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

Daily Assessment / Review Required

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**Daily Assessment Performed by**

*Initials*

**Known or suspected Infection** e.g. unexplained loose stools, MRSA, Group A Strep, *C. difficile*, Influenza, pulmonary tuberculosis.

*Please state*

**Infection Control Risk**, e.g. unable to isolate, unable to close door of isolation room.

*Please state*

**Reason unable to isolate** / close door to isolation room, e.g. falls risk, observation required, clinical condition.

*Please state*

**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.

*Please state*

**Infection Prevention and Control have been informed** of patient’s admission and are aware of inability to adhere to IPC Policy?

*Yes / No*

**Summary Detail of Resolution**

Daily risk assessments are no longer required

Signed ________________________________

Date ________________________________