

# **Patient Placement Guideline - Infection Control**

# **Site Applicability**

**PHC Acute Care Sites** 

# **Practice Level**

RN/RPN, LPN, Clinical Nurse Leader, Bed Placement Coordinator, Clinical Site Coordinator, Infection Prevention and Control Practitioners, Physicians and Nurse Practitioners

## **Standards**

Patients admitted to acute care who are placed on <u>Additional Precautions</u> should be prioritized for private rooms whenever possible. Aside from Infection Prevention and Control (IPAC), other indications for a private room are specified in the <u>Assignment of Hospital/Resident Rooms Policy</u>.

Patients requiring Airborne or Airborne and Contact Precautions will be placed in a private, negative pressure <u>Airborne Infection Isolation Room</u> (AIIR) as soon as possible.

Patients with a confirmed <u>Carbapenemase Producing Organism (CPO)</u> or <u>Candida auris</u> will be placed in a private room on Contact Precautions.

When there are more patients requiring private rooms than what are available, priority placement should be given per the guidelines included in this document or in consultation with the IPAC team.

## Guideline

Private rooms should be prioritized for patients who have (listed in order of priority; see Appendix A):

- 1. Airborne or Airborne and Contact Precautions (negative pressure AIIR required; refer to Appendix B if AIIR not immediately available)
  - Examples: Pulmonary TB, measles, chickenpox, disseminated shingles, COVID-19
- 2. Confirmed CPO or Candida auris (private room with dedicated bathroom required)
- 3. Confirmed *C. difficile* or norovirus
- 4. Droplet or Droplet and Contact Precautions
  - Examples: Influenza, RSV, mumps, invasive Group A Streptococcus, meningitis
- 5. Contact or Contact Plus Precautions for a reason not listed above
  - Examples: MRSA, VRE, localized shingles in immunocompetent patient, scabies, Shigella, suspected infectious diarrhea

This material has been prepared solely for use at Providence Health Care (PHC). PHC accepts no responsibility for use of this material by any person or organization not associated with PHC. A printed copy of this document may not reflect the current electronic version.

Effective date: 19/OCT/2022 Page 1 of 7



#### **GUIDELINE**

In some cases, a patient may warrant a higher need for a private room when there is an increased risk of disease transmission. This could include patients who:

- Have fecal incontinence not contained by incontinence products
- Have uncontained wound drainage or secretions/excretions
- Visibly soil the environment or who cannot maintain appropriate hygiene, including respiratory hygiene
- Have an extremely infectious condition as identified by IPAC

Excluding situations when absolutely required (i.e., Airborne or Airborne and Contact Precautions, confirmed CPO or *Candida auris*), if a private room is not available, measures that can be taken in shared rooms to limit the risk of disease transmission include:

- <u>Cohorting</u> patients in a shared room who have the same infection but not other infections (e.g., MRSA with MRSA, *C. difficile* with *C. difficile*, etc.). Some diseases should not be cohorted (e.g., CPO). Contact IPAC if private rooms are not available to determine if cohorting is possible.
- Maintain a two metre separation between patients requiring Droplet or Droplet and Contact Precautions and keep privacy curtains closed around the bed.
- Ensure segregated toileting is available for patients with a gastrointestinal infection requiring Contact Plus Precautions (e.g., *C. difficile*, norovirus).
- Avoid admitting roommates who would be especially vulnerable to infection or have severe
  consequences of an infection in the same room as a patient with an active infection/colonization
  requiring Additional Precautions.

As patients are screened for <u>Antibiotic Resistant Organisms (ARO) on admission to Acute Care</u> (i.e., <u>MRSA</u>, <u>VRE</u>, and <u>CPO</u>), the indication for Additional Precautions and placement in a private room may depend on known history of <u>ARO</u>s, the presence of certain ARO risk factors, and results of ARO screening swabs. Refer to <u>Appendix C</u> for recommendations on precautions and placement during the ARO screening process.

