

Client Risk Assessment

Infection Prevention and Control Risk Assessment Tool to Prevent the Spread of Infection

To be completed on admission and as needed.

Name	
Date of Birth	
Assessed by	
Designation	
Date of Assessment	

Risks	Yes	No	Actions/Interventions
Respiratory Tract Risks: Suspected/confirmed Tuberculosis (TB) AAFB in sputum? Compliant or non-compliant with drug treatment? Productive cough with weight loss in last 6 months, with or without fever and night sweats? Family or other TB contacts? Previous history of TB and/or incomplete treatment with risk of drug resistance?			Liaise with TB specialist nurses Hand Hygiene PPE e.g. Gloves, Aprons, Face Masks Provide clean tissues Dispose of tissues in infectious waste stream Provide advice to client Increase environmental cleaning Isolation Correct waste disposal
Skin Risks: Evidence of weeping vesicles e.g. Chicken Pox or Shingles? Skin Shedding e.g. eczema/psoriasis? Suspected/confirmed scabies/lice? Itchy rash or skin lesions? MRSA Colonisation			Hand Hygiene Regular observation of skin and document any changes Inform D/N's, Podiatrist, GP etc of any changes PPE when changing bedding/applying creams etc Increase environmental cleaning Seek advice if scabies identified & commence treatment and scabies pathway If confirmed MRSA colonisation commence suppression treatment Correct waste disposal
Elimination Risks: Diarrhoea and/or vomiting currently or in the past 12-72 hours? History of antibiotics in the past 8 weeks? Recent admission to hospital? Suspected or confirmed <i>Clostridium difficile</i> ?			Hand Hygiene PPE e.g. gloves, aprons Increase environmental cleaning and use hypochlorite solutions Clean all equipment regularly with hypochlorite solutions. Inform D/N's, Podiatrist, GP etc of any risks Place laundry into a red soluble bag Dispose of waste correctly Wash all commode pans and urinals in the sluice
Urinary Tract Risks: Suspected or confirmed urinary tract infection (UTI)? Recurrent UTI with risks for multi-resistant organisms egESBL's? History of antibiotics in the past 8 weeks? Urinary catheter currently in situ or inserted in the past 6 weeks?			Hand Hygiene PPE e.g. gloves, aprons Increase environmental cleaning Inform D/N's, Podiatrist, GP etc of any risks Ensure a catheter care plan is in place Receptacles used for emptying catheters should be single use or washed appropriately Dispose of waste correctly

Wound Infection Risks: Suspected/confirmed wound infections including MRSA from exudate from; Lacerations Boils Carbuncles Venous ulcers Pressure Sores Other wounds that are slow to heal			Hand Hygiene Regular observation of skin and document any changes in care plan Inform D/N's, Podiatrist, GP, Tissue Viability etc of any changes PPE when changing bedding/applying creams, changing dressings etc Increase environmental cleaning Collect wound swabs if infection is suspected. Dispose of waste correctly
Blood-Borne Virus (BBV) Risks: Suspected/confirmed BBV e.g. Hep B, Hep C, or HIV? History of IV Drug use?			Hand Hygiene PPE e.g. gloves, aprons, eye protection Increase environmental cleaning Inform D/N's, Podiatrist, GP etc of any risks Dispose of all sharps appropriately Dispose of waste correctly Ensure appropriate policies are in place
Behaviour which increases infection risks: E.g.; Not washing hands Resistance to assistance with personal hygiene Physical Disability Confusion e.g. Alzheimer's, Dementia etc			Promote hand washing (hand wipes) Assist with hygiene where necessary Cohort for outbreaks if unable to isolate individuals
Other Infection Risks: Fever of unknown origin, increased confusion/disorientation? Symptoms with or without any of the above risk factors Transfer from another hospital or care home within the last 6 weeks Previous infections			Liaise with GP, DN's etc. Ensure accurate documentation Look for signs and symptoms of infection e.g. Raised temperature, increased heart rate, increased confusion.

On completion of the assessment:			
What immediate precautions and action will need to be taken?			
Does the client need to be isolated from other residents?	YES	NO	N/A
If unable to isolate client state why and how they would be managed? <i>E.g. if confused, or refuses to follow advice</i>			
Are appropriate referrals made and is treatment commenced promptly?	YES	NO	N/A
Infection Control Nurse Contacted By:		Date:	
Referral made to other professionals: (State which)			
Date:			