

Infection Prevention and Control Assurance - Standard Operating Procedure 14 (IPC SOP 14)

Undertaking a Patient Infection Risk Assessment

Why we have a procedure?

To ensure employees of the Black Country Partnership NHS Foundation Trust (BCPFT) have a standard procedure to follow assessing patient's risk of acquiring or transmitting infection.

The Health and Social Care Act 2008: Code of Practice for the NHS for the Prevention and Control of Healthcare Associated Infections (revised January 2015) stipulates that NHS bodies must, in relation to preventing and controlling the risk of Health Care Associated Infections (HCAI), have in place appropriate core policies/procedures, including procedures for prompt identification of people who have or are at risk of developing infection, so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people. Implementation of this procedure will contribute to the achievement and compliance with the Act.

What overarching policy the procedure links to?

- This procedure is supported by the Infection Prevention and Control Assurance Policy

Which services of the trust does this apply to? **Where** is it in operation?

Group	Inpatients	Community	Locations
Mental Health Services	✓	✓	all
Learning Disabilities Services	✓	✓	all
Children and Young People Services	x	✓	all

Who does the procedure apply to?

This document applies to all clinical staff employed by or working on behalf of the Black Country Partnership NHS Foundation Trust caring for patients as part of their role and job description.

When should the procedure be applied?

Effective prevention and control of healthcare associated infection (HCAI) must be embedded into everyday practice and applied consistently. Crucial to this is the identification of risk and the adoption of measures to remove or control such risks. As with any risk assessment process these risks must be recorded, acted on and monitored to ensure high standards of infection prevention in practice.

Additional Information/ Associated Documents

- Infection Prevention and Control Assurance Policy
- IPC SOP 1: Standard precautions

Aims

- To undertake suitable and sufficient assessment of the risk to patients receiving care with respect to acquiring or transmitting an infection.
- To record on a risk assessment document all risks identified.
- To identify the steps taken to reduce or control the risks in the patients individual care plan or service delivery plan.

Definitions

Healthcare Acquired Infection (HCAI)	Healthcare associated infection (HCAI) refers to infections that occur as a result of contact with the healthcare system in its widest sense – from care provided in the patient’s own home, to general practice, hospital and nursing home care
Risk Assessment	A process used to identify and potential hazards and analyse what could happen and to identify steps to be taken to reduce or minimise the risk
Multi-resistant Organisms	Organisms (commonly bacteria) which have become resistant to more than one antimicrobial drug and have become a threat to public health
IPCT	Infection prevention and control team

Key Principles

- In ALL in-patient units patients MUST on admission (within 24-72hrs) have an infection risk assessment undertaken using the standard Patient Infection Risk Assessment Tool (**Appendix 1**). (*This is also included in the Patient Assessment Booklet.*)
- Where any risks are identified staff must contact the Infection Prevention and Control Team (IPCT) for advice and include any control measures identified in the patient’s individualised care plans.
- Advice given by the IPCT must be implemented and all infection prevention and control policies/standard operating procedures followed.
- Whenever a transfer of any patient is arranged to another ward, hospital or institution is arranged the risk assessment MUST be repeated and information exchanged with the receiving ward/unit to ensure appropriate preventative measures can be taken as appropriate to reduce risk of acquisition or transmission of infection.
- Whenever a patient returns to a Trust in-patient facility following an episode of care in another ward/hospital/care home or other institution, the patient risk assessment MUST be repeated/updated and any identified risks discussed with the IPCT and appropriate actions taken to reduce risk of acquisition or transmission of infection.
- For patients undergoing long-term treatment and in-patient care the risk assessment should be regularly reviewed and updated e.g. monthly. Any new risks must be discussed with the IPCT and actioned as advised.
- Environment risk assessment for HCAI must be completed for all new or redesigned services or premises as part of the planning refurbishment or development process – the IPCT MUST be involved from the outset (**Appendix 2**).

Suggested Risk Reduction Methods that can be Used to Reduce the Risk of Healthcare Associated Infection (HCAI)

- All staff must attend infection control induction and mandatory updates about the standard principles of infection prevention and control.
- Staff must be 'Bare Below the Elbows' when performing clinical duties.
- Hands must be decontaminated immediately before and after each episode of direct patient care or activity that could potentially result in hands being contaminated (See Hand Hygiene Policy & IPC SOP 1: Standard Precautions).
- Cuts and abrasions must be covered with a waterproof dressing.
- Fingernails must be short and free from false nails, nail art, nail polish, extensions etc.
- PPE e.g. gloves and apron etc. must be used when exposure to blood, body fluids, excretions or secretions is anticipated.
- All non-disposable equipment must be decontaminated before/after use as per the manufacturer's instructions.
- Risk assessment for HCAI must be completed for all new or redesigned services or premises as part of the planning refurbishment or development process.

Where do I go for further advice or information?

- Infection Prevention and Control Team
- Your Service Manager, Matron, General Manager, Head of Nursing, Group Director
- Your Group Governance Staff

Training

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust's Mandatory and Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies.

Monitoring / Review of this Procedure

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Equality Impact Assessment

Please refer to overarching policy

Data Protection Act and Freedom of Information Act

Please refer to overarching policy

Appendix 1

Risk Assessment Tool – Individual Patient Risk Assessment

All patients must have the infection risk assessment completed on admission, transfer (to another ward or hospital) or if there is a change in the patient's risk factors e.g. catheter removed/inserted, development of a wound or fever etc.

