**Instructions for the completion of the IPCT Patient Placement Scoring Tool v14 (New section added for Respiratory pathway which incorporates triage)**

**General Information**

This tool is a long standing admission process, intended to assist staff in the decision making process for appropriate patient placement and prevent cross transmission of infection. It should be continually utilised as part of admission, transfer and handover processes.

Guidance on isolation, the treatment and management of specific infections and organisms are contained within the relevant policy / protocol documents on the IPCT intranet site [IPCT intranet](http://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/Pages/default.aspx).

Within the assessments, the scoring allocated to each section is pre-determined to ensure alignment to the appropriate outcome measure. These outcome measures (high, medium or low) will indicate the action required and will signpost clinical staff to the appropriate policy documents, as well as when swabs and samples should be obtained and sent. Within assessment 3 this will also include respiratory triage assessment and allocation to either the respiratory or non-respiratory pathway

Any calculated score(s) should have a corresponding (Same date/time) documentation entry on either the reverse of the form, or within the IP summary of the Electronic Patient Record (EPR). This is the appropriate record keeping method and location for the patient placement risk assessment.

 If the benefit of observing the patient on an open ward, or with their room door open, due to their clinical condition outweighs the risk of cross infection, this must be assessed on patient safety grounds with IPCT awareness and involvement. If deemed appropriate the reasoningmust be clearly communicated, and should also be documented on either the reverse of the form, or within the IP summary of the Electronic Patient Record (EPR). A generic risk assessment is available within the patient placement section of the IPCT Intranet pages to assist with decision making [Transmission versus clinical generic risk assessment](http://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/SICP/Pages/PatientPlacement.aspx).

**Completing the 3 assessments**

**Assessment 1 (General)**

* Undertaken on admission, and completed within the first 24 hours, throughout NHSG (excluding the Neonatal Unit)
* The general assessment is repeated on transfer to another clinical area or if there is a relevant change e.g. infectious symptoms start / stop or secondary to relevant laboratory results.
* A positive score for section 1A and / or 1F should always lead to swab samples being obtained and sent for screening as per appropriate local and national policy. These sections incorporate the necessary clinical risk assessment for the identification and management of multi drug resistant organisms (MDROs) including Carbapenemase Producing Enterobacteriaceae (CPE) and are an assurance mechanism for NHS Grampian compliance with the mandatory national MDRO Healthcare Associated Infection (HAI) admissions screening requirements

**Assessment 2 (MRSA)**

* Undertaken on admission, and completed within the first 24 hours throughout NHSG
* The MRSA assessment must be repeated on any transfer to areas identified as “high risk” for MRSA , which include Cardiology, Cardiothoracic, Renal Medicine, ITU/HDU, Vascular and Orthopedics
* This assessment section incorporates the necessary clinical risk assessment for the identification and management of MRSA and is an assurance mechanism for NHS Grampian compliance with the mandatory national MRSA Healthcare Associated Infection (HAI) admissions screening requirements

**Assessment 3 (Respiratory Pathway)**

* Undertaken at the front door and on or at admission throughout NHSG (excluding the neonatal unit)
* The respiratory assessment is repeated on transfer to another clinical area or if there is a relevant change e.g. infectious symptoms start / stop, secondary to relevant laboratory results, or the minimum stipulated isolation period has ended and the patient can step down
* The respiratory assessment incorporates the respiratory triage questions to enable NHSG compliance with the current Winter Respiratory Infections in Health and care setting’s IPC addendum

**For the 3 x assessments General, MRSA & Respiratory**

* Scoring should be kept separate giving the patient 3 assessment scores. They should not be added or combined.
* The allocated score for each box or a zero score should be recorded and the final score obtained for that assessment by adding these together.
* Once the score for the respiratory assessment is known the patient should be allocated as either requiring the respiratory or non-respiratory pathway. This is relevant for all patients to determine appropriate placement allocation, and the requirement (or not) for the application of droplet or airborne Transmission Based Precautions (TBPs) and screening and sampling.
* Once the relevant score for the General and MRSA assessments are known, the requirement for the application of TBPs (or not) can be determined and applied. This will guide appropriate placement allocation and the requirement for screening and sampling.
* Any Patients who have > 1 infection risk cannot be cohorted with others