**Infection Prevention and Control Patient Placement Scoring Tool**



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| **Patient Name:** **CHI:****(attach demographic label)** | **20 or above = High Risk**Nurse patient in isolation, send appropriate samples and apply Transmission Based Precautions (TBPs). Check the relevant policy / protocol (accessible via the IPCT intranet site), and contact the Infection Prevention and Control Team (IPCT) if required |
| **Ward:****Hospital:** | **6-19** **= Medium Risk**Screen/sample, place in isolationor suitable cohort and apply TBPs. Check the relevant policy / protocol (accessible via the IPCT intranet site), and contact the Infection Prevention and Control Team (IPCT) if required | **5** **or less = Low Risk** Does not need isolation precautions or TBPs. Screening/sampling will be required if transferred to a high risk specialty listed in section 2D.  |
| **ASSESSMENT 1 – GENERAL INFECTION (All NHSG inpatient areas within 24 hours of admission / transfer excluding Neonatal Unit)** |
|  | **ASSESSMENT** |
| **Assessments 1 (General), 2 (MRSA) and 3 (Respiratory) are to be completed separately and should not lead to a combined score.****A score should be inserted for each box below during the assessment as the whole number or zero** | Date/time:Ward:Nurse’s sig: | Date/time:Ward:Nurse’s sig: | Date/time:Ward:Nurse’s sig: | Date/time:Ward:Nurse’s sig: |
| **A** | Previous or newly recorded history of Multi-drug resistant organisms, e.g. ESBL, VRE, MRSA, CPE/CRE (patient_alerty, or recorded lab results)  | **6** |  |  |  |  |
| **B** | Clinical suspicion / confirmed infectious cause / 3 x episodes type 6 or 7 (Bristol Stool Chart) diarrhoea or unexplained vomiting within the last 48 hours | **20** |  |  |  |  |
| **C** | No obvious infection but has invasive device, e.g. CVC/PVC/urinary catheter in situ | **2** |  |  |  |  |
| **D** | Non-healed (exudating or purulent) wounds, e.g. leg ulcers or cellulitis | **1** |  |  |  |  |
| **E** | Clinical suspicion/confirmed chicken pox/shingles (Varicella-zoster), measles, mumps, rubella or an unexplained rash  | **20** |  |  |  |  |
| **F** | If transferred into NHSG from another health board or has been hospitalised elsewhere / abroad in the previous 12 months. Isolate on admission & send MDRO admission screen | **20** |  |  |  |  |
|  | **GENERAL INFECTION SCORE** |  |  |  |  |  |

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| **ASSESSMENT 2 – MRSA Screening assessment must be completed within 24 hours of admission within Paediatric HDU, and acute areas within ARI, DG, and WGH**  |

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|  | **ASSESSMENT 2** |
| **A** | Previous recorded history of MRSA( patient_alerty or recorded lab results) | **6** |  | Date/time: |
| **B** | Resident in a care home/institutional setting or transferred from another hospital | **6** |  | Ward: |
| **C** | Wound, ulcer or invasive device prior to admission | **6** |  | Nurse’s Sig: |
| **D** | Admitted to high risk specialty (Cardiology, Cardiothoracic Surgery, Renal Medicine, ITU/HDU, Vascular Surgery and Orthopaedics) | **1** |  |  |
|  | **MRSA SCORE** |  |  |  |

**All relevant screening and placement decisions taken as a result of the scoring obtained from this assessment must be documented on the reverse side of this tool (notes section), or the IP summary within the Electronic Patient Record (EPR)**. **If the benefit of observing a patient(s) in a multi-bedded area, or with the single room door open, due to their clinical condition outweighs the risk of cross-infection the assessment & rationale for this must be clearly documented. All immuno compromised patients will require protective isolation principles applied regardless of PPT score**

**NHSG Patient Placement Tool: Assessment 3, Respiratory Pathway (CRA)**

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| **Patient name:** **CHI:****(attach demographic label)** | **20 or above = High risk respiratory pathway**Nurse patient in isolation, or suitable cohort within respiratory pathway and apply transmission based precautions (TBPs). Check the relevant policy / protocol (accessible via the IPCT intranet site), and contact the Infection Prevention and Control Team (IPCT) if required | **6-19** **= Medium risk respiratory pathway**Nurse patient in isolation, or suitable cohort as respiratory pathway and apply transmission based precautions (TBPs). Check the relevant policy / protocol (accessible via the IPCT intranet site), and contact the Infection Prevention and Control Team (IPCT) if required |
| **Ward:****Hospital:** | **5 or less = Non-respiratory pathway** Does not need isolation precautions or screening/sampling for transmissible respiratory illness. Review if symptoms develop  |  |

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| **ASSESSMENT 3 – Respiratory pathway assessment (All NHSG admission, inpatient and assessment areas)** |

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| **Assessments 1 (General), 2 (MRSA) and 3 (Respiratory) are to be completed separately and should not lead to a combined score.****A score should be inserted for each box below during the assessment as the whole number or zero** |  | Date/time:Ward:Nurse’s sig: | Date/time:Ward:Nurse’s sig: | Date/time:Ward:Nurse’s sig: | Date/time:Ward:Nurse’s sig: |
| **A** | New / recent onset: - SARS-COV2 / COVID 19 symptoms, continuous cough, fever >37.8, loss or change to taste or smell, and /or evidence of a positive SARS-COV2 test (up to and including the previous 14 days) | **20** |  |  |  |  |
| **B** | New / recent onset:- Influenza like illness (ILI) symptoms, fever >37.8 and / or nasal discharge, rhinorrhoea, coughing, sneezing, congestion of lungs or sinuses, sore throat  | **20** |  |  |  |  |
| **C** | Evidence of severe acute respiratory distress and / or clinical suspicion or confirmed airborne /droplet transmissible respiratory infection such as *Mycobacterium tuberculosis* (MTB), influenza (flu A, flu B), SARS-COV2 /COVID 19, Respiratory Syncytial Virus (RSV), Diphtheria, Pertussis (whooping cough) | **20** |  |  |  |  |
| **D** | Viral swab tests positive for SARS-COV2 / COVID-19 e.g. on admission, Day1 or Day 5 screening and was not identified as test exempt, having been positive within proceeding 90 days  | **20** |  |  |  |  |
| **E** | Cannot be immediately triaged for assessment (CRA not currently possible) | **20** |  |  |  |  |
| **F** | Asymptomatic but is identified as either a SARS-COV2 / COVID-19 contact within the preceding 14 days, or has travelled from a country on the current quarantine list in the previous 10 days | **10** |  |  |  |  |
| **G** | Asymptomatic but has been identified an ILI contact within previous 7 days  | **5** |  |  |  |  |
| **H** | Has had no known or recent COVID-19 or ILI contact, nor is there current evidence of COVID-19 or ILI symptoms | **5** |  |  |  |  |
| **I** | Recovered from COVID-19, and has completed the minimum isolation period of 14 days **and** on 2 consecutive days is afebrile, asymptomatic  | **5** |  |  |  |  |
| **J** | An elective admission, with no current symptoms of ILI, and evidence of a negative SARS-CoV-2/ COVID-19 viral swab as per “The Elective IPC Guidance”, who has not been identified as a contact of a COVID -19 / SARS-COV2 in the previous 14 days | **5** |  |  |  |  |
|  | **Respiratory pathway CRA SCORE** |  |  |  |  |  |

**ANY action taken as a result of scoring obtained from this Respiratory pathway clinical risk assessment must be documented on the back of the information sharing & patient placement assessment page or the IP summary within the Electronic Patient Record (EPR)**.

**Assessment 1- General Infection and Assessment 2 - MRSA should also continue to be completed as part of the PPT assessment**

**Information sharing & Patient Placement Assessment: -**

**a) Relevant information should be shared as is appropriate and discussed with patient / relative about:**

* The requirement for admission screening for Healthcare Acquired Infection’s (HAI) / Multi-drug Resistant Organisms

(MDRO) which includes e.g. *Carbapenemase producing Enterobacteriacae* (CPE) and Meticillin Resistant
*Staphylococcus aureus* (MRSA)

* + - * The requirement for isolation and the use of Transmission Based Precautions (TBPs)
			* Organism specific, contact or screening leaflets e.g. (CPE), *Clostridioides difficile* (C-diff), (MRSA)

**b) If the benefit of observing the patient on an open ward, or with the door open due to their clinical condition, outweighs the**

 **risk of cross infection, appropriate placement assessment is required (utilising appropriate protocol documents).**

* The door requires to be left open
* Observation is required in an open bay
* D/W Infection Prevention & Control

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| **Date, time, reference** | **Nursing notes** | **Signature** |
| ***e.g. 12.12.12 15:15*** ***ref; A1,A2, A3*** | ***Discussion undertaken and Mr Kumar informed that he requires isolation precautions applied until swab results are obtained and dependant on these results may continue indefinitely during his hospital stay. Issued MRSA screening leaflet***  | **L Bruce** |
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