

	<b>The Johns Hopkins Hospital</b>	<i>Policy Number</i>	IFC023
	<b>INTERDISCIPLINARY CLINICAL PRACTICE MANUAL</b>	<i>Effective Date</i>	2/1/08
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	<b>ISOLATION PRECAUTIONS (INPATIENT)</b> <b>APPENDIX III: NURSE STAFFING GUIDELINES FOR PATIENTS REQUIRING MAXIMUM PRECAUTIONS</b>	<i>Supersedes</i>	12/06

### Nurse Staffing Guidelines for Patients Requiring Maximum Precautions

Maximum isolation precautions require one-to-one or one-to-cohort staffing for this patient group. The Department of Hospital Epidemiology and Infection Control (HEIC) must be notified immediately of any patient who requires Maximum Precautions by calling the on-call pager 3-3855. **Patient placement must occur in a timely manner and must not be delayed by the process of meeting the requirements of Maximum Isolation Precautions. If the one-to-one or one-to-cohort staffing requirement cannot be arranged immediately, the Department of Nursing will work to meet the staffing requirements promptly.** HEIC will consult with the Department of Nursing regarding appropriate patient placement and infection control considerations.

It is assumed that patients requiring ICU care will have one-to-one nurse staffing upon admission. When patients are admitted to IMCs or acute care units, Nursing will use the following guidelines to arrange for the staffing requirements of Maximum Isolation Precautions.

1. Determine the feasibility of providing one-to-one or one-to-cohort nurse staffing on the unit where the patient is located or to which the patient is being admitted. If not feasible, proceed to number 2.
2. Assess if the patient can be cohorted with other patients who are infected or colonized with the same resistant organism.
  - If yes, the nurse (and UAPs) assigned to these patients may not care for other patients.
  - If the unit is full, the Shift Coordinators will meet and confer with HEIC to determine the most reasonable location for patient cohorting.
  - Plan for a nurse-to-patient ratio of 1:3 if cohorting patients.
  - If no other patients are appropriate for cohorting, proceed to number 3.
3. Assess placement options within the unit/functional unit using the following options to obtain one-to-one staffing:
  - Re-deploy staff to care for the patient. This may necessitate closing beds.
  - Offer enhanced pay to RNs to care the patient until beds can be closed.
  - Call Intrastaff and other local agencies on the approved list to provide staffing until the beds can be closed.
4. If no placement options exist within the functional unit of admission, Shift Coordinators will collaborate to identify options for providing one-to-one or one-to-cohort staffing in another functional unit.
5. If one-to-one or one-to-cohort staffing is not feasible in functional units other than the admitting functional unit, the Shift Coordinators, in association with HEIC, will determine an appropriate location for the patient. The following actions shall be implemented until appropriate one-to-one or one-to-cohort staffing can be obtained:
  - Place patient in private room on Contact isolation precautions.
  - Consult with the physician on-call for HEIC regarding infection control considerations.
  - Notify the physicians on-call for the admitting and Functional Unit.
  - Re-evaluate the staffing plan and options regularly with the goal of achieving one-to-one staffing within 12 hours of admission.