#### **Related Documents**

#### **Additional Precautions**

- B-00-07-13084 Airborne and Contact Precautions Infection Control
- B-00-07-13028 Airborne Precautions Infection Control
- B-00-07-13074 Contact Plus Precautions Infection Control
- B-00-07-13029 Contact Precautions Infection Control
- B-00-07-13079 Droplet and Contact Precautions Infection Control
- B-00-07-13030 Droplet Precautions Infection Control

#### **Diseases and Conditions**

- B-00-14-13002 Candida auris (C. auris): Fact Sheet for Staff involved in Direct Patient Care
- B-00-07-13066 Carbapenemase Producing Organisms (CPO)

This material has been prepared solely for use at Providence Health Care (PHC). PHC accepts no responsibility for use of this material by any person or organization not associated with PHC. A printed copy of this document may not reflect the current electronic version.

Effective date: 19/OCT/2022 Page 2 of 7



#### **GUIDELINE**

- B-00-07-13010 Clostridium difficile
- <u>B-00-07-13015</u> Methicillin Resistant Staphylococcus aureus (MRSA)
- B-00-07-13085 Norovirus
- <u>B-00-07-13016</u> Vancomycin Resistant Enterococci (VRE)

#### Other Related Policies and Guidelines

- <u>B-00-07-13001</u> Antibiotic Resistant Organisms Screening Acute Care
- B-00-11-10205 Assignment of Hospital/Resident Rooms Policy

# References

Centers for Disease Control and Prevention. (2022). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Retrieved from <a href="https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf">https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf</a>

Public Health Agency of Canada. (2017). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from <a href="https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html">https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html</a>

# **Definitions**

"Airborne Infection Isolation Rooms (AIIR)" are single-occupancy, negative pressure rooms specifically designed to safely accommodate patients with active respiratory infections requiring Airborne or Airborne and Contact Precautions.

"Antimicrobial-resistant organisms (AROs)" are microorganisms that have developed resistance to the action of several antimicrobial agents and that are of special clinical or epidemiological significance (e.g., MRSA, VRE, ESBL, CPO).

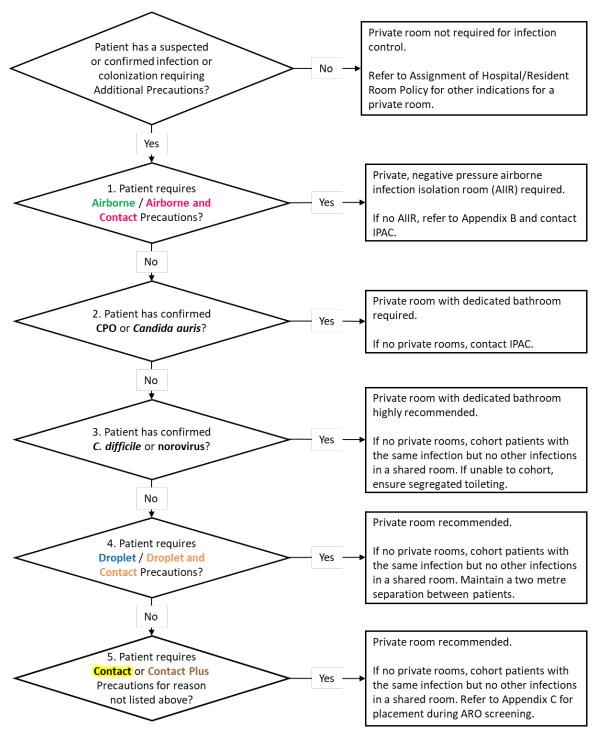
"Cohorting" refers to the practice of placing patients who have the same infection or colonization (but no other infections) in the same shared room.

Effective date: 19/OCT/2022 Page 3 of 7





# Appendix A: IPAC prioritization for private rooms



\*NOTE - certain factors may warrant a higher need for a private room than rankings above (e.g., fecal incontinence not contained by incontinence products, uncontained wound drainage or excretions). Contact IPAC for assistance.

This material has been prepared solely for use at Providence Health Care (PHC). PHC accepts no responsibility for use of this material by any person or organization not associated with PHC. A printed copy of this document may not reflect the current electronic version.

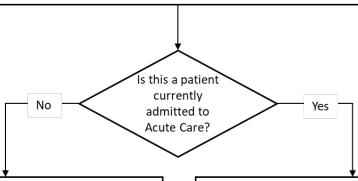
Effective date: 19/OCT/2022 Page 4 of 7



# Appendix B: Patients requiring Airborne Precautions in the absence of an available AIIR

<u>Patient/resident determined to need Airborne or Airborne and Contact Precautions for confirmed/suspected infection, but no AIIR is available:</u>

- 1. Apply a medical/procedure mask to the patient/resident (can be removed once in an AIIR).
- 2. Staff to use Airborne / Airborne and Contact Precautions (dependent on the pathogen), including wearing a fit-tested N95 respirator.



