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PATIENT PLACEMENT GUIDELINES

PURPOSE

The purpose of this policy is to describe guidelines for use by access and patient care personnel and the Operations Supervisors when assigning rooms to patients who are infected with communicable diseases or colonized with antibiotic-resistant bacteria, or other epidemiologically significant organisms; thereby minimizing the risk to patients, healthcare workers, and visitors of acquiring a nosocomial infection. These guidelines are congruent with the *Isolation Precautions* policy.

GENERAL PRINCIPLES

1. In general it is safer to over isolate than to under isolate, particularly when the diagnosis is uncertain and several diseases are seriously being considered. For the patient who appears to have or is suspected of having a disease requiring Airborne Precautions, Airborne & Contact Precautions, or Special Airborne & Contact Precautions, it is important to institute appropriate isolation immediately rather than waiting for confirmation of the diagnosis.
2. All patients who are placed in isolation precautions require a private room.
3. When a patient is placed in isolation precautions this must be documented in the medical record including isolation duration.
4. Consult the patient's history and physical and/or the medical record to determine if the patient has a history of MRSA / VRE colonization / infection or *Clostridium difficile*-associated diarrhea/disease (CDAD).
5. When rooms are designated for *Contact Precautions* and/or *Droplet Precautions*, these rooms do not need to be in continuous pods.
6. **Cohorting of patients who require isolation precautions requires approval from Infection Control personnel.**
7. During outbreak situations the Hospital Epidemiologist may extend isolation precautions for defined patient cohorts/nursing units.

PATIENT PLACEMENT ASSESSMENT CRITERIA

1. **Patients Requiring Negative Air Pressure In Private Room**

Negative Pressure Isolation Rooms
710, 711, 712, 610, 611, 612, 304, 305
L&D 221, L II Nursery 5, MICU 6, SICU 12 ED Ortho Room, PACU Room 8

AIRBORNE PRECAUTIONS

Measles (Rubeola)
Active disease or during 5th – 21st day after exposure if nonimmune

Tuberculosis
Pulmonary, laryngeal
Draining abscess or lesion
AFB-positive sputum
Receiving current TB treatment

IDENTIFICATION OF PATIENTS WHO MAY HAVE TUBERCULOSIS (TB SCREEN)

A diagnosis of tuberculosis should be considered for any patient who has:

- Persistent cough (lasting > 3 weeks) and any one of the following conditions:
  - Unexpected weight loss
  - Fever and Chills
  - Bloody Sputum
  - Night Sweats
  - Recent (within 24 months) exposure to TB

AIRBORNE & CONTACT PRECAUTIONS

Chickenpox (Varicella)
Active disease or during 10th – 21st day after exposure if nonimmune (up to 28 days if VZIG given)

Zoster (Shingles)
Immunocompromised patient or disseminated disease

2. Patients Requiring Private Room

DROPLET PRECAUTIONS

Diphtheria (pharyngeal)
Haemophilus Influenzae
Epiglottis, Meningitis
Influenza*
Mumps (Infectious Parotitis)
Neisseria Meningitidis Disease
Meningitis, Meningococcemia, Pneumonia, Sepsis
Parvovirus B19
Pertussis (Whooping Cough)

SPECIAL AIRBORNE & CONTACT PRECAUTIONS*

Avian Influenza
Influenza-like illness with recent travel to areas affected by Avian Flu (H5N1)
Check websites for updated listing of affected countries:
www.cdc.gov/flu/avian/outbreaks/current.htm
www.who.int/en/

SARS
(Severe Acute Respiratory Syndrome)
Meets current SARS case definition and history of exposure in SARS setting
CLINICAL GUIDANCE ON THE IDENTIFICATION AND EVALUATION OF POSSIBLE SARS-COV DISEASE AMONG PERSONS PRESENTING WITH COMMUNITY-ACQUIRED ILLNESS
Check website for diagnostic criteria:
www.cdc.gov/ncidod/sars/diagnosis.htm

Smallpox
Viral Hemorrhagic Fevers

***Immediately Notify Administrative Director, Clinical Epidemiology and/or Chairman Infection Control Committee**

May require Iso Chamber transport

Mass influx may require deployment of Emergency Department Airborne Isolation Triage Unit and/or conversion of a nursing unit to a negative pressure isolation unit.

FOR BIOTERRORISM AGENTS SEE RESPONSE TO A BIOTERRORISM INCIDENT ALGORITHM IN *INFECTION CONTROL MANUAL*

GUIDE FOR DETERMINING IF PNEUMONIA REQUIRES DROPLET PRECAUTIONS

1. Perform rapid influenza test during flu season on all pneumonia patients. Isolate if positive.
2. Isolate if:
   - 2.1. An epidemiological link to an influenza patient
   - 2.2. Presence of a petechial, ecchymotic, or erythematous rash
   - 2.3. Profoundly ill

Plague (Pneumonic)
Pneumonia
Mycoplasma, Neisseria meningitidis, Staphylococcus aureus, Streptococcus Group A
Rubella (German Measles)

*Use Negative Pressure Room if available

CONTACT PRECAUTIONS

Abscess, Decubitus, Wound
Major draining not contained in dressing
Cellulitis
Uncontrolled drainage
Conjunctivitis
Acute viral, hemorrhagic
Creutzfeldt-Jakob Disease*
Diphtheria (cutaneous)
Gastroenteritis (Enteric Pathogens)
When diapered or incontinent patient
Herpes Simplex Virus
Neonatal or mucocutaneous
Impetigo
Methicillin-Resistant Staphylococcus aureus (MRSA)
Colonization, Infection includes GISA, VISA, VRSA
Pediculosis (Lice)
Respiratory Syncytial Virus
Immunocompromised adults
Scabies (Mites)
Vancomycin-Resistant Enterococci (VRE)
Colonization, Infection

*See Infection Control for management

SPECIAL CONTACT PRECAUTIONS

Clostridium Difficile Associated Diarrhea/Disease (CDAD)

NEUTROPENIC PRECAUTIONS

Absolute Neutrophil Count < 1,000 cells/µl
Malignancy
Immunosuppressive Therapy
Immune System Dysfunction

3. **Infants and Small Children Requiring Isolation Precautions**

CONTACT PRECAUTIONS

Enteroviral Infection
Furunculosis (Staphylococcal)
Parainfluenza Virus
Respiratory Syncytial Virus

DROPLET PRECAUTIONS

Pneumonia
Haemophilus Influenzae
Streptococcal Group A Disease
Pharyngitis, Pneumonia, Scarlet Fever

DROPLET & CONTACT PRECAUTIONS

Adenovirus Infection

4. **Fever of Unknown Origin**

Patients with fever of unknown origin (FUO) usually do not require isolation precautions. However, if a patient has signs and symptoms compatible with, and is likely to have, a disease that requires isolation precautions, the patient should be placed in the appropriate category of isolation precautions.

5. Placement of Potential or Known MRSA* Patients

PATIENT PRESENTS FOR ADMISSION

ADMIT TO INTENSIVE CARE UNITS
- COLLECT NASAL SURVEILLANCE CULTURES
- IF POSITIVE
- **PLACE IN CONTACT PRECAUTIONS**

LEAVE INTENSIVE CARE UNITS
- COLLECT NASAL SURVEILLANCE CULTURES

WILL RECEIVE DIALYSIS TREATMENT
- COLLECT NASAL SURVEILLANCE CULTURES
- IF POSITIVE
- **PLACE IN CONTACT PRECAUTIONS**

HISTORY OF INPATIENT HOSPITALIZATION WITHIN LAST 30 DAYS
- COLLECT NASAL SURVEILLANCE CULTURES
- IF POSITIVE
- **PLACE IN CONTACT PRECAUTIONS**

HISTORY OF MRSA INFECTION/ COLONIZATION WITHIN LAST 4 MONTHS
- **PLACE IN CONTACT PRECAUTIONS**
- COLLECT NASAL SURVEILLANCE AND BODY SITE CULTURES
  - IF POSITIVE **REMAIN IN CONTACT PRECAUTIONS**
  - IF NEGATIVE **REMAIN IN CONTACT PRECAUTIONS AND NOTIFY INFECTION CONTROL DEPARTMENT**

