

Patient Placement/Assessment for Infection Risk

Printable learning resource

What is this resource?

This resource is based on the e-learning module “NES: Patient Placement/Assessment for Inf. Risk” from the **Scottish Infection Prevention and Control Education Pathway**.

The aim of this document is to make the e-learning content available to learners who

- do not have regular access to a computer and/or a network
- do not yet have the necessary IT skills or confidence to complete e-learning
- have different needs and therefore e-learning is not suitable for them.

All screen captures from the original module are included.

How should this resource be used?

This resource can either be

- uploaded as a PDF file to tablets or other digital devices without internet access, or
- printed. (Printing in black and white is sufficient.)

- All navigational instructions on the screens in this document should be ignored.
- We have given instructions on how to complete interactivities and questions.
- A space has been provided for staff to make any additional notes after each topic.

Internet access

Internet access is required for the following:

Online feedback form and web links for additional resources. Staff should be enabled to use web links and complete the feedback form if at all possible.

Online assessment. The online version of this resource consists of the e-learning module and a separate online assessment, and staff should be enabled and encouraged to complete this online assessment locally.



Patient placement/Assessment for infection risk



[Learn how to navigate this module.](#)

Start

Aim and target audience

Patient placement/Assessment for infection risk is one of the ten standard infection control precautions (SICPs).

This module aims to **enable you to assess infection risks** at the point of care. This will influence the **care and placement** of the people you look after in **any setting**.

This module is appropriate for **all staff new to health and social care settings** whose role includes assessing and managing infection risks in people receiving care.

It's also suitable for **more experienced staff in any setting** who want to refresh their knowledge or update their skills.



It's important that you have completed the **Breaking the Chain of Infection module** from the Scottish Infection Prevention and Control Education Pathway before starting this module.



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Learning outcomes

After completing this module, you will be able to:

- **identify** infection risks that may cause harm to others
- **assess** risks and **review** risk assessments
- **communicate** risks to those providing care and others
- **take actions** to influence patient placement.



Anticipate, assess, act!

< PREV NEXT >

Introducing Patient placement/Assessment for infection risk

You need to promptly assess persons in your care for infection risks when they arrive in the care area and on a regular basis. Your assessments help to **plan** their care and help everyone take **appropriate action** to avoid spreading infection to others.



Watch the video to learn more.



If you can't view or hear the sound in the video, please view the [video script](#).

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Introducing Patient placement/Assessment for infection risk - Transcript

When an individual is found or thought to be suffering from an infection it's necessary to consider the possible source and route of transmission in order to institute appropriate control measures. These may include isolating an individual from others within a care home or community based unit. You might consider such a precaution to be irrelevant in an individual's home. However, if you are attending to an individual with an illness such as Norovirus infection or Clostridium difficile infection there is the potential to isolate the toilet the individual uses if more than one lavatory exists in the house.

Within a care setting it is important to assess an individual for any infection risk when they arrive on site, and to continually do so. People who may present an infection risk include:

- those with diarrhoea, vomiting, or an unexplained rash, fever, or respiratory symptoms,
- those known to have been previously positive with a multi-drug resistant organism, for example MRSA, Carbapenemase-producing Enterobacteriaceae, usually referred to as CPE, and
- those who have been hospitalised outside Scotland in the last twelve months.

There are a wide range of infections and conditions that may require individuals to be separated from others. Such isolation is undertaken for two main reasons: to prevent the transmission of infection from the affected individual to others and to prevent the transmission of infection to others who may be particularly susceptible.

The consequences of failed assessments

What happens if infection risk assessments aren't carried out, are carried out incorrectly or aren't communicated to others? Take a look at these **real life examples** of incidents where people had an infection risk that wasn't identified or communicated to others.

WARDS CLOSED DUE TO NOROVIRUS

Mary was admitted to hospital with vomiting and diarrhoea. **She wasn't assessed properly or isolated.** Norovirus then spread to ten people, and the ward had to close.



Select the arrow to continue.



< PREV NEXT >

FLU SPREADS AROUND A CARE HOME

Robert had flu, but wasn't kept separate from others. He mixed with other residents in a care home, spreading flu to five vulnerable residents who required hospital care.



PATIENT POSES MRSA RISK TO OTHERS

Susan, who has severe eczema, was in hospital while heavily colonised with MRSA. She had to be transported to another hospital for tests. **Nobody told the ambulance staff that in this case Susan should be transported alone.** She was transported with other patients who had wounds, putting them at risk of infection.



SALMONELLA SPREADS AT HOME

John lived at home with his family. He developed gastroenteritis and used the only toilet in the house. **Nobody told him to use his own towel and toiletries to help stop the spread of infection.** Soon all of his family developed gastroenteritis.



Take time to continually assess infection risks in people in your care. Do **you** have the time to deal with possible **outbreaks** of infection if you don't?

Overview

There are 3 topics in this module which are designed to help you minimise infection risks where you work:

- **Topic 1** helps you to assess and communicate infection risks.
- **Topic 2** teaches you how to take action to carry out appropriate patient placement.
- **Topic 3** focuses on helping you to review the risk assessment on a regular basis.

Once you've visited **all the screens** in this module, you can access the separate assessment.

You need to **score 80%** in the assessment to pass and get a certificate of completion.



This module will take you about **20 minutes** to complete.



Topic 1: Assessing and communicating infection risks

In this topic, you'll learn how to identify and assess infection risks in the people you care for.

You'll learn how to inform other people about these infection risks.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

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> Topic 1: Assessing and communicating infection risks

Who poses an infection risk?

It's not always obvious who poses a risk of cross-infection to others. For example, some people may be colonised with Methicillin-resistant *Staphylococcus aureus* (MRSA) and show no signs of infection. But if this type of bacteria infects someone in poor health it can cause serious problems. That's why you should promptly and regularly assess people in your care.

There are some people, however, who do show obvious signs and symptoms of having an infection that could easily spread to others.



Would you recognise these people if you were caring for them?



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> Topic 1:

Assessing and communicating infection risks

Recognising infection risks

Which of the following people show signs and symptoms of having an infection that could easily spread to other people?



Select all the **options** that apply, then select **SUBMIT**.



Sam (48) has vomiting and diarrhoea.



Sarah (6) has an unexplained fever, rash and is irritable.



John (60) is feeling sick shortly after having chemotherapy for a tumour.



Grace (82) has a urinary catheter and is confused.

< PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page.

> Topic 1: Assessing and communicating infection risks

Recognising infection risks

Which of the following people show signs and symptoms of having an infection that could easily spread to other people?



Select all the **options** that apply, then select **SUBMIT**.



Sam (48) has vomiting and diarrhoea.



Sarah (6) has an unexplained fever, rash and is irritable.



John (60) is feeling sick shortly after having chemotherapy for a tumour.



Grace (82) has a urinary catheter and is confused.

[< PREV](#) [SUBMIT](#)

Correct



That's correct.

Prompt infection risk assessments will tell you that Sam and Sarah need to be separated from others around them until they're no longer considered an infection risk.

Sam's vomiting and diarrhoea could be Norovirus or food poisoning. Sarah's fever and rash could be meningitis, chickenpox or measles. These could easily spread to other people.

Grace's confusion may be due to a urinary tract infection. This wouldn't spread to others unless it's resistant to some antibiotics. John is feeling sick from his chemotherapy treatment and is unlikely to have an infection that could spread to others.

[Continue >](#)



Sam (48) has vomiting and diarrhoea.



Sarah (6) has an unexplained fever, rash and is irritable.



John (60) is feeling sick shortly after having chemotherapy for a tumour.



Grace (82) has a urinary catheter and is confused.

[SUBMIT](#)

> Topic 1:

Assessing and communicating infection risks

People who pose an infection risk

You have identified some of the signs and symptoms of people who may present a cross-infection risk to others in care settings:

- diarrhoea and/or vomiting
- unexplained rash, fever or respiratory symptoms.

It's important that you regularly carry out a full infection risk assessment on the person you are caring for to identify these signs and symptoms.

Other things to check include if the person has:

- previously tested positive with a multidrug resistant organism, e.g. MRSA or CPE
- been hospitalised outside Scotland in the last 12 months.



< PREV NEXT >

> Topic 1:

Assessing and communicating infection risks

Gathering information

There are various ways you can gather information on a person's symptoms and medical history to assess if they pose an infection risk. You could:

- ask the person you're caring for
- ask family members or carers
- check care records e.g. admission, transfer and discharge documents
- use MRSA or CPE Clinical Risk Assessments (in the acute setting)
- check the electronic patient management system for alerts.



If someone has diarrhoea and vomiting, you can ask specific questions to assess if they pose an infection risk. Read the [Assessing the infection risk of a person with diarrhoea and vomiting job aid](#).



Always follow your local procedures for assessing infection risks. And remember – **your clinical judgement** is important when assessing infection risks.



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Assessing the infection risk of a person with diarrhoea and vomiting job aid

Here are some useful questions to ask about the person you're caring for:

- Are they currently taking laxatives/aperients?
- Is this their normal bowel pattern?
- Is their medical condition/medications causing symptoms?
- Have they recently travelled abroad?
- Do any of their family have diarrhoea and/or vomiting?
- What is the consistency, smell, colour and frequency of diarrhoea/vomit?
- Are they incontinent?
- Do others in the care area have the same symptoms?
- How long have they been experiencing these symptoms?

Communicating infection risks

It's important that you **tell others** about infection risks and the **actions** to take to **protect others**. Otherwise the actions might not be carried out **consistently**.

Consider the following scenario.

Robert is in a care home and has shingles on his chest. Shingles can spread through touching the moist lesions. He's going for a chest X-ray at the Radiology department.



How could you communicate infection risks to Robert, his family and other staff? Select ALL options that apply, then select **SUBMIT.**

- Give Robert a shingles information leaflet.
- Attach a sign to his wheelchair saying "Shingles!"
- Phone the Radiology department in advance.
- Document the risks in Robert's care records.
- Document the risk on the Radiology request form.



< PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page.

> Topic 1: Assessing and communicating infection risks

Communicating infection risks

It's important that you **tell others** about infection risks and the **actions** to take to **protect others**. Otherwise the actions might not be carried out **consistently**.

Consider the following scenario.

Robert is in a care home and has shingles on his chest. Shingles can spread through touching the moist lesions. He's going for a chest X-ray at the Radiology department.



How could you communicate infection risks to Robert, his family and other staff? Select **ALL** options that apply, then select **SUBMIT**.

- Give Robert a shingles information leaflet.
- Attach a sign to his wheelchair saying "Shingles!"
- Phone the Radiology department in advance.
- Document the risks in Robert's care records.
- Document the risk on the Radiology request form.

Correct



That's correct.

The **information leaflet** can be read by Robert and his visitors so they all know the risks.

Documenting the risks in request forms and care records ensures that all staff are aware of the risk of cross-contamination.

It does no harm to **phone the Radiology department** before Robert goes for his X-ray as you can discuss whether or not it could be delayed until he is no longer infectious.

Never attach signs with someone's infectious status. This is confidential information.

< PREV SUBMIT

Notes for Topic 1: Assessing and communicating Infection risks



Topic 2: Patient placement – taking action

Once you've identified a person with an infection risk in your care setting and communicated it to others, you need to decide where to care for the person safely.

Now you'll explore the **decisions to make** and the **actions to take** to safely care for a person with an infection risk so that they and others aren't harmed.

And you'll learn what to do when the ideal solution for a person with an infection risk is not available.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

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> Topic 2: Patient placement – taking action

Understanding source and protective isolation

People who are considered infectious may pose a risk of **spreading infections to others**.

They are the **source** of the infection and require **Source Isolation** if in hospital or a care home. Others whose immune systems are compromised need to be **protected from** infection. They require **Protective Isolation**.

Some infectious agents and/or diseases require **additional** precautions to SICPs. These are called **Transmission Based Precautions (TBPs)**.



Select either **Source Isolation** or **Protective Isolation** to see the difference.



Read more about TBPs:

[National Infection Prevention and Control Manual - Chapter 2 - Transmission Based Precautions \(TBPs\)](#)

[Appendix 11 - List of Infectious Agents and/or Diseases That Require Transmission Based Precautions \(TBPs\) in Addition to SICPs ecautions \(TBPs\)](#)



Source Isolation



Protective Isolation

< PREV NEXT >

Link for Transmission Based Precautions:

<http://www.nipcm.hps.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/>

Link for Appendix 11:

<http://www.nipcm.scot.nhs.uk/appendices/appendix-11-list-of-infectious-agents-and-or-diseases-that-require-transmission-based-precautions-tbps-in-addition-to-sicps/>

Reducing the risk of an infection spreading

The following people pose an infection risk. What placement solution would you choose to reduce the risk of the infection spreading to others?



Match the **best placement solution** to the **people with an infection risk**, then select **SUBMIT**.

People with infection risk	Placement solution
John has Salmonella at home.	Transport alone and inform A&E.
Sarah has chickenpox in hospital.	Stay in their own bedroom with en-suite facilities.
Sam has flu in the care home.	Source isolation in a room with en-suite facilities.
Mary has vomiting and diarrhoea and must go to hospital.	Use their own toilet, soap and towels.

< PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page. You can match the items with numbers or letters.

Reducing the risk of an infection spreading

The following people pose an infection risk. What placement solution would you choose to reduce the risk of the infection spreading to others?



Match the **best placement solution** to the **people with an infection risk**, then select **SUBMIT**.

People with infection risk	Placement solution
John has Salmonella at home.	Use their own toilet, soap and towels.
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Sam has flu in the care home.	Stay in their own bedroom with en-suite facilities.
Mary has vomiting and diarrhoea and must go to hospital.	Transport alone and inform A&E.

[< PREV](#) [SUBMIT](#)

Correct



That's correct. John needs his **own toilet** at home, if available, to prevent spreading Salmonella to his family. He should use his own soap and towels.

Chickenpox is highly infectious so Sarah must be placed in a **single/isolation room**.

Sam needs to stay in his **own bedroom** in the care home to prevent the spread of flu. All single rooms should be en-suite so that Sam doesn't have to use communal toilets or showers/baths.

You don't know if Mary's vomiting and diarrhoea is infectious so she needs to be **transported alone and the A&E department notified** so that she can be isolated when she arrives.

[Continue >](#)

People with infection risk	Placement solution
John has Salmonella at home.	Use their own toilet, soap and towels.
Sarah has chickenpox in hospital.	Source isolation in a room with en-suite facilities.
Sam has flu in the care home.	Stay in their own bedroom with en-suite facilities.
Mary has vomiting and diarrhoea and must go to hospital.	Transport alone and inform A&E.

[SUBMIT](#)

Preventing harm

By placing a person who presents an infection risk in a single room, you are protecting other people from harm. **However, you need to consider if the solution could be harmful to the person you have placed in the single room.**

Q What if the person needs close observation for a medical condition?

Q Is there a risk of falls?

Q Will the person become anxious left alone?

Q Does the person have dementia or confusion?

Q Will the door be closed?

Q How can I protect someone in a care at home situation?

Remember to always **risk assess and document** your findings. Discuss your concerns and seek solutions with the person in your care, their family or carers and your colleagues.

< PREV NEXT >

Please check the answers below:

Preventing harm

By placing a person who presents an infection risk in a single room, you are protecting other people from harm. **However, you need to consider if the solution could be harmful to the person you have placed in the single room.**

A You might need to move them to an area where they can be more easily seen by staff or provide them with an emergency call button. ✓

A You might need to move them to an area where they can be more easily seen by staff or go into the area more often. ✓

A Ask the person what is making them anxious and discuss what would make them feel more at ease. ✓

A Discuss how to reduce harm with relatives/carers and the person or seek specialist advice. ✓

A The door should remain closed. If you assess that it needs to be left open for the person's safety you must record this and the reason why in their care notes. ✓

A Consider if they're safe to be left alone. Identify if they need to be cared for in their own room. Decide if they should use their own equipment and toiletries for a while. ✓

Remember to always **risk assess and document** your findings. Discuss your concerns and seek solutions with the person in your care, their family or carers and your colleagues.

< PREV NEXT >

Cohorting patients

If single rooms are in short supply, the people you care for may need to be ‘cohorted’.

Cohorting is caring for people, with the same known or suspected infection, in the same room or area if single rooms are in short supply. It is mainly carried out in hospitals.

Clinicians, Infection Prevention and Control Teams should decide when cohorting should be considered **and** when it ends.

If people in your care are cohorted, you must ensure:

- ✓ there is a clinical wash hand basin in the room or area
- ✓ patients are separated by at least 3 feet (1 metre)
- ✓ doors remain closed.



Tip: Where possible, dedicated staff should be assigned to the room or area.

Transporting people who pose an infection risk

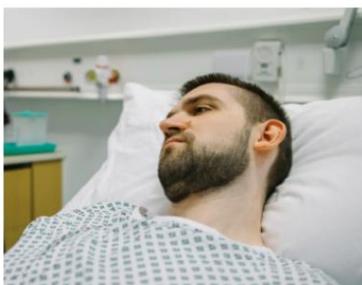
People who pose an infection risk sometimes need to be transported out of your care area to receive additional care. You can take action to minimise infection risks when they’re being transported. Communicate risks with those involved in transport. If an ambulance is required, explain the patient’s known or suspected risk of infection at the time of ordering.



Consider how you could transport these people to minimise infection risks. Then select each image to reveal some solutions.



Elizabeth is in a care home. She has MRSA in a leg ulcer. She needs to attend a physiotherapy department.



John is in a single room in hospital. He has *Clostridium difficile*. He needs an endoscopy.



Sam is in his home. He has Norovirus. He needs an ultrasound.

Elizabeth is in a care home



You can transport Elizabeth with others as long as **her leg ulcer is covered with a dressing**.

It's important that her mobility is not compromised by having MRSA.



John is in a single room in hospital



If the endoscopy can wait until John is no longer infectious, you should consider this. It's the best course of action as no special transport arrangements are needed.

You can take John in a wheelchair or trolley **if the endoscopy is being carried out in the same hospital**.

If he needs transport to another hospital, ensure that **no other patients travel with him**.



Sam is in his home



If at all possible, **don't bring Sam to hospital while he has Norovirus as it could cause an outbreak**. You should phone the ultrasound department for advice.

If the ultrasound can't wait until Sam is no longer infectious, then you **must transport him alone in patient transport**, or ask a friend or family to transport him in their own car.



Patient placement tips from staff in health and social care

One of the best ways to get great solutions to infection risk challenges is to ask your colleagues!



Select each image to explore some inventive patient placement solutions recommended by experienced staff.

“ I needed a single, en-suite room for a patient with diarrhoea, but they were all occupied! ”



“ The person I was caring for at home had diarrhoea and there was only one toilet. ”



“ We often have to schedule urgent x-rays for patients who pose an infection risk. ”



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“ We often run out of single en-suite rooms in our small community hospital. I gave my patient, David, a commode, but he was too embarrassed to use it. So I put a notice saying “Do not use this toilet” on a communal toilet. This was then used by David and avoided by the other patients. ”



Click the 'X' in the top right hand corner to return to the main screen.



“ I asked Mary, the lady I was caring for, to use her own towels and toiletries. I asked her to clean the toilet, door handle and sink taps more often until her diarrhoea stopped. ”



Click the 'X' in the top right hand corner to return to the main screen.



“ If a person who poses an infection risk needs an X-ray, I make sure they don't sit around among other patients. I schedule them so they don't wait long in a waiting area and receive x-ray promptly. If they're in hospital I may arrange an X-ray in the ward. ”



Click the 'X' in the top right hand corner to return to the main screen.



Notes for Topic 2: Patient placement – taking action



Topic 3: Reviewing the risk assessment

In this topic, you'll learn why it's important to review risk assessments.

You'll also have an opportunity to follow a person's journey through different settings and identify when infection risk assessments should take place.

Finally, you'll explore what to do if you have concerns about how infection risks are assessed or communicated in your setting.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

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> Topic 3: Reviewing the risk assessment

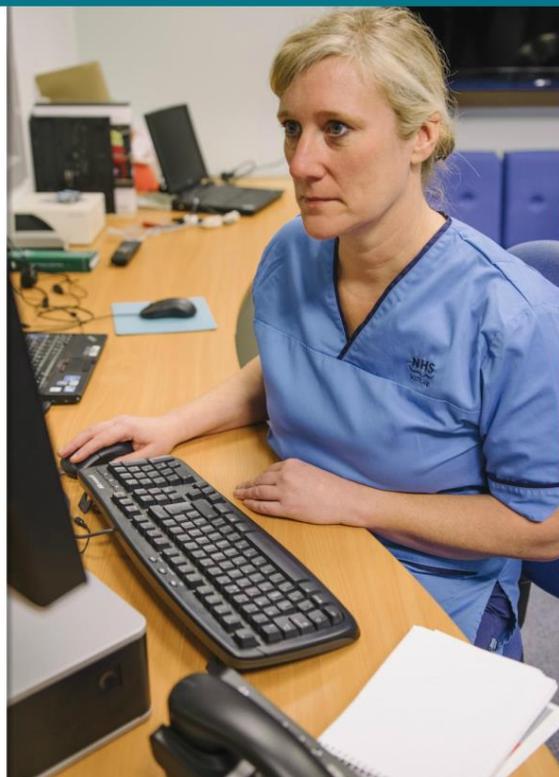
Why is continuous reassessment important?

Infection risk assessments don't happen just once - you must reassess on an ongoing basis.

Ongoing assessment is needed as the person in your care might:

- move between care settings where there are different infection risks (people and environment)
- have changing physical and emotional needs
- be in a single room when no longer considered an infection risk
- have a delayed discharge or transfer between care settings
- need their infection precautions adjusted if they're not working
- develop new infection risks.

Communication is key to all staff involved in the patient's journey.



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> Topic 3: Reviewing the risk assessment



Patient placement – Mary’s journey

You’ll now follow a patient’s journey through different care settings. As you progress, you’ll be asked if she should be reassessed for infection risk.

Mary (82) is at home and suffers from severe diarrhoea. Her GP suspects that she has *Clostridium difficile* and needs to be admitted to hospital for treatment. He phones the hospital to say that Mary needs to be admitted and tells the staff of the infection risk.

< PREV NEXT >

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary’s son drives her to hospital where she’s admitted to a single room.



Should Mary now be reassessed?
Select an **option**, then select **Submit**.

- Yes
- No



< PREV SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary’s son drives her to hospital where she’s admitted to a single room.



Should Mary now be reassessed?
Select an **option**, then select **Submit**.

- Yes
- No

Correct



That’s correct.

When Mary is **admitted to hospital and placed in a single room**, hospital staff should reassess her as she is coming into an area where others might be at risk of cross infection.



Go to the next screen to continue Mary’s journey.

Continue >

SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary is diagnosed with *Clostridium difficile*.



Should Mary be reassessed?
Select an **option**, then select **Submit**.

- Yes
- No



< PREVIOUS SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary is diagnosed with *Clostridium difficile*.



Should Mary be reassessed?
Select an **option**, then select **Submit**.

- Yes
- No

Correct



That’s correct.

When **Mary is diagnosed as having *Clostridium difficile***, this is a new risk and staff need to reassess if the actions taken to prevent any spread are appropriate.



Go to the next screen to continue Mary’s journey.

Continue >

SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary’s treatment has been successful and she’s no longer considered infectious.

She is due to be transferred from hospital to a care home for recovery.



Should Mary now be reassessed?
Select an **option**, then select **Submit**.

- Yes
- No



< PREVIOUS SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary’s treatment has been successful and she’s no longer considered infectious.

She is due to be transferred from hospital to a care home for recovery.



Should Mary now be reassessed? Select an **option**, then select **Submit**.

- Yes
- No

Correct



That’s correct.

Once Mary is **no longer considered infectious and before she is discharged from hospital**, she needs to be reassessed before isolation is stopped to make sure there are no risks and she’s safe to be transferred to the care home.



Go to the next screen to continue Mary’s journey.

Continue >

SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary has arrived at the care home for a short while.



Should Mary now be reassessed? Select an **option**, then select **Submit**.

- Yes
- No



< PREVIOUS SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary has arrived at the care home for a short while.



Should Mary now be reassessed?
Select an **option**, then select **Submit**.

