5. ACCOMODATION AND PLACEMENT

Accommodation of patients/residents/clients (P/R/C) in single rooms improves infection prevention and control. Single rooms with a private toilet, designated hand washing sink for P/R/Cs, and designated staff hand washing sink may reduce opportunities for cross transmission particularly when the P/R/C has poor hygiene, contaminates the environment or cannot follow IP&C measures because of age or decreased cognitive abilities.

5.1. Options for P/R/C Placement and Room Sharing

If the availability of single rooms is limited, use the Point of Care Risk Assessment.

Consider if the P/C/R:

- Has presence or absence of known or suspected infection and its route(s) of transmission (i.e., need for Additional Precautions).
  - Contact Precautions (single room is preferred)
  - Droplet Precautions (single room is preferred)
  - Airborne Precautions (airborne infection isolation room [AIIR] required).
- Visibly soils the environment or they cannot maintain appropriate toileting and respiratory hygiene
- Has uncontained secretions or excretions
- Has wound drainage that cannot be contained by a dressing
- Has fecal incontinence where stools cannot be contained in incontinent products or infant diapers.

5.2. Risk Factors for Transmission from the Infected P/R/C?

- Are roommates susceptible to adverse outcome from a healthcare associated infection (HAI)?
- Are there options for room sharing (e.g., cohorting P/R/Cs infected with the same organism)?

IF SO…

- Can the P/R/C's roommate(s) and visitors follow infection prevention and control measures?
- Give priority for placement in single rooms to those who pose an increased risk for transmission of a microorganism to others

- If AIIRs are in limited supply/high demand, refer to Priority of AIIRs.

5.3. Priority for Single Rooms Goes to Those:

- Needing Additional Precautions
- Identified as high risk for transmission of microorganisms (e.g., stool incontinence, uncontained secretions)
- Identified as being at higher risk of acquisition and adverse outcomes resulting from transmission of microorganisms (e.g., immunosuppression, open wounds, indwelling catheters, and anticipated long length of stay)
- Requiring dependence on staff for activities of daily living.

5.4. Factors to be considered with shared rooms include:

- The selection of appropriate roommates
- Avoid placing P/R/C at high risk of complications, if they should become infected, in rooms with P/R/C with transmissible infections, diarrhea or open wounds
- Clearly define the boundary of the potentially contaminated P/R/C area within the shared room (e.g., draw privacy curtain/place portable divider around P/R/C)
- Prevent transmission risks through avoiding the sharing of sinks and toilets
- Assessing activities of the roommates and their visitors (e.g.: is the P/R/C a wanderer, will visitors follow the correct precautions if interacting with the person on contact precautions, etc.).

5.5. Cohorting

Assignment of P/R/Cs known to be infected with the same microorganisms/strain to the same room (cohorting) or separate units or areas has been successful in controlling transmission of some microorganisms. Contact IP&C to determine appropriate cohorting.

5.6. The Use of Airborne Isolation Rooms (AIIRs)

AIIRs are designed with negative pressure ventilation (i.e., with air flow from the outside corridor into a room through the doorway and exiting directly to the outside of the building or filtered before recirculation). They are used for accommodation of P/R/C suspected or confirmed to have an infection spread by the airborne transmission route.

An AIIR is also required when performing AGMPs on those with SARS, MERS CoV, COVID, viral hemorrhagic fever and other emerging pathogens for which transmission characteristics are not yet known.

In settings where AIIRs are limited, the following process should be used to assess the accommodation and/or continued accommodation along with clinical judgement and risk/benefit analysis. This will be used to determine the risk of infectivity and risk of transmission and/or disease and exposure to others. This risk assessment should be done in collaboration with IP&C/designate, Public Health/delegate and other key staff involved with the care.

Factors to be included in the risk assessment for an AIIR (done with the Infection Control Professional/designate), but not limited to, are:

- Degree of transmissibility of the infectious disease
- Presence of communicable symptoms (e.g., coughing)
- Potential and level of the P/R/Cs infectivity
- Stage of recovery of the P/R/C
- Immune status of others.

In situations when AIIRs are not available, conduct a risk assessment looking at the factors identified above. The P/R/C can be temporarily housed in a single room with the door closed, away from high risk persons. P/R/C requiring an AIIR should be transferred as soon as medically feasible to a facility/unit with AIIRs. If AIIRs in other facilities are not available, a decision should be made following the risk assessment above to determine if it will be safe to accommodate and/or treat the P/R/C in the facility and whether or not that P/R/C should continue to be masked while in the room.

Home Settings

Individuals who have not been exposed or are not immune should be advised to avoid sharing airspace with the client requiring precautions Natural ventilation (e.g., open windows) will help disperse the microorganisms from the room. Advise the client to exclude themselves from group programs, routine services that are not medically necessary (e.g.: interactions with volunteers) when experiencing acute symptoms of an infection.