



POLICY/PROCEDURE TITLE: Patient Placement to Prevent Transmission of Infection	
ENTITY: <input type="checkbox"/> CMH <input checked="" type="checkbox"/> CMMC <input type="checkbox"/> CMMG <input checked="" type="checkbox"/> BRIDGTON HOSPITAL <input checked="" type="checkbox"/> RUMFORD HOSPITAL <input type="checkbox"/> BOLSTER HEIGHTS <input type="checkbox"/> RUMFORD COMMUNITY HOME	
CATEGORY: Administrative	ORIGINATION DATE: 6/18/2021
OWNER GROUP: Infection Control	PUBLICATION DATE: 6/18/2021

SCOPE

This policy applies to all Central Maine Healthcare Corporation facilities, practices, entities, and services ("CMHC") and all CMHC team members.

PURPOSE

To provide guidelines to Nursing and Infection Prevention for the placement of patients within the hospital that minimizes the risk of infection transmission to others.

STATEMENT OF POLICY

1. Private rooms shall be prioritized for those patients requiring Transmission Based Precautions, such as Airborne Infection Isolation (AII), Novel Respiratory Infection (NRI), Contact, Enteric, Droplet, or Neutropenic Precautions, or when a patient has potentially infectious body fluids, such as wound drainage which cannot be contained, incontinence of stool, or uncontrolled secretions.
 - a. Patients with diseases requiring Airborne (AII) or NRI Precautions shall be placed in designated rooms with negative pressure.
2. Patients with an absolute neutrophil count of ≤ 500 shall be placed on Neutropenic Precautions, and preferentially placed in a positive pressure room, when available: M183, 184, 185.
 - a. Patients with neutropenia due to allogeneic hematopoietic stem cell transplants (HSCT) shall be placed in designated rooms with positive pressure.
3. Rooming of patients in a semi-private room shall be made with consideration to separate those patients who may have conditions which facilitate transmission of infectious material to those who are high risk of acquisition and adverse outcomes.

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Semi-private room placement may be performed safely with “like-diagnosed” patients using infection prevention best practices such as hand hygiene, environmental cleaning, dedicated equipment, etc.

- a. Potentially infectious patients include those with:
 - Infectious pneumonia or other symptomatic respiratory infection
 - Undiagnosed or infectious rashes
 - Draining wounds which cannot be contained in a dressing or are infected.
 - Diarrhea or uncontrolled stool incontinence
 - Increased wbc (>12K) &/or temperature (>38C) accompanied with other clinical indications of infection
 - b. Susceptible patients include those with:
 - Clean surgical wounds
 - Immunosuppression/Neutropenia
 - Patients with multiple lines, drains, or catheters
 - Advanced age with chronic co-morbidities
4. Cohorting patients, even those requiring Transmission Based Precautions, in order to conserve patient rooms may be performed:
- a. patients presumed to have the same infection (based on clinical presentation and diagnosis when known) in areas of the facility that are away from other patients, especially patients who are at increased risk for infection (e.g., immunocompromised patients).
 - b. Between 2 patients with MRSA nasal colonization
 - c. Between 2 patients with MRSA active infection
 - d. Between 2 patients with the same Influenza type (A & B not to be combined)
 - e. All other infections requiring Precautions require Infection Prevention evaluation prior to placing patients together.
5. **Semi-private room placement when COVID-19 is actively circulating, and ongoing precautionary activities including admission/routine testing for SARSCoV-2 is in place requires the following considerations in addition to those applicable in all patient placement considerations:**
- a. Exclusion of any patient receiving an Aerosol Generating Procedure (AGP), such as CPAP, BiPAP, high flow O2, or nebulizer treatments **without utilization of viral filters**
 - b. Exclusion of patients who have not been admitted for 72 hours and undergone re-testing with negative results, to rule out incubation or false negatives on admission.
 - c. Exclusion of those patients with potential symptoms of COVID – undiagnosed cough, fever or other signs of infection which requires further testing (PUI).

DEFINITIONS

Cohorting: The practice of grouping together patients who are colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

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Transmission Based Precautions: Precautions designed for patients who are known or suspected to be infected or colonized with infectious agents which require additional control measures to effectively prevent transmission. They may be used empirically, according to the clinical syndrome and the likely etiologic agent and later refined when a pathogen or infectious transmissible etiology is ruled out.

PUI: Person Under Investigation for COVID-19, either quarantined due to exposure or exhibiting symptoms such as cough, shortness of breath, fever, etc. without alternative diagnoses.

AGP: Aerosol generating procedure – one that is more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. Aerosols are smaller than droplets and may remain suspended in the air for longer periods of time.

ANC: Absolute Neutrophil Count is the total number of neutrophils in the white blood cell count. It is used to determine infection risk.

Negative Pressure: Uses lower air pressure to allow outside air into the environment, keeping potentially harmful particles within the room by preventing internal air from leaving the space. Airborne Infection Isolation Rooms use this concept for such infections as measles, varicella, tuberculosis, and COVID.

