

Infection Prevention and Control Risk Assessment (for patients with known or suspected infection that cannot be isolated)

Addressograph Label:
Patient Name and DOB/CHI:



Daily Assessment / Review Required

		C O M M E N T S	DATE						
Daily Assessment Performed by	<i>Initials</i>								
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis.	<i>Please state</i>								
Infection Control Risk, e.g. unable to isolate, unable to close door of isolation room.	<i>Please state</i>								
Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition.	<i>Please state</i>								
Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. <i>Please state</i>									
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy?	<i>Yes / No</i>								
Summary Detail of Resolution									

Daily risk assessments are no longer required

Signed _____
Date _____