Infection Prevention and Control Practice Guidance Note
Visits to Outpatient Department – V04

Date issued
Issue 1 – Mar 15

Planned review
March 2018

IPC-PGN-22.2 – Part of NTW(C)23 – IPC Policy

Author/Designation
Sonia Caudle – IPC Modern Matron

Responsible Officer / Designation
Damian Robinson – Director of IPC

Practice Guidance Notes form part of the Trust’s Infection Prevention and Control policy, and it is expected that staff will follow the guidance contained within them unless there is a compelling reason to deviate from it. Such reasons should be documented whenever the circumstance occurs and notified to the IPC team so that modifications to future editions can be made if necessary.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Visits to Outpatient Department</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Transfer to other Department/Areas</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Transfer to another hospital outside the Trust</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Ambulance Transportation</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Management of Deceased patients</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Discharge Planning</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>References</td>
<td>3</td>
</tr>
</tbody>
</table>

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI</td>
<td>Clostridium Difficile Infection</td>
</tr>
<tr>
<td>CDT</td>
<td>Clostridium Difficile Toxin</td>
</tr>
<tr>
<td>DIPC</td>
<td>Director of Infection Prevention and Control</td>
</tr>
<tr>
<td>ICT</td>
<td>Infection Control Team</td>
</tr>
</tbody>
</table>

1 Visits to Outpatient Department within Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/NTW)

- A patient with *C difficile* infection should avoid attending an outpatient clinic unless absolutely necessary
- Wherever possible, and where there is an urgent need, the patient should be seen on the ward by a visiting doctor
2 Transfer to other departments/areas

- Transfer and movement of patients should be reduced to an operationally effective minimum. Where patients need to attend departments for essential investigations, they should be ‘last on the list’ unless earlier investigation is clinically indicated. In advance of the transfer, the receiving area should be notified of the patient’s CDI status. Arrangements should be put in place to minimise the patient’s waiting time and hence contact with other patients. Transfer to other healthcare facilities should, if possible, include notification of the individual’s CDI status and be appropriate, i.e. the patient should be called for when the department is ready for them and their transfer planned so that they are not held in communal waiting areas. Staff, including ambulance personnel, should adopt appropriate infection control precautions when in contact with the patient.

- Any person admitted from home with diarrhoea must be admitted to a single room and a specimen of faeces taken as soon as possible for testing.

- It is important that information about the patient’s C difficile status is documented within the patient transfer information and handed to the receiving department on arrival.

- Transfers to nursing/residential homes must not go ahead until the patient is 48 hours symptom free. This must be agreed with IPC Team.

- If a patient is transferred to the community remember to inform their GP of recent infection

NOTE FOR SECTIONS 10, 11 AND 12

An inter-healthcare infection control transfer form must be completed for all transfers of patients known of suspected of having an infectious disease. This applies to transfers within the Trust as well as to units in other healthcare settings, such as acute Trusts, and ambulance journeys. (See IPC-PGN-17 – Transferring Patients with known or suspected Infectious Disease)

3 Transfer to another hospital outside Northumberland, Tyne and Wear NHS Trust

- The receiving ward or department should be informed before the patient leaves the ward this would ensure that infection prevention control measures can be implemented. This must be documented within the patient’s health care records
• It is important that information about the patient’s **C difficile** status is documented within the patient transfer information and handed to the receiving department on arrival

• The ICT must inform the receiving Infection Control team, if available

4 **Ambulance Transportation**

• The ward staff should notify the ambulance service in advance

• Normal procedures for transportation of the patient should be applied

• A separate ambulance is not required

6 **Discharge Planning**

• It is essential to reduce any further infection risks within the care pathway

• Patients with symptomatic CDI must not be discharged from hospital until they have been free from symptoms for 48 hours. The place of discharge must be informed of recent infection so that they are in a position to quickly identify any reoccurrence

• The importance of communication with other agencies is vital for a well-planned discharge

7 **References**

• Department of Health/Health Protection Agency (December 2008) Clostridium difficile infection: How to deal with the problem

• ICNA, May 2002, A comprehensive glove choice