

## Appendix C: How to conduct a risk CPE assessment in non-acute settings

<p>At all risk levels ensure:</p> <ul style="list-style-type: none"> <li>• standard infection control precautions are maintained at all times</li> <li>• effective environmental hygiene and cleaning – prevention of faecal and environmental contamination is crucial; remain alert to episodes that risk direct transmission to others and or environmental contamination; ensure timely and thorough cleaning</li> <li>• hygiene advice to individual and family and contacts it is important to inform individuals and those around them to ensure they take appropriate personal hygiene measures to prevent the spread of infection, especially when using the toilet</li> </ul> <p>Risk assessments must include consideration of the care environment, for example nursing care setting, specialist or general-rehabilitation, haemodialysis unit, EMI, dementia care unit, community hospital or hospice, mental health trust, residential care, domiciliary care, or detention centre prison.</p> <p>If the individual is colonised (the presence of bacteria on a body surface, such as skin or gut, without causing disease in the person): single room with en-suite facilities including toilet or designated commode is recommended; where a single room is not available, it is recommended that a designated toilet or commode is made available. No curtailment of communal activities is required where standard precautions and effective environmental hygiene are being maintained and there is no risk of transmission to others.</p> <p>If the individual is infected: conduct a risk assessment with your IPC advisor and or UKHSA contact to discuss possible isolation (with defined end-of-isolation criteria) consider the mental and physical health and wellbeing of the individual when deciding to isolate.</p> <p>Always communicate the positive status of an individual when transferring the individual between care settings.</p>	
Care needs	Guidance for risk assessment
<p><b>High risk</b></p> <p>For example, the individual has:</p> <ul style="list-style-type: none"> <li>• diarrhoea, faecal incontinence, smearing or dirty protests</li> <li>• discharging wound</li> <li>• long term ventilation</li> <li>• confusion and dementia</li> <li>• device(s) in situ</li> <li>• undergoing invasive procedures</li> </ul>	<p>Identify if there is an immediate risk of infecting or contaminating others and the shared environment.</p> <p>Discuss management with GP or clinician in charge, IPC nurse.</p> <p>Consider the mental and physical health and wellbeing of the individual and the level of supervision required.</p>
<p><b>Medium risk</b></p> <p>For example, the individual requires assistance with hygiene, mobility or physical rehabilitation.</p>	<p>No immediate risk of infecting others identified:</p> <ul style="list-style-type: none"> <li>• standard infection control precautions are maintained</li> <li>• hygiene advice is provided to individual and family and contacts as appropriate</li> <li>• maintain effective environmental hygiene</li> </ul> <p>If unsure, contact your usual IPC advisor or UKHSA via the local <a href="#">Health Protection Team</a> or Consultant in Public Health Infection, or local Community IPC Team where available.</p>
<p><b>Low risk</b></p> <p>For example, the individual is independent and self-caring.</p>	