

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 [Additional Precautions](#) 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 [Assignment of Hospital/Resident Rooms Policy](#).

Patients requiring Airborne or Airborne and Contact Precautions will be placed in a private, negative pressure [Airborne Infection Isolation Room](#) (AIIR) as soon as possible.

Patients with a confirmed [Carbapenemase Producing Organism \(CPO\)](#) or [Candida auris](#) 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

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:

- [Cohorting](#) 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 [Antibiotic Resistant Organisms \(ARO\) on admission to Acute Care](#) (i.e., MRSA, VRE, and CPO), the indication for Additional Precautions and placement in a private room may depend on known history of AROs, the presence of certain ARO risk factors, and results of ARO screening swabs. Refer to [Appendix C](#) 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)

- [B-00-07-13010](#) - Clostridium difficile
- [B-00-07-13015](#) - Methicillin Resistant *Staphylococcus aureus* (MRSA)
- [B-00-07-13085](#) - Norovirus
- [B-00-07-13016](#) - Vancomycin Resistant Enterococci (VRE)

Other Related Policies and Guidelines

- [B-00-07-13001](#) - 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 <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- Public Health Agency of Canada. (2017). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>

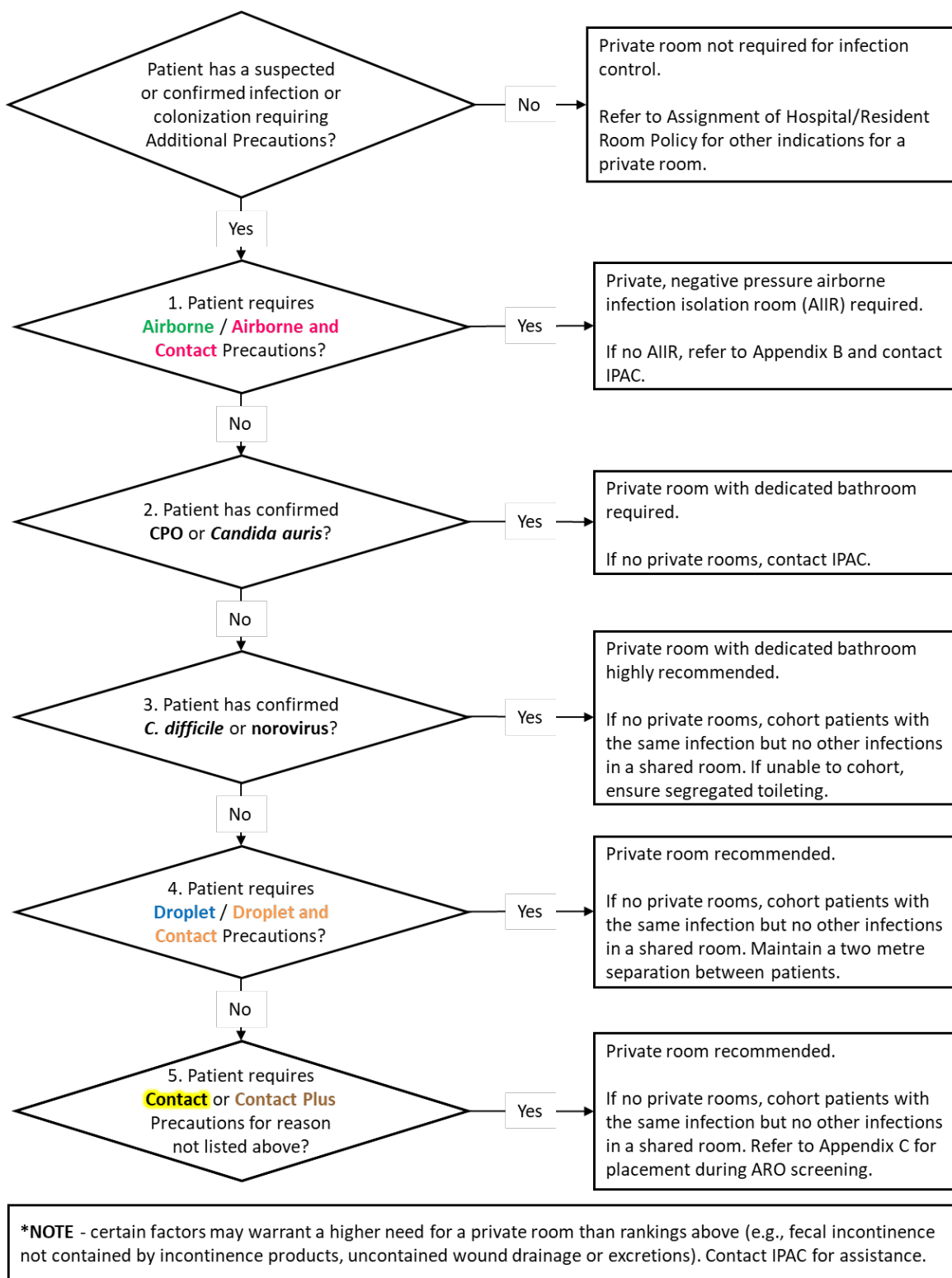
Definitions

“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.

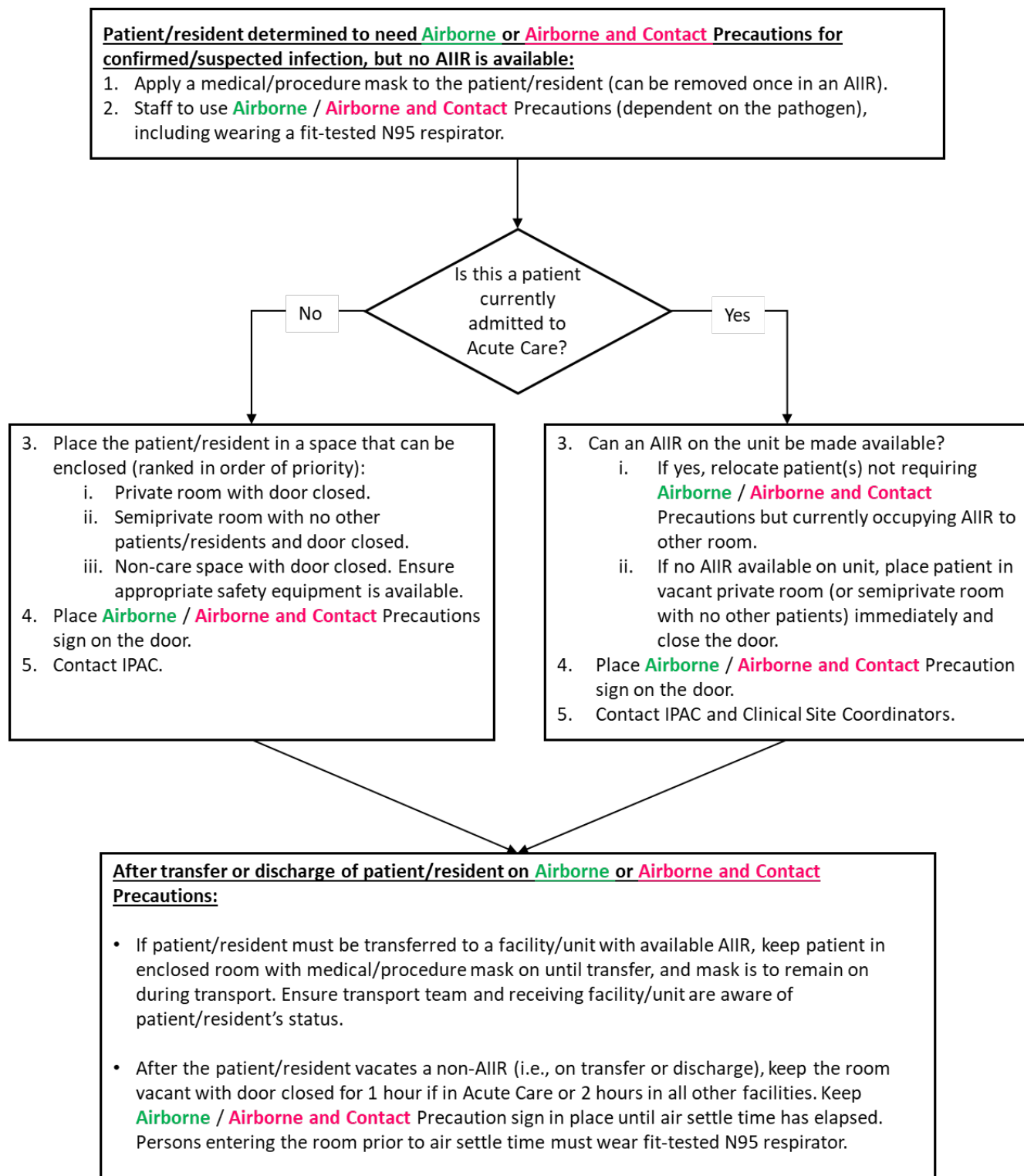
“Antimicrobial-resistant organisms (AROs)” are microorganisms that have developed resistance to the action of several antimicrobial agents and that are of special clinical or epidemiological significance (e.g., MRSA, VRE, ESBL, CPO).

