

Infection Prevention & Control Support Referral Form



Please forward all forms to the team email account.

All forms submitted will be allocated to an IPC nurse within 5 working days. We will try to visit/contact the service within 10 working days of the referral being allocated and then compile an action plan (if necessary) 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.

For Office Use Only	
Date Received	
Confirmation Sent	
Delegated To	TS <input type="checkbox"/> JM <input type="checkbox"/> CT <input type="checkbox"/> AC <input type="checkbox"/> AW <input type="checkbox"/>
Request Type	Internal <input type="checkbox"/> External <input type="checkbox"/>
Further Action Required from the IPC Team	Yes <input type="checkbox"/> No <input type="checkbox"/> Meeting Attendance <input type="checkbox"/> Audit/Visit <input type="checkbox"/> Audit/Report <input type="checkbox"/> Advice <input type="checkbox"/> Other <input type="checkbox"/> Please Specify Click here to enter text.
Comments	Click here to enter text.
Resolution	Click here to enter text.

Referrer	Please provide your details
Full Name	Click here to enter text.
Relationship	Professional <input type="checkbox"/> Member of the Public <input type="checkbox"/> Family Member/Guardian <input type="checkbox"/> Other <input type="checkbox"/> 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.

Service	Please provide details of the service you are referring
Type of Service	Nursing/Residential Home <input type="checkbox"/> General Practice <input type="checkbox"/> Social Care Provider <input type="checkbox"/> Nursery/School <input type="checkbox"/> Other <input type="checkbox"/> 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.

Concern	Please provide as much detail as possible
Incident Following	Audit <input type="checkbox"/> Report <input type="checkbox"/> Personal Visit <input type="checkbox"/> Outbreak <input type="checkbox"/> Safeguarding <input type="checkbox"/> Environmental <input type="checkbox"/>
Who is affected	Service users <input type="checkbox"/> Persons employed for the purpose of the carrying on of the regulated activity <input type="checkbox"/> Others <input type="checkbox"/> 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; <input type="checkbox"/> (b) where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection; <input type="checkbox"/> 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, <input type="checkbox"/> (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity, <input type="checkbox"/> 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. <input type="checkbox"/>
Comments	Please provide a thorough and concise explanation on the incident/issue Click here to enter text.
Support Requested	Meeting Attendance <input type="checkbox"/> Audit/Visit <input type="checkbox"/> Audit/Report <input type="checkbox"/> Advice <input type="checkbox"/> Other <input type="checkbox"/> Please Specify Click here to enter text. Further Comments Click here to enter text.

Date reviewed- 11/8/2023.

Next review due August 2024.