Patient Transfer Form
Infection prevention & control patient risk assessment

Action
When transferring patients/clients to another care setting it is vital to inform the receiving ward, unit or team if they have an infection. This can be done using the form overleaf and following these instructions.

PLEASE NOTE: If a patient/client being transferred is suspected or confirmed as being infectious, please contact the infection prevention & control team (IPCT) at the receiving facility within normal working hours BEFORE the transfer is carried out and BEFORE transport is arranged.

It should be noted also that patient confidentiality does NOT present a barrier to effective communication on transfer of care.

This form should be completed by the transferring facility and supplied to the receiving care establishment. Complete the form in full whether a patient/client presents an infection risk or not.

Use this form for all inter care facility admissions, transfers and discharges, including:
- all patients/clients admitted to hospital from a shared-living environment (eg a care home);
- all ward-to-ward inter-hospital transfers or discharges; and
- all discharges where healthcare may be involved (including to care homes and back to GP or district nursing care).

Note: Infection Control Advice for Care Homes¹ states that care homes should ensure that they provide suitable and sufficient information on each resident’s infection status whenever they are moved from the care of one organisation to another.

HOW TO USE THIS FORM
- Complete the form for every patient/client transfer to another care facility.
- Complete the form prior to booking ambulance or other transport.
- A ‘confirmed risk’ patient/client is one who has been confirmed as being colonised or infected with alert organisms.
- Patients/clients with ‘suspected risks’ include those who are awaiting laboratory tests to identify infections/organisms or who have been in recent contact with infected patients/clients. For example in close proximity to an infected patient/client.
- Patients/clients with ‘no known risks’ do not meet either of the two criteria above.
- For patients/clients 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.
- Treatment information should include advice on any decolonisation already undertaken on the patient/client following positive screening results.
- Please use the ‘other information’ box to list protective equipment being used to assist in patient/client care. This equipment may include gloves, aprons or masks.
- After completing the form, please print your name and contact details in the box provided.

From December 2010, screening relevant patients for MRSA is being extended from elective admissions to emergency admissions. As with elective admissions, organisations will need to ensure, in line with local protocols, that all relevant emergency admissions are screened and, where appropriate, decolonised - Department of Health operational guidance (Gateway reference 13482).

¹ Infection Control Advice for Care Homes , Department of Health, 19 June 2006
The method of decolonisation should be recorded in the box for treatment – including if suspected patients/clients have *not* had any decolonisation treatment at the time of transfer.

It should be noted that people affected by MRSA do not present a risk to the community at large and should continue their normal lives without restriction. MRSA is not a contraindication to admission to a home or a reason to exclude an affected person from the life of a home. However, in residential settings where people with open post-operative wounds or intravascular devices are cared for, infection control advice should be followed if a person with MRSA is to be admitted or has been identified amongst residents.