ADMITTED FOR SURGERY AND HAS:
- **COINCIDENT REMOTE SITE INFECTION**
  - COLLECT NASAL SURVEILLANCE AND BODY SITE CULTURES
  - IF POSITIVE
  - **PLACE IN CONTACT PRECAUTIONS**

PATIENT:
- **IS HOMELESS WITH COINCIDENT REMOTE SITE INFECTION**
  - **PLACE IN CONTACT PRECAUTIONS**
  - COLLECT NASAL SURVEILLANCE AND BODY SITE CULTURES
    - IF POSITIVE **REMAIN IN CONTACT PRECAUTIONS**
    - IF NEGATIVE REMOVE CONTACT PRECAUTIONS
- **ADMITTED FROM SNF OR IS HOMELESS WITHOUT INFECTION**
  - COLLECT NASAL SURVEILLANCE AND BODY SITE CULTURES
  - IF POSITIVE
  - **PLACE IN CONTACT PRECAUTIONS**
- **HAS RED SKIN SORES** (FURUNCLES, CARBUNCLES, IMPETIGO, SPIDER-LIKE)
  - COLLECT NASAL SURVEILLANCE AND LESION CULTURES
  - IF POSITIVE
  - **PLACE IN CONTACT PRECAUTIONS**

* Methicillin-Resistant *Staphylococcus aureus*

6. Placement of Potential or Known VRE* Patients

PATIENT PRESENTS FOR ADMISSION

ADMIT TO INTENSIVE CARE UNITS
- COLLECT RECTAL SURVEILLANCE CULTURES
- IF POSITIVE
- **PLACE IN CONTACT PRECAUTIONS**

LEAVE INTENSIVE CARE UNITS
- COLLECT RECTAL SURVEILLANCE CULTURES

HISTORY OF INPATIENT HOSPITALIZATION WITHIN LAST 30 DAYS
- COLLECT RECTAL SURVEILLANCE CULTURES
- IF POSITIVE
- **PLACE IN CONTACT PRECAUTIONS**

PATIENT ADMITTED FROM SNF:
- COLLECT SURVEILLANCE CULTURES
- IF POSITIVE
- **PLACE IN CONTACT PRECAUTIONS**

HISTORY OF VRE INFECTION/ COLONIZATION WITHIN 60 DAYS
- **PLACE IN CONTACT PRECAUTIONS**
- COLLECT RECTAL SURVEILLANCE AND BODY SITE CULTURES
  - IF POSITIVE **REMAIN IN CONTACT PRECAUTIONS**
  - IF NEGATIVE **REMAIN IN CONTACT PRECAUTIONS AND NOTIFY INFECTION CONTROL DEPARTMENT**

HISTORY OF VRE INFECTION/ COLONIZATION > 60 DAYS
- COLLECT RECTAL SURVEILLANCE AND BODY SITE CULTURES
  - IF POSITIVE **PLACE IN CONTACT PRECAUTIONS**
  - IF NEGATIVE **NOTIFY INFECTION CONTROL DEPARTMENT**

* Vancomycin-Resistant *Enterococcus*

7. Placement of Potential or Known CDAD* Patients

PATIENT PRESENTS FOR ADMISSION

WITHIN LAST 60 DAYS HAS:
- **DIAGNOSIS OF CDAD**
  - **PLACE IN CONTACT PRECAUTIONS**

HAS HISTORY OF CDAD >60 DAYS AND HAS RECURRENCE OF DIARRHEA
- **PLACE IN CONTACT PRECAUTIONS**
  - COLLECT STOOL FOR CD TOXIN
    - IF POSITIVE **REMAIN IN CONTACT PRECAUTIONS**
    - IF NEGATIVE **REMAIN IN CONTACT PRECAUTIONS AND NOTIFY INFECTION CONTROL DEPARTMENT**

PATIENT ADMITTED FROM SNF:
- **WITHIN LAST 60 DAYS HAS DIAGNOSIS OF CDAD AND/OR DIARRHEA**
  - **PLACE IN CONTACT PRECAUTIONS**
    - COLLECT STOOL FOR CD TOXIN
      - IF POSITIVE **REMAIN IN CONTACT PRECAUTIONS**
      - IF NEGATIVE **REMAIN IN CONTACT PRECAUTIONS AND NOTIFY INFECTION CONTROL DEPARTMENT**
- **WITHIN LAST 60 DAYS NO DIAGNOSIS OF CDAD AND/OR DIARRHEA**
  - COLLECT STOOL FOR CD TOXIN
    - IF POSITIVE
      - **PLACE IN CONTACT PRECAUTIONS**

* *Clostridium difficile* – Associated Diarrhea/Disease

8. **Specific Conditions / Situations**

8.1 **Patients Requiring Private Room (No other Precautions)**

Hygiene Poor or May Contaminate Environment with Infective Material

- Altered mental status
- Unable to understand instructions
- Noncompliant attitude

8.2 **Infection In Which Infective Material Likely to Contaminate Environment**

- Large draining wound which cannot be contained with dressing
- Surgery patient with draining wound **cannot** be placed with surgery patient with normal healing wound
- Uncontrolled diarrhea

8.3 **Infection With Lice, Scabies Or Other Parasitic Arthropods**

8.4 **Radiation Therapy**

- Use room 714 for Iodine^{131} Radiopharmaceutical therapy

8.5 **Human Immune Deficiency Virus (HIV)**

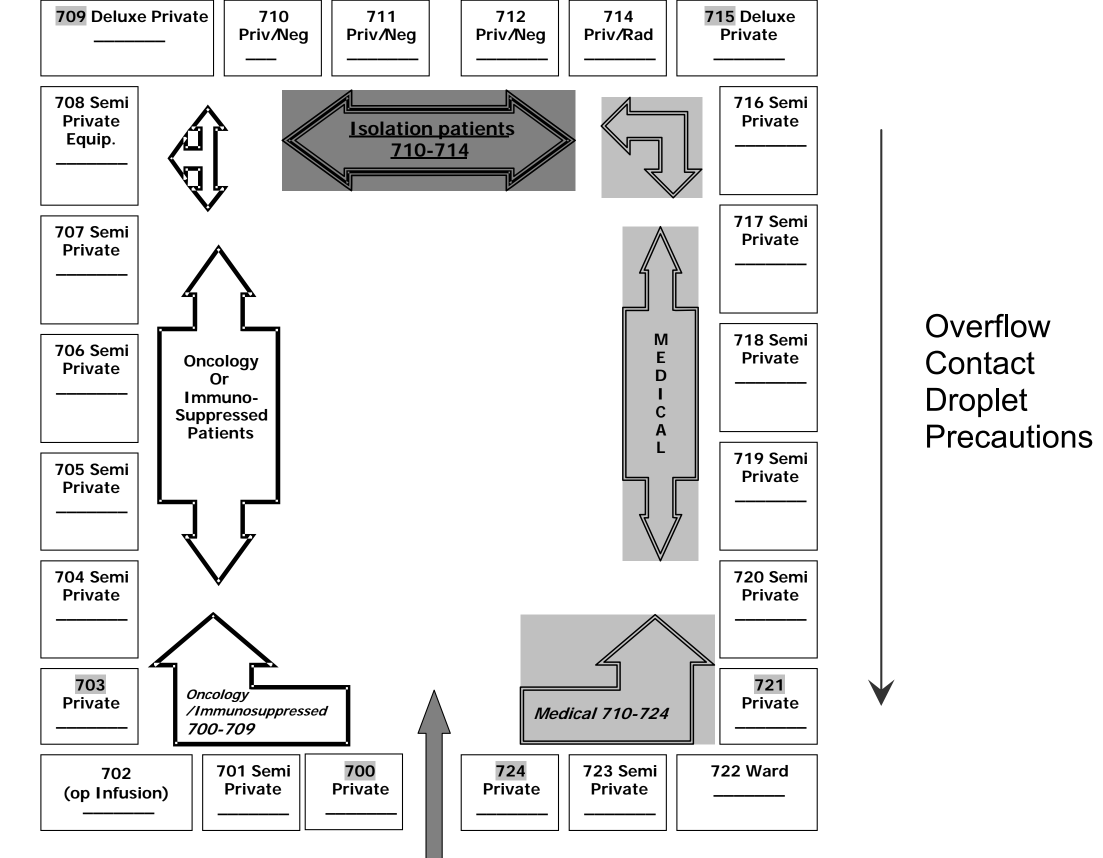
Does not require isolation unless cannot contain blood and body fluids. However, patient may prefer a private room.

