gram negative bacteria (e.g. ESBL), *Clostridium difficile*:

| | | | | |
|---|---|---|---|---|
| Specimen: | | | | |
| Date: | | | | |
| Result: | | | | |

**Treatment information including antibiotic therapy:**

**Other information:**

Is the service user aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the service user require isolation? Yes ☐ No ☐
**(If the service user requires isolation, please phone the receiving unit in advance.)**

Form completed by: Contact No: Date: