Addit	ional Patient Ris	3	4	Score	Score R/\
nism	Two organisms	Three Organisms or more	Multidrug resistant Pseudomonas, Acinetobacter, MBL, KPC or CRE	Score	ocore in
			MUST HAVE SINGLE ROOM		
d with or able ed	Single wound with drain tube Multiple wounds but able to be contained Small skin shedding	Large or Multiple wounds difficult to contain VACC dressing Disseminated skin	Heavily exudating wounds unable / difficult to contain		
	lesions	shedding lesions	SINGLE ROOM		
f urine ith	Incontinent of urine / faeces Difficult to contain No diarrhoea	Diarrhoea and continent	Diarrhoea and incontinent or fluid stoma		
ius.	No diaminoea		MUST HAVE SINGLE ROOM		
	Productive cough with moderate sputum	Tracheostomy or Copious sputum			
	Confused and wandering Non- compliant				
			Recent (within 12 months) Treatment overnight in or a direct transfer from an Overseas Healthcare Facility		
Env	ironmental Risk	Factors			
ission	Mixed Medical and Surgical	Surgical admission / Surgical rehab	High Risk - Haematology Oncology ICU		
			TOTAL SCORE:		

Sex:

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*Patients with MROs may ambulate around share							

Peninsula Health

Points

Multi-resistant Organism types Identified

Wound / Skin

Shedding

Lesions or

Conditions

Continence

Respiratory

Cognitive

Transfer from

State

other healthcare facility

Likely

Inpatient

Setting

Number of

MULTI RESISTANT ORGANISM (MRO) Risk Of Infectious Organism Transmission (RIOT) Scale

Identified MRO(s):

One organism

Single wound with

no exudate or able

Incontinent of urine

Contained with

IDC, Stoma No diarrhoea

continence aids.

Medical admission

/ faeces

to be contained

0

Nil Wounds

Continent

Nil sputum

Nil impairment

Within Australia

HITH

Assessor

d care ar aids and perform hand hygiene on exiting their room. Communal activities - Consult IPaCU. Standard precautions apply to all patients at all times including Hand Hygiene before and after patient contact and contact with their environment. All shared equipment should be cleaned between patients. Additional precautions are to be applied as per the table below.

DATE OF BIRTH

Please fill in if no Patient Label available

Score (circle)	Sign on door / near bedspace	Single Room with en-suite	Trolley with additional PPE	Divercleanse or disinfectant wipes for cleaning equipment	Plastic Apron	Yellow Gown	Gloves	Operating Theatre management	Comments
4 = Low Risk	√ Yellow		✓	✓	D	NO	S	S	"D" - Direct patient care "S" - Standard precautions, can go to Pre-op
5 - 8 = Moderate Risk	√ Yellow	✓	✓	✓	D	NO	s	D P	Single room unless discussed with IPaCU " P " Can go to Pre-op and PACU 1:1 nurse
9+ = High Risk	√ Red	✓	✓	✓	NO	E	E	т	Must have single room "E" - To enter room "T" - Transport direct to Theatre, Double Staff, Recover in Theatre, Transport direct to ward

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Date / Time

MULTI RESISTANT ORGANISM (MRO) RISK OF INFECTIOUS ORGANISM TRANSMISSION (RIOT) SCALE cont.



Standard Precautions

Standard precautions apply for all patients at all times and relate to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain blood; (3) non intact skin; and (4) mucous membranes.

Standard Precautions include:

- Hand hygiene before and after contact with patient/resident/client or their environment.
- Aseptic technique when performing any invasive procedures
- Use of PPE appropriate to task e.g goggles, gloves, mask, aprons and gowns
- Cleaning, disinfection and sterilisation of healthcare equipment and environment
- Appropriate disposal of waste

Additional Precautions

Are used in addition to standard precautions and are tailored to the particular infectious agent involved and its mode of transmission.

Additional precautions may include:

- Placement of alerts in medical records and signs at the bedside
- Placement in a single room with own en-suite
- Use of additional PPE e.g. masks, aprons, gloves and gowns when entering room
- Enhanced cleaning using disinfection agents as well as detergents
- Use of specialised room with separated airflow and ventilation systems e.g.negative pressure room

Direct Patient Care

In relation to the RIOT score recommendations, "Direct Patient Care" is care that will involve extensive physical contact with the patient or their environment.

This may include:

- Assisting with pressure area care
- Performing hygiene e.g baths, mouth care
- Respiratory care e.g nasopharyngeal suctioning
- Transfers from bed to chair or commode etc.
- Dressings / wound care and management
- Changing bed linen
- Cleaning patient environment post discharge

It generally does not include:

- Medication administration
- Taking vital signs
- Adjusting IV pumps

Assessor Signature Designation Date / Time