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| Infection Prevention & Control  Support Referral Form  Please forward all forms to the team email account.  [InfectionPrevention@lancashire.gov.uk](mailto:InfectionPrevention@lancashire.gov.uk) |  |

*All forms submitted will be allocated to an IPC specialist within 5 working days. We will try to visit the home and conduct an IPC audit within 10 working days of the referral being allocated and then compile an action plan within 10 working days of the visit. To help us support you, please provide as much information as possible. Please note that not all referrals will automatically be accepted.*

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| Referrer | Please provide your details |
| Full Name | Click here to enter text. |
| Date | Click here to enter text. |
| Relationship | Professional  Member of the Public  Family Member/Guardian  Other  Please Specify Click here to enter text. |
| Designation/Job title | Click here to enter text. |
| Organisation | Click here to enter text. |
| Telephone No. | Click here to enter text. |
| Email Address | Click here to enter text. |

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| Service | Please provide details of the service you are referring |
| Type of Service | Nursing/Residential Home  General Practice  Social Care Provider  Nursery/School  Other  Please Specify Click here to enter text. |
| Name of Service | Click here to enter text. |
| Address | Click here to enter text. |
| Contact Person | Click here to enter text. |
| Designation/Job Title | Click here to enter text. |
| Telephone No. | Click here to enter text. |
| Email Address | Click here to enter text. |

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| Concern | Please provide as much detail as possible |
| Incident Following | Audit  Report  Personal Visit  Outbreak  Safeguarding  Environmental |
| Who is affected | Service users  Persons employed for the purpose of the carrying on of the regulated activity  Others  Please Specify Click here to enter text. |
| Breach /  CQC Outcome 8: Cleanliness and infection control | (a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection;  (b) where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection;  and  (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to—  (i) premises occupied for the purpose of carrying on the regulated activity,  (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity,  and  (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection. |
| Comments | **Please provide a thorough and concise explanation on the incident/issue**  Click here to enter text. |
| Support Requested | Meeting Attendance  Audit/Visit  Audit/Report  Advice  Other  Please Specify Click here to enter text.  Further Comments  Click here to enter text. |
| Has the service/ organisation been informed of the referral? | Yes  No |

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| For Office Use Only |  |
| Date Received |  |
| Confirmation Sent |  |
| Delegated To |  |
| Request Type | Internal  External |
| Further Action Required from the IPC Team | Yes  No  Meeting Attendance  Audit/Visit  Audit/Report  Advice  Other  Please Specify Click here to enter text. |
| Comments | Click here to enter text. |
| Resolution | Click here to enter text. |