

Isolation Bed Placement Algorithm

(version 9/12/13)

PLACEMENT PREFERENCES - Ideal situation is #1 and last resort is #4

1. **Private Room** (has walls and doors)

Preferred for any patient with an organism that requires isolation.

REQUIRED for the following organisms/conditions

- Airborne precautions – requires a negative pressure room (e.g., Chicken-pox; varicella zoster disseminated or in an immunocompromised patient; measles; TB/rule out TB)
- Patients with burns
- Organisms identified in HEIC policy as requiring a private room (Diphtheria, Pertussis, Rubella, Norwegian scabies)

2. **Cohort in a semi-private (2 patient) room – always pull the curtain between patients**

A. **Two patients with like organisms and no other organisms that require isolation.** The following are *examples* of patients that can be cohorted **without consultation with HEIC.**

2 patients with VRE

or

2 patients with MRSA

or

2 patients with both MRSA **and** VRE

or

2 patients with RSV

or

2 patients with same Influenza type

(Check type of influenza – do NOT combine influenza A and influenza B)

Or

2 patients being ruled out for respiratory virus infection

(Should be moved to an appropriate cohort when/if an organism is identified – see 2C for details)

B. If necessary, 2 patients with the following organisms may be cohorted if the organisms are the same and have similar sensitivities. **Please call HEIC to discuss cohorting of these patients.**

- Multi-drug resistant Acinetobacter
- Carbapenemase producing organisms (KPC-2)
- Clostridium difficile (antigen and/or toxin positive AND diarrhea)
- Extended spectrum beta lactamase resistant organisms (ESBLs)
- Other multi-drug resistant organisms e.g. multi-drug resistant Pseudomonas

C. If necessary, 2 patients with different respiratory viruses can be cohorted as long as neither patient is positive for influenza or RSV.

- For example, a patient positive for parainfluenza can be cohorted with a patient positive for adenovirus but a patient with influenza A can only be cohorted with another patient positive for influenza A.
- In addition, if one of 2 rule-out respiratory virus patients in a semi-private room comes up positive for a virus other than influenza or RSV he/she can remain with the rule-out patient unless the 2nd patient comes up positive for influenza or RSV.

If no other options are available, the following bed placement scenarios can be considered but patients should be moved to a private room or cohorted as soon as possible.

3. **Open ward (multi-bed large room) for patients who require CONTACT precautions (EXCEPT for those**

organisms listed above in #1 or #2B): place patients with like organisms side by side and place infected patients as far away from other patients as possible (corner and end locations). (i.e., in 4- bed room, 2 MRSA or VRE side-by-side on one side of room). **Pull the curtains between the patients.**

4. **Open ward (multi-bed large room) for patients who require DROPLET precautions (EXCEPT for those organisms**

listed above in #1 or #2B): place patients with like organisms side by side and place infected patients as far away from other patients as possible (corner and end locations) – a minimum of 6 ft separation is required. **Pull the curtains between the patients.**

Note: Cohorting droplet patients takes precedence over cohorting contact patients. For example, a MRSA patient can temporarily share a room with a VRE patient in order to allow 2 RSV patients to be together. Patients should be moved to an appropriate cohort (options 1-4 above) as soon as beds allow.

Please call HEIC (office 5-8384, emergency pager 3-3855) if you have any questions about bed placement.