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

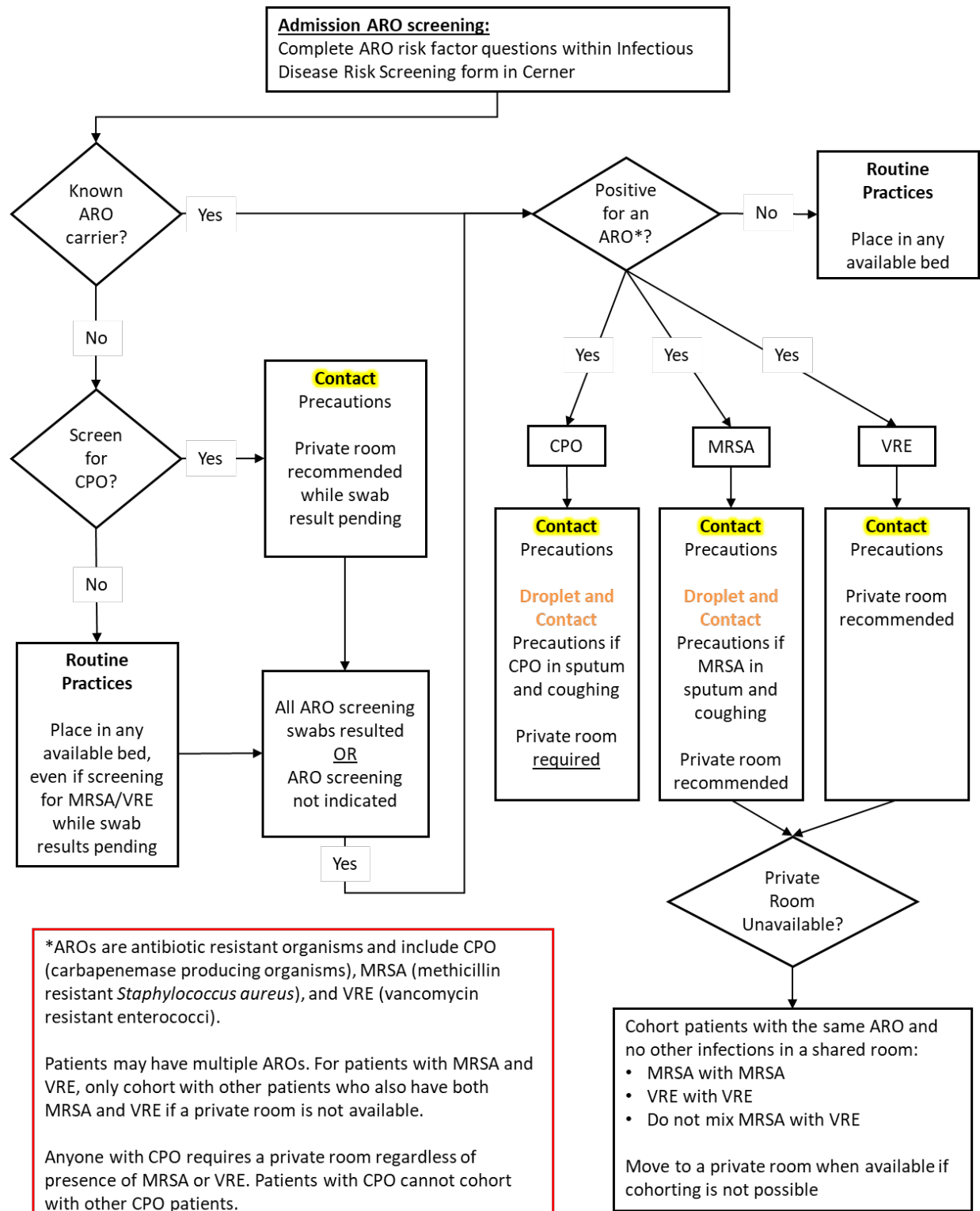
Appendix A: IPAC prioritization for private rooms



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



Appendix C: Antibiotic Resistant Organisms screening and patient placement



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