



Bed Placement for Patients on Additional Precautions

Outlines expected best practice related to Infection Prevention & Control with allowance for professional judgement

Purpose:	<ul style="list-style-type: none"> To promote and support a safe environment for patients, visitors and health care providers when there is a lack of single rooms available for patients in need of additional precautions. To implement patient cohorting when requirements for single rooms exceed capacity. To use patient cohorting strategies to help reduce the transmission of pathogens and health care acquired infections.
Scope:	<ul style="list-style-type: none"> Applicable to all healthcare providers working in acute and long term care. To determine best practices for the placement of patients on additional precautions.
Outcomes:	<ul style="list-style-type: none"> To reduce and control the transmission of pathogens and health care acquired infections.

1. Best Practice

Patients are placed on additional precautions when they have the potential to spread illness or infections to other individuals. Ensuring proper patient placement is one way to mitigate the risk to others.

1.2 Patient Placement in Private rooms

- Implement patient placement priorities when private rooms are limited and additional precautions are needed.
- When limited private rooms are available, priority placement preferences for private rooms are as follows:
 - Airborne or Airborne/Contact Precautions (e.g. TB, Measles, Chickenpox, COVID-19 positive who requires an AGMP).
 - Confirmed COVID-19 positive patients, OR High Risk Person Under Investigation (PUI) for COVID-19; or other new emerging illness (e.g. MERS-CoV, Ebola, or other emerging pandemic influenza).
 - CPO (colonized or infected) OR existing CPO Alert OR individual considered high risk, pending results.
 - Clostridium difficile infection (CDI).
 - Norovirus infection/vomiting NYD.
 - Confirmed Influenza OR Low-Risk PUI.
 - Diarrhea not yet diagnosed (>3 episodes in 24 hours).
 - ARO infections (e.g. MRSA, VRE, ESBL).
 - Multiple ARO colonization.
 - MRSA colonization.
 - Infestation or other infectious illness (e.g. head lice, scabies, localized shingles, or conjunctivitis).
 - Low risk individual pending CPO results.

1.3 Patient Cohorting

- In situations where a private room is unavailable, complete a point of care risk assessment to determine which patients would be appropriate for cohorting. Assess unit care needs and potential bed moves to be made.
- Priority for patient cohorting should go to patients who have the same lab confirmed organism.
- Preference should be given to cohorting droplet patients together rather than mixing a patient on droplet precautions with a patient on contact precautions.

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2. Definitions

- ARO: microorganisms that have developed **resistance** to the action of several **antimicrobial** agents and that is of special clinical or epidemiological significance.
- CPO: Carbapenemase Producing Organisms refers to bacteria such as *Klebsiella*, *Escherichia coli* (*E. coli*), *Acinetobacter*, and *Pseudomonas*, that are found in normal human intestines. In some parts of the world this group of bacteria have acquired genes that make them resistant to a broad spectrum type of antibiotics including those known as carbapenem antibiotics.
- High Risk PUI: those identified as having an exposure to a confirmed COVID-19 positive person as directed by public health/infection control OR incoming international travel within the last 14 days.
- MRSA: Methicillin-resistant Staphylococcus aureus infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections.
- PPE: specialized protective wearable gear that minimizes one's exposure to sources of illness. Helps to inhibit the spread of infection to others.

3. References

- Infection prevention and control for COVID-19: Interim guidance for long term care homes. (2020) Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a7>
- Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community. BCCDC (2020). http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf
- IPC Cohorting Recommendations for COVID-19 in Acute Care. (2020) Alberta Health Services. <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid-desqnd-unit.pdf>
- Routine practices and additional precautions for preventing the transmission of infection in healthcare settings. (2013) Public Health Agency of Canada. http://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf

4. Resources

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