

# Assignment of Hospital/Resident Rooms

## 1. Introduction

### 1.1. Purpose

The purpose of this policy is to ensure that patients and residents are placed in the most appropriate accommodation possible to provide the best possible care while supporting the patient or resident's sense of dignity, privacy and safety.

### 1.2. Scope

The policy applies to all Providence Health Care (PHC) facilities.

## 2. Policy

Due to the shortage of private rooms at all PHC facilities, assignment of hospital and residential rooms must be done using a risk managed approach. Factors to consider when determining risk include, but are not limited to: isolation requirements; safety; the need for enhanced observation or supervision and the availability of ceiling lifts.

### 2.1. Room Assignment

Room assignments must be appropriate to the patient or resident's clinical needs. Review PHC Infection Prevention and Control Guidelines for Patient Placement in conjunction with this document.

Decisions about room assignment must take into consideration the resources available, the personal characteristics of the patient or resident and the proposed roommates, and the professional judgement of the staff members.

Room assignments should be reviewed daily or as necessary to ensure they remain appropriate.

When cohorting is unavoidable, the bed assignment should be determined using the following principles (in priority order):

1. Respiratory isolation (airborne precautions)
2. Safety
3. Clinical instability
4. Other isolation
5. Behavioural issues
6. Gender

Strict adherence to appropriate isolation precautions is mandatory whenever cohorting cannot be avoided.

Patients or residents who pose a safety risk to others should not be placed in shared accommodation.

Implementation of the over-capacity protocol must be done in alignment with this policy.

If adherence to the above principles is unachievable, the attached table (Appendix A) can be used to help inform the best decision in the circumstances.

### 3. Responsibilities

Unit staff are to review room assignments daily and make necessary bed moves in conformance with this policy.

Clinical coordinators must ensure that patient and resident admissions and transfers are done in compliance with this policy.

### 4. Supporting Documents

#### 4.1. Related Policies

British Columbia Ministry of Health Policy. Assignment of Hospital Rooms to Support Patient Privacy, Dignity and Safety, April 2012.

#### 4.2. Guidelines/Procedures/Forms

[PHC Infection Prevention and Control Guidelines for Patient Placement, December 2011.](#)

[VCH Infection Control Manual](#)

[VIHA Infection Prevention and Control Best Practice Guidelines.](#)

### 5. Definitions

**“Safety”** for the purpose of this policy, is in reference to the vulnerability of a patient to physical or sexual assault. If the patient is alert, mentally competent and physically able to summon assistance they are more likely to be able to maintain their own safety.

**“Behavioural issue”** is used to describe behaviour that could be considered intrusive or offensive by some people, but is not inherently violent. Examples of behavioural issues include public nudity, stealing use of offensive language, and lack of personal hygiene.

### 6. Appendix

[Appendix A: Assessment Tool for Transmission-Based Precautions and Patient Placement for Clinical Syndromes and Conditions](#)

## Appendix A: Assessment Tool for Transmission-Based Precautions and Patient Placement for Clinical Syndromes and Conditions

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### Assessment Tool for Transmission-Based Precautions and Patient Placement for Clinical Syndromes and Conditions

This tool is to help assess patients' clinical syndromes or conditions that require admission, to guide transmission-based precautions application, optimal patient placement and to reduce the risk of transmission of infectious organisms. These general recommendations are meant to prompt and augment clinical judgment.

