

**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**

		COMMENTS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
<b>Daily Assessment Performed by</b>	<i>Initials</i>								
<b>Known or suspected Infection</b> e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis.	<i>Please state</i>								
<b>Infection Control Risk</b> , e.g. unable to isolate, unable to close door of isolation room.	<i>Please state</i>								
<b>Reason unable to isolate</b> / close door to isolation room, e.g. falls risk, observation required, clinical condition.	<i>Please state</i>								
<b>Additional Precautions</b> 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>									
<b>Infection Prevention and Control have been informed</b> of patient's admission and are aware of inability to adhere to IPC Policy?	<i>Yes / No</i>								
<b>Summary Detail of Resolution</b>									

**Daily risk assessments are no longer required**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_