- 3. Place the patient/resident in a space that can be enclosed (ranked in order of priority):
  - i. Private room with door closed.
  - ii. Semiprivate room with no other patients/residents and door closed.
  - iii. Non-care space with door closed. Ensure appropriate safety equipment is available.
- 4. Place Airborne / Airborne and Contact Precautions sign on the door.
- 5. Contact IPAC.

- 3. Can an AIIR on the unit be made available?
  - If yes, relocate patient(s) not requiring Airborne / Airborne and Contact Precautions but currently occupying AIIR to other room.
  - If no AIIR available on unit, place patient in vacant private room (or semiprivate room with no other patients) immediately and close the door.
- 4. Place Airborne / Airborne and Contact Precaution sign on the door.
- Contact IPAC and Clinical Site Coordinators.

# After transfer or discharge of patient/resident on Airborne or Airborne and Contact Precautions:

- If patient/resident must be transferred to a facility/unit with available AIIR, keep patient in enclosed room with medical/procedure mask on until transfer, and mask is to remain on during transport. Ensure transport team and receiving facility/unit are aware of patient/resident's status.
- After the patient/resident vacates a non-AIIR (i.e., on transfer or discharge), keep the room vacant with door closed for 1 hour if in Acute Care or 2 hours in all other facilities. Keep
   Airborne / Airborne and Contact Precaution sign in place until air settle time has elapsed.

   Persons entering the room prior to air settle time must wear fit-tested N95 respirator.

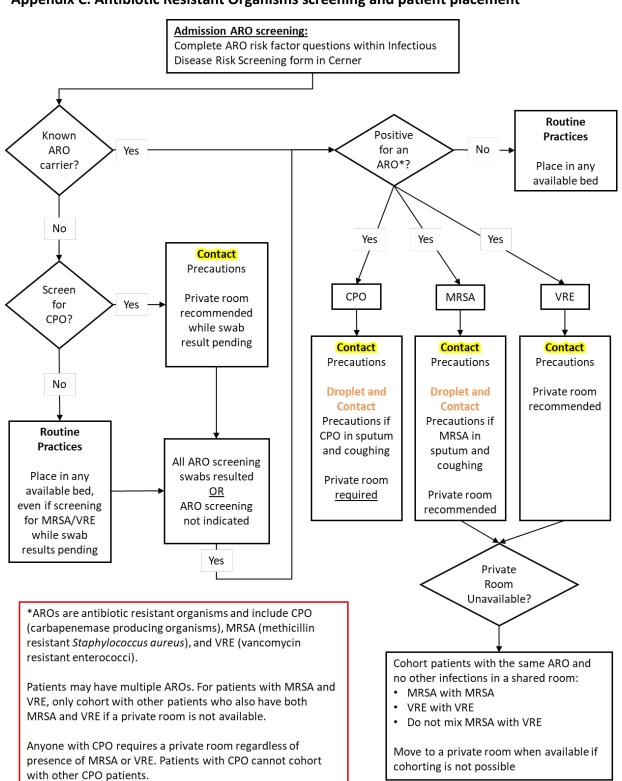
This material has been prepared solely for use at Providence Health Care (PHC). PHC accepts no responsibility for use of this material by any person or organization not associated with PHC. A printed copy of this document may not reflect the current electronic version.

Effective date: 19/OCT/2022 Page 5 of 7





# Appendix C: Antibiotic Resistant Organisms screening and patient placement



This material has been prepared solely for use at Providence Health Care (PHC). PHC accepts no responsibility for use of this material by any person or organization not associated with PHC. A printed copy of this document may not reflect the current electronic version.

Effective date: 19/OCT/2022 Page 6 of 7



## **GUIDELINE**

First Released Date:	19-OCT-2022
Posted Date:	19-OCT-2022
Last Revised:	19-OCT-2022
Last Reviewed:	19-OCT-2022
Approved By: (committee or position)	PHC IPAC Standards Committee
Owners: (optional)	PHC IPAC

Effective date: 19/OCT/2022 Page 7 of 7