A. Clinical Syndromes or Conditions Patients meeting the description of clinical symptoms, conditions or potential pathogen in columns A or B, require the listed Transmission Based Precaution and room allocations	B. Potential Pathogen	Precautions In priority order	Preferred Accommodation: Single room	Acceptable Accommodation: Cohorting	Overcapacity Accommodation: Mixing
<b>Rashes, Fever and Severe Respiratory Syndromes:</b> <input type="checkbox"/> <b>Chicken Pox</b> , disseminated vesicles <input type="checkbox"/> <b>Shingles</b> <input type="checkbox"/> <b>Immunocompromised</b> patient with local rash/vesicles <input type="checkbox"/> <b>Immuno-competent</b> patient with disseminated rash/vesicles that can not be contained or vesicles around air way, until all lesions dry and crusted	Multiple possible causes  Chicken Pox  Varicella Zoster Virus	<b>Airborne and Contact</b>	Single room with negative pressure	Private room (until room with negative pressure is available)	<b>No</b>
<input type="checkbox"/> <b>Respiratory Infections:</b> Chronic cough, fever, weight loss, infiltrate on CXR, a high-risk population for TB disease:  <input type="checkbox"/> Fever, coryza, maculopapular skin rash.	Tuberculosis (TB)  Measles	<b>Airborne</b>	Single room with negative pressure	Private room (until room with negative pressure is available)	<b>No</b>
<input type="checkbox"/> <b>Respiratory Infections:</b> Abrupt onset cough, fever, general muscle ache, weakness especially during November to April.  <input type="checkbox"/> <b>Skin or Wound Infections:</b> Rapid onset skin and muscle necrosis	Influenza,  Invasive Group A Streptococcus (IGAS)	<b>Droplet and Contact</b>	Single room	Cohorted with patients with lab confirmed influenza or, Semi private room with 1-2 meter space and curtains closed.	<b>Yes</b> Room with 1-2 meter space between patients and curtains closed.
<input type="checkbox"/> <b>Respiratory Infections:</b> Chronic productive cough with copious drainage.  <input type="checkbox"/> <b>Patient Compliance:</b> Productive cough with poor hygiene, or unable to follow cough etiquette.  <input type="checkbox"/> <b>Meningitis:</b> Stiff neck, fever, headache	Respiratory viruses, Pertussis,  <i>Neisseria meningitidis</i> ,	<b>Droplet</b>	Single room	Cohorted with patients with the same lab confirmed organism or, Semi-private with 1-2 meter space and curtains closed.	<b>Yes</b> Room with 1-2 meter space between patients and curtains closed.

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<input type="checkbox"/> <b>Acute Uncontrolled Diarrhea:</b> With a likely infectious cause especially in an incontinent or diapered patient or patient with recent history of antibiotic use  <input type="checkbox"/> <b>Draining Skin or Wound infections:</b> Abscess or draining wounds that cannot be covered or contained.  <input type="checkbox"/> <b>Parasites:</b> Red welts, itchy skin, visible organisms at hair line, between fingers or skin folds.	Enteric pathogens: <i>C. difficile</i> , <i>Salmonella</i> , <i>Shigella</i> , norovirus, etc. GAS, <i>Staphylococcus aureus</i> , MRSA, VRE Lice, Scabies	<b>Contact</b>	Single room	<b>Cohort <u>all</u> roommates</b> with lab confirmed same organism	<b>No</b> Use <a href="#">CDI algorithm</a> when private or cohort room not available to prioritize patients for private rooms
<input type="checkbox"/> <b>Antibiotic Resistant Organism (ARO) Alert:</b> Patient has a known MRSA or VRE alert on their electronic record (SCM). <input type="checkbox"/> <b>Patient Non-compliance:</b> Uncontrolled cough or wound drainage and patient's hygiene is poor and is unable or unwilling to follow precautions directions.	VRE MRSA	<b>Contact</b>	Single room	<b>Cohort <u>all</u> roommates</b> with lab confirmed same organism	<b>No</b>
<input type="checkbox"/> <b>Antibiotic Resistant Organism (ARO) Alert:</b> Patient has a known MRSA or VRE alert on their electronic record (SCM). <input type="checkbox"/> <b>Patient Compliance:</b> <u>Able to</u> follow precautions directions Contained wound drainage	VRE MRSA	<b>Contact</b>	Single room	<b>Cohort <u>all</u> roommates</b> with lab confirmed same organism	<b>No</b> Use <a href="#">MRSA algorithm</a> , or <a href="#">VRE algorithm</a> when private or cohort room not available to prioritize patients for private rooms

#### Reference

[Ontario, Provincial Infectious Diseases Advisory Committee \(PIDAC\) Routine Practices and Additional Precautions in All Health Care Settings, July 2011](#)