- Yes
- No

Correct



That’s correct.

When **Mary arrives at the care home** she needs to be reassessed to confirm that she has no diarrhoea and can mix with other vulnerable residents.



Go to the next screen to continue Mary’s journey.

Continue >



SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary has finally returned home.



Should Mary now be reassessed?
Select an **option**, then select **Submit**.

- Yes
- No



< PREVIOUS SUBMIT

> Topic 3: Reviewing the risk assessment

Patient placement – Mary’s journey

Mary has finally returned home.



Should Mary now be reassessed?
Select an **option**, then select **Submit**.

Yes

No

Correct



That’s correct.



When Mary was sent back to her home she was already considered non-infectious and could lead a normal life.

If Mary was again admitted to a care setting, she would need to be reassessed for infection risks. This is especially important as she’s had a history of *Clostridium difficile*. She only needs to be reassessed in her home if care was being delivered in that setting.

Continue >

SUBMIT

> Topic 3: Reviewing the risk assessment

Issues and risks – problem solving together

You have explored some common challenges when assessing people in your care for infection risks and deciding where it’s best to care for them in your workplace.

Remember there are **others who can help you** if you find it challenging to assess people in your care for infection risks and deciding on what actions to take in your setting.

You can discuss any concerns and seek solutions with:

- the person and their family
- carers
- the clinical team including the GP
- the Infection Prevention and Control or Health Protection teams.



It’s better to work together.



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Notes for Topic 3: Reviewing the risk assessment

> Topic 3: Reviewing the risk assessment

Summary

Here are the key points of this module:

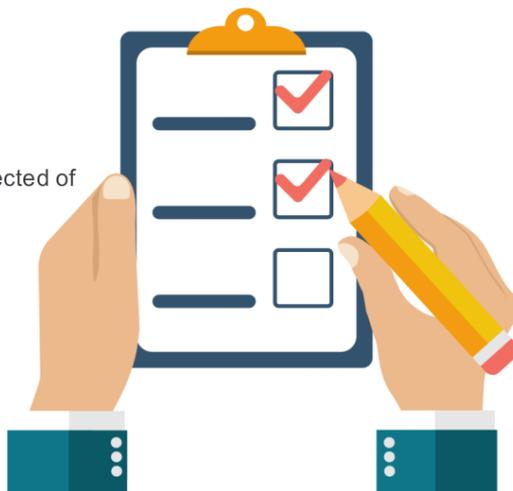
- Prompt infection risk assessments at the point of care influence patient placement.
- Reassessment is an ongoing process.
- Infection risks must be communicated to others including the person and their families/carers.
- Carefully consider a person's physical and emotional needs – they might override an infection risk.
- Seek expert infection prevention and control advice if person is suspected of having an infection and patient placement is challenging.



Remember, you can use the **Menu** to revisit any screen in this module.



Next you'll look at what you can practically do to get started.



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> Topic 3: Reviewing the risk assessment

Next steps

Here are some examples of what you could do to get started:

Look at how you assess and communicate
1. infection risks and people in your care – is there room for improvement?

2. Make suggestions for improvements to patient placement – discuss with your colleagues.

3. Find out who provides expert infection prevention and control advice in your setting.



< PREVIOUS NEXT >

> Topic 3: Reviewing the risk assessment

Feedback and assessment

Before you start the assessment, we'd like to get your feedback on this module.



Please complete the [Patient Placement – Feedback Questionnaire](#).

After you've answered the questionnaire, you must complete the assessment.



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Alternative formats



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Feedback questionnaire link:

<https://response.questback.com/nhseducationforscotland/sipcep06patientplacement>

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Transcriptions of any videos within this resource are available on request.



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Printable learning resource – Completion Record

Learning outcomes:

- **identify** infection risks that may cause harm to others
- **assess** risks and **review** risk assessments
- **communicate** risks to those providing care and others
- **take actions** to influence patient placement.

Anticipated learning time: 20 minutes

I confirm that I have completed the above module.

Learner name:

Learner role and location:

Learner signature



**Scottish Infection
Prevention and Control
Education Pathway**

A route to excellence

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NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN

www.nes.scot.nhs.uk

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