ISOLATION PLACEMENT VERIFICATION

1. In order to ensure that isolated patients have been placed into the appropriate category of isolation precautions, placement will be verified daily (weekends, holidays on the next week day) by the Infection Control Department.
2. The verified patient isolations will be sent to the inpatient nursing units and patient access area for patient management purposes. This *Daily Isolation Summary* also contains pre-authorized patient cohorting opportunities.

SPECIAL PATIENT PLACEMENT SITUATIONS

1. 7 West Bed Assignment Plan



Neutropenic

2. Patient Population Overflow Guidelines

Patient Population	Location [Rooms]	Overflow Population	Overflow Location [Rooms]
Critical Care			
Critical Care	CCU, MICU SICU, 3 ICU	Overflow with each other or Cardiac Care	6 West
Medical			
Cardiac Care	6 West	Medical on 6 East and 7 West	6 East 7 West [710–724]
Medical	7 West [710–724]	Cardiac Surgical/Stroke	6 East
Infected Airborne Respiratory	6 West / 7 West [610–612] [710–712]	Overflow with each other	6 West [610–612] 7 West [710–712]
Oncology			
Oncology	7 West [700–709]	Medical side of Oncology	7 West [720,721,723,724]
Surgical			
Cardiac/Cardiothoracic	6 East	Medical	7 West
Orthopedic/Neuro	4 West	Surgical	4 East
General Surgery	4 East	Surgical Overflow	7 East

Patient Population	Location [Rooms]	Overflow Population	Overflow Location [Rooms]
Women's Services			
Antepartum	2 East [219–221]	Postpartum	2 West [214–218]
Postpartum	2 West / 3 West	Postpartum (designated area)	7 East
Postpartum Infected	Room 304, 305	None	
Gynecology (non-oncology)	2 West / 3 West	Postpartum (designated area)	7 East

APPENDIX A: SURVEILLANCE CULTURE COLLECTION PROCEDURES

1. Specimen Collection Procedure for MRSA Nasal Swab

1. Open the culturette and take out one of the swabs.
2. Place the first swab approximately 1 inch into each nostril and roll the swab five times against the inner nostril membrane.
3. Repeat the procedure using the second swab.
4. Return both swabs into their transport sleeve.

2. Specimen Collection Procedure for VRE Rectal Swab

1. Open the culturette and remove the single swab.
2. Gently insert the swab beyond the anal sphincter, rotate it, remove it and place it in the transport medium.
3. There **MUST** be evidence of fecal material on the swab, i.e. yellow or brown coloration.
4. If colostomy or ileostomy, swab the stoma.

APPENDIX B: *C DIFFICILE* TOXIN COLLECTION PROCEDURE

1. Place liquid or soft stool into a clean dry container
2. A swab specimen is not recommended for toxin testing.

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APPROVAL CHRONOLOGY

Technical Review Process		Approval Process	
Technical Referee:	Lana Lo, RN. Infection Control Coordinator	Approval Committee:	Infection Control Committee
Medical Referee:	Howard Miller, M.D., Infectious Diseases		
Legal/Risk Referee:		Approval Date:	November 25, 2008

Review Group Members:
Cindy Steckel, RN (Nursing Administration)
Karen Meyer, RN (Infection Control)

Education Plan: ☐ Distribute with Policy & Procedure Summary ☒ Education Plan – Unit Based ☐ Education Plan – Housewide