

## INFECTION PREVENTION AND CONTROL ADMISSION, TRANSFER AND DISCHARGE POLICY (N-033)

Version Number:	2.3
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Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing/Caldicott Guardian
Name of approving body:	Governance Committee
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>27<sup>th</sup> January 2022</i>
<i>Date EMT as approving body notified for information:</i>	<i>January 2022</i>

*Policies should be accessed via the Trust intranet to ensure the current version is used*

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## 1. INTRODUCTION

Humber Teaching NHS Foundation Trust has a general duty to ensure that all patients who are undergoing any treatment or intervention in an inpatient or outpatients setting are protected from the potential and actual acquisition of Healthcare Associated Infections (HCAI). It is therefore important that there is effective communication between the Trust and any other healthcare provider when care is being transferred from one care facility to another to prevent the spread of a communicable disease within the Trust and to any other healthcare setting.

## 2. SCOPE

This policy applies to all health care workers employed by Humber Teaching NHS Foundation Trust (including contractors, agency/locum staff, students and visiting honorary consultant/clinicians), that undertake patient care, or who may come in to contact with affected patients.

## 3. POLICY STATEMENT

The Trust firmly supports the principle that effective communication is vital when a patient's care is being transferred from one healthcare facility to another. To assist the Trust comply with criterion four of 'The Health and Social Care Act 2008' Department of Health (2015) this policy outlines the Trusts expectations from an infection control perspective, when a patient is being admitted, transferred or discharged.

## 4. DUTIES AND RESPONSIBILITIES

### **The Trust Board has a responsibility to:**

- Ensure that the role and functions of the Director of Infection Prevention and Control are fulfilled by an appropriate and competent person as defined by the Department of Health (DH 2015).

### **The Chief Executive will:**

- Ensure that the executive and senior service managers and clinicians accept ownership for all aspects of this policy and support its implementation.

### **The Director of Infection Prevention and Control (DIPC) will:**

- Provide assurance to the Trust Board in relation to staff compliance with the policy.
- Oversee the implementation of this policy, monitoring its impact and have the authority to challenge inappropriate practice.

### **Service Managers/Clinical Leads will:**

- Provide assurance to the Trust Board that all staff within their care group comply with the contents of the policy.
- Ensure non-compliance is seen as a potential clinical risk and areas of concern are addressed.

### **Matrons will:**

- Act as a role model to promote good infection prevention practice within the organisation.
- Ensure any breaches of compliance are acted upon and raised with the relevant senior management when appropriate.

**Unit/Ward/Department Managers will:**

- Ensure this policy is readily accessible and that all the staff they manage is familiar with the contents of this policy and their individual responsibilities.
- Ensure all staff within their area of responsibility receives the appropriate level of training which should be recorded and monitored.
- Ensure all staff within their designated area of responsibility are aware of the policy and have completed infection control training as per Trust Mandatory Training Matrix.

**The Infection Prevention and Control Team will:**

- Have the responsibility for reviewing and updating this policy, ensuring it reflects current up to date evidence and Department of Health (DH) guidance.
- Plan and deliver a programme of infection prevention and control education for staff which incorporates standard precautions as a core element.
- Provide expert advice in accordance with this policy.
- Support staff in the implementation of the policy and challenge poor practice.

**All Healthcare Staff must:**

- Be aware of this policy and adhere to it at all times. Any breaches must be highlighted to their line manager.
- Alert their manager if they feel that they need further education or training about any aspect of this policy.
- Attend infection control training sessions in accordance with the Trust Mandatory Training Matrix.

## 5. PROCEDURES

A risk assessment must be undertaken on any patient admitted, transferred, or discharged from the Trust to determine the potential risk of a patient contracting or spreading infection.

### 5.1. General Principles

#### All Trust Inpatient Admissions

All patient admission should be assessed in accordance with the Infection Prevention and Control Initial Risk Assessment which is available within the Humber Teaching NHS Foundation electronic patient record systems, to be completed on admission.

Any patient identified with a potential or actual infection risk should be nursed in an appropriate location and managed in accordance with the Trust Isolation Precautions Policy (N-020) and relevant national guidance and related Trust Standard Operating Procedures i.e. COVID-19.

#### Transfers from another Healthcare Provider

Any present suspected or confirmed infection risks should be included in the patient referral and transfer documentation for the Trust unit / ward receiving the patient.

#### Discharges to own home

The general practitioner must be informed when a patient suffering from a communicable disease is discharged by the inpatient area.

If a patient requires any continuing care or treatment, such as wound management or a physical care package, then the appropriate health care professional needs to be informed

prior to the patients discharge, e.g. district nurse/therapist. Any verbal communication needs to be recorded in the patient's notes.

If ambulance transportation is required the clinical staff should notify the department in advance in order that appropriate precautions can be arranged.

### **Transfers to another health care setting**

This may include transfers to an acute hospital, residential/nursing home setting, shared living accommodation, prison.

The movement of an infectious patient from one care setting to another should generally be avoided unless there is a need for essential medical or psychological treatment. Help and guidance must be sought from the Infection Prevention and Control Team and the Multi-Disciplinary Team responsible for patient.

The nurse in charge of the unit or nominated deputy should ensure that the area that is receiving the patient has received verbal communication and information regarding the patient's infection status prior to transfer.

