



Title	Reporting Infection: What to do
Document Type	Protocol
Issue no.	IPCT003/
Version Number	4.1
Issue date	March 2016
Review date	March 2018
Distribution	All NHS Borders Staff
Prepared by	Infection Prevention & Control Team
Developed by	Infection Prevention & Control Team
Reviewed by	Infection Control Committee
Equality & Diversity Impact Assessed	

REPORTING INFECTION: WHAT TO DO

An important element of the control of infection in hospitals and in the community is the Infection Prevention & Control Team being made aware of the existence of and the extent of problems relating to infection. In order that accurate statistical records can be kept and the spread of infection minimised, the instructions below should be followed by all NHS Borders clinical staff.

Laboratory Reporting

The majority of infections requiring intervention by the Infection Prevention & Control Team (IPCT) are identified from specimens sent to the bacteriology/virology laboratory. Regular liaison with the laboratories and provision of good clinical information on the laboratory request is essential in order to identify newly diagnosed patients with infections and to monitor the progress of specimens from existing infected patients.

Ward Based Reporting

There are many infections which are identified by wards, e.g. Varicella zoster virus (VZV) infections, cellulitis. It is extremely important that communication between hospital and community staff and the IPCT is effective. In this way preventative measures can be rapidly implemented and 'infected' and/or susceptible patients isolated to prevent the spread of infection.

As soon as staff in the ward/department are aware of having an infected patient or suspect an infection in a patient, they should contact the IPCT in order to ensure that appropriate control measures are in place or that appropriate advice can be given. It is sometimes also necessary for the IPCT to speak with the infected patient and/or their family in order to identify the source of the infection, identify others affected, give advice on prevention of spread and prevent recurrence of the infection after the patient has been discharged.

Medical staff should report notifiable diseases to the Consultant in Public Health Medicine (CD&EH). Complete the Notifiable Diseases certificate and send to the Public Health Department, Education Centre, BGH ([Health Protection – Notifiable Diseases](#)).

Clinical staff should notify an Infection Control Nurse (ICN):

- before admission of an infected patient or patient at risk of infection (for example following CPE risk assessment)

- on clinical diagnosis of an existing patient becoming infected
- before the transfer of an infected patient to another part of the hospital, another hospital or care facility
- before the discharge of an infected patient
- following the death of an infected patient (See also ["death and the procurator fiscal"](#))

It is also useful to inform the IPCT whenever there is any relevant change in the infective condition of the patient

Out of Hours

For Infection Control advice out of hours, please contact the on-call Microbiologist through switchboard on 826000.

Using the [Infection Control email](#), please also advise the IPCT of any measures that have been implemented prior to any discussion with the on-call microbiologist. Examples of measures being: closure of bay due to Diarrhoea & Vomiting (D&V) or admission of a patient that has been hospitalised outside Scotland in the last 12 months).

Adverse Event Reporting

All staff are required to follow the adverse event reporting policy, which includes Infection Control events.