Score 5 or less=LOW RISK Does not require nursing in isolation or Screening	Score 6-7=MEDIUM RISK Screen for MRSA and contact infection control for advice on 0121 612 8068	Score 8 or above= HIGH RISK Screen for MRSA, Isolate and contact infection control for advice: 0121 612 8068				
Using the scores indicated enter the score against each section, e.g. past history of MRSA = 8, patient a healthcare worker = 1 etc. – if there is no risk score zero (0). Once each section is scored add the numbers in the column to give the total score.		1 st Assessment	2 nd Assessment	3 rd Assessment	4 th Assessment	Please note if any risks identified please discuss with Infection Control and detail control measures in the patient's care plans.
		RISK FACTORS				Record Assessor/date of assessment
8						1st Assessment
8						Date of Assessment::
8						Contact Infection Control: Y/N Nurse Sign:
2						
1						2nd Assessment
8						Date of Assessment::
1						Contact Infection Control: Y/N Nurse Sign:
6						
7						3rd Assessment
8						Date of Assessment::
6						Contact Infection Control: Y/N Nurse Sign:
8						
8						4th Assessment
8						Date of Assessment::
8						Contact Infection Control: Y/N Nurse Sign:
Calculate Total Score:						Contact Infection Control: Y/N Nurse Sign:

All patients must have an infection risk assessment completed on admission, transfer and if necessary discharge. It should be reviewed regularly throughout their hospitalisation whenever circumstances change, or the patient is transferred to another ward/department, or other healthcare facility. This information helps to:

- Identify patients who are or may be colonised with a healthcare associated infection
- Identify patients who may have other infectious diseases or symptoms
- Enable staff to place the patient in the most appropriate accommodation i.e. isolation
- Reduce the risk of infection for vulnerable patient groups

Once the risk assessment has been undertaken and infection hazards identified, an individual care plan **MUST** be put in place to minimise/control the risks identified. Advice can be sought from the Infection Control Team. When formulating the care plan please consider the likely organism, how it is spread and any additional factors such as indwelling devices, wounds, continence, impaired immunity or underlying disease.

Communication

The presence of some infectious conditions such as MRSA does not usually prevent patient transfer to another ward or unit, however good communication before transfer will ensure that correct management measures are taken to reduce the risk of spread. Good communication with the receiving facility will help to determine whether the patient needs isolation or not. For further advice please contact the Infection Prevention and Control Team on 0121 612 8068.

Key for acronyms

MRSA	Meticillin-resistant Staphylococcus aureus (MRSA) is a bacteria resistant to penicillin and other antibiotics
PVL	Panton-Valentine Leukocidin (PVL) is a toxic substance produced by some strains of Staphylococcus aureus which is associated with an increased ability to cause disease.
ESBL	Extended-Spectrum Beta-Lactamases (ESBLs) are enzymes produced by bacteria, making the bacteria resistant to cephalosporin's.
VRE	Vancomycin-resistant Enterococcus, or Vancomycin-resistant Enterococci (VRE), is bacterial strains of the genus Enterococcus that are resistant to the antibiotic Vancomycin.
CPE	Carbapenemase producing enterobacterales (CPE) bacteria that are resistant to Carbapenem antibiotics

Appendix 2

Risk Assessment Tool – Infection Prevention and Control in a Clinical Environment

Clinical Area:		1 st Assessment Date:	Assessor (PRINT/sign)	
High Risk Practice ✓ if high risk practice is found (delete examples below prior to use)	✓	Suggested Risk Reduction Method	Comments ✓ if high risk practice remains unchanged	✓
<i>E.G. Lack of adherence to clinical dress code by staff i.e. wearing jewellery, false nails, watches etc.</i>	✓	<ul style="list-style-type: none"> • Provide copy of Uniform and appearance at work dress code policy. • Formal warning if remains non-compliant 	<ul style="list-style-type: none"> • Compliant with policy was previously unaware of standards. 	
<i>E.G. Lack of compliance with hand decontamination due to no access to clinical hand wash sink, soap and paper towels</i>	✓	<ul style="list-style-type: none"> • Clinical hand wash sink installed with soap and paper towel dispenser 	<ul style="list-style-type: none"> • Compliant following installation of equipment 	
<i>E.G. new ward proposed to be developed</i>	✓	<ul style="list-style-type: none"> • IPCT to be involved with the design team from the onset to ensure good infection control practices are 'designed in'. 	<ul style="list-style-type: none"> • Risk assessment completed, project completed no issues remain outstanding following the addition of a suitable well designed treatment room 	
Total number of high-risk practices identified in baseline assessment			Total number of high-risk practices remaining after risk reduction initiatives	

Standard Operating Procedure Details

Unique Identifier for this SOP is	BCPFT-COI-POL-05-14
State if SOP is New or Revised	Revised
Policy Category	Control of Infection
Executive Director whose portfolio this SOP comes under	Executive Director of Nursing, AHPs and Governance
Policy Lead/Author Job titles only	Infection Prevention and Control Team
Committee/Group Responsible for Approval of this SOP	Infection Prevention and Control Committee
Month/year consultation process completed	n/a
Month/year SOP was approved	June 2019
Next review due	June 2022
Disclosure Status	'B' can be disclosed to patients and the public

Review and Amendment History

Version	Date	Description of Change
1.1	Mar 2019	Procedure reviewed minimal change as follows: <ul style="list-style-type: none"> • Page 3 – added cross reference to IPC SOP 1: Standard Precautions. • Change to Appendix 1 – updated CRO to CPE in line with national guidance
1.0	Jan 2016	New Procedure established to supplement Infection Control Assurance Policy