Any discussion held needs recording in the patients care records.

## **6. EQUALITY AND DIVERSITY**

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA. A low score has been attained.

## **7. MENTAL CAPACITY**

The Trust supports the following principles, as set out in the Mental Capacity Act and has applied them in the development of this policy:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act completed, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is completed, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

## **8. IMPLEMENTATION**

This policy will be shared via:

The Infection Prevention and Control Link Practitioner Network  
The Physical Health and Deteriorating Patient Group  
The clinical network meetings  
The Healthcare Associated Infection Group  
The Global.

Available on the Trust intranet policies section.

The principals and procedures within this policy are reflected within the mandatory infection prevention and control training sessions.

The implementation of this policy requires no additional financial resource.

## **9. MONITORING AND AUDIT**

Quarterly Infection Prevention and Control inpatient practice compliance audits are undertaken.

## **10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS**

Department of Health (2015) The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance DH. [Code of practice 280715 acc.pdf](#)

## **11. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES**

[MRSA Policy](#)

[Clostridioides Difficile Infection Policy](#)

[Standard Precautions Policy](#)

[Hand Hygiene Policy](#)

## Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Infection Prevention And Control Admission, Transfer And Discharge Policy		
Document Purpose	To assist the Trust complies with criterion 4 of the Health and Social Care Act 2008 this policy outlines the Trust's expectations from an infection control perspective, when a patient is being admitted, transferred or discharged.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	27 January 2022	Quality and Patient Safety Group	
Approving Committee:	Governance Committee (V2.0)	Date of Approval:	April 2014
Ratified at:	Trust Board	Date of Ratification:	April 2014
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	No additional training required	Financial Resource Impact	No additional financial resources required.
Equality Impact Assessment undertaken?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	N/A [ <input type="checkbox"/> ] Rationale:
Publication and Dissemination	Intranet [ <input checked="" type="checkbox"/> ]	Internet [ <input type="checkbox"/> ]	Staff Email [ <input checked="" type="checkbox"/> ]
Master version held by:	Author [ <input type="checkbox"/> ]	HealthAssure [ <input checked="" type="checkbox"/> ]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	<ul style="list-style-type: none"> <li>A risk assessment must be undertaken on any patient admitted, transferred, or discharged from the trust to determine the potential risk of a patient contracting or spreading infection.</li> <li>If the patient has been transferred from another unit or health care facility an Inter-healthcare Infection Control Transfer Form should have been completed whether the patient is infectious or not.</li> </ul>		
Monitoring and Compliance:	Annual Prevalence Audit to be completed by the Infection Prevention and Control Team.		

<b>Document Change History:</b>			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	Review	Jan 2009	New policy
1.1	Review	August 2011	Reviewed to incorporate Community Services
2.0	Review	April 2014	5.1 Addition of sentence regarding patient admissions 7.0 Addition of Mental Capacity 8.0 Addition of Bribery Act 12.0 Amendment of references Approved Governance Committee April 2014
2.1	Review	May 2017	A full review of the policy completed. Minor amendment only required. Minor formatting amendments made following Approved Quality and Patient Safety Committee 19 May 2017
2.2	Review	December 2018	Minimal changes made only including the Trust title amended and updates made in the reference section. Approved QPaS 24 January 2019
2.3	Review	January 2022	A full review of the policy completed. Minor amendment only required. Appendix 1 Inter Healthcare Infection Control Transfer form removed

## Appendix 2: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Infection Prevention and Control Admission, Transfer and Discharge Policy**
2. EIA Reviewer (name, job title, base and contact details): **Deborah Davies, Lead Nurse, Infection Prevention and Control, Trust Headquarters, 2nd Floor, Willerby Hill, Beverley Road, Willerby, East Riding of Yorkshire HU10 6ED**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

<p><b>Key Issues in the Report</b></p> <p>The purpose of this policy is to provide an outline of the Trusts expectations from an infection control perspective, when a patient is being admitted, transferred or discharged within Humber Teaching NHS Foundation Trust.</p> <p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>
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<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score  <b>Low = Little or No evidence or concern (Green)</b>  <b>Medium = some evidence or concern (Amber)</b>  <b>High = significant evidence or concern (Red)</b></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups: Older people Young people Children Early years	<b>Low</b>	No adverse impact identified
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory Physical Learning Mental health (and including cancer, HIV, multiple sclerosis)	<b>Low</b>	No adverse impact identified
<b>Sex</b>	Men/Male Women/Female	<b>Low</b>	No adverse impact identified
<b>Marriage/Civil Partnership</b>		<b>Low</b>	No adverse impact identified
<b>Pregnancy/Maternity</b>		<b>Low</b>	No adverse impact identified
<b>Race</b>	Colour Nationality Ethnic/national origins	<b>Low</b>	No adverse impact identified
<b>Religion or Belief</b>	All religions	<b>Low</b>	No adverse impact identified



Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
	Including lack of religion or belief and where belief includes any religious or philosophical belief		
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	<b>Low</b>	No adverse impact identified
<b>Gender reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	<b>Low</b>	No adverse impact identified

## Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
None of the equality strands have been identified in the initial impact assessment.	
EIA Reviewer: <b>Deborah Davies</b>	
Date completed: <b>07 January 2022</b>	Signature: <b>D Davies</b>