Positive Pressure: Maintains a higher pressure inside the designated area than that of the surrounding environment so that air can leave the room and contaminants in the surrounding environment will not enter the room. It keeps vulnerable patients, such as those with severe neutropenia, safe from infections and diseases.

PROCEDURE/PROCESS

1. Follow the policy guidelines for patient placement.
2. Consult with Infection Prevention Department or the Infection Preventionist on call for all questions regarding appropriateness of placement, concern for transmission of infectious agents, and cohorting of infections generally requiring Transmission Based Precautions, such as MDRO's.

DISCLAIMER STATEMENTS

Extenuating circumstances may necessitate deviation from the terms of a policy. It is understood that emergent situations may occur, which require immediate resolution. Where applicable, appropriate documentation should be created to support the necessity for such deviations.

CROSS REFERENCES

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Neutropenic Patient, Care of – Nursing Policy
CDC Guidelines for Isolation Precautions – Infection Control Policy

REFERENCES AND SOURCES OF EVIDENCE

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), last reviewed July 22, 2019. Centers for Disease Control & Prevention. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

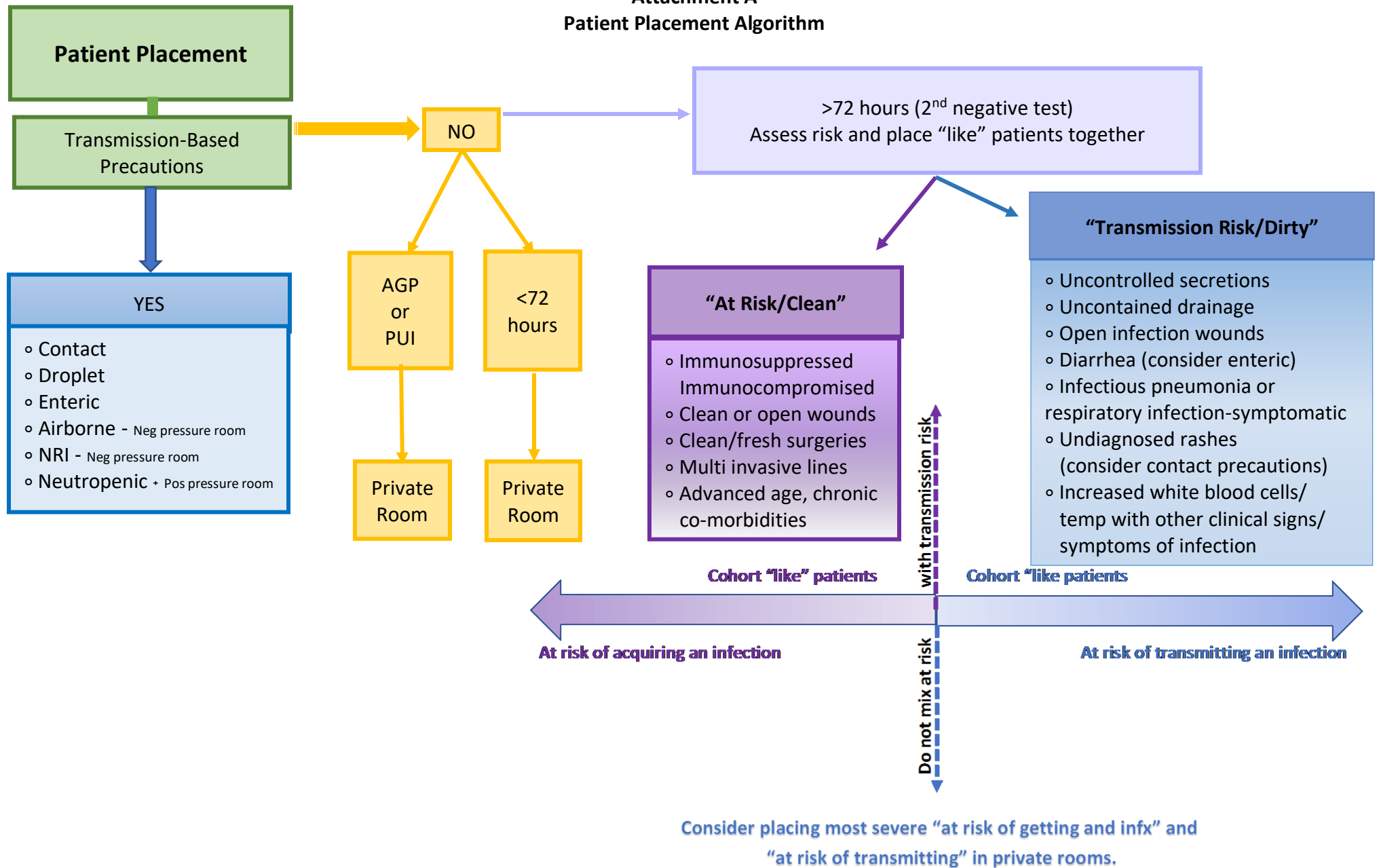
Guidelines for Preventing Opportunistic Infections Among Hematopoietic Stem Cell Transplant Recipients, Recommendations of CDC, the Infectious Disease Society of America, and the American Society of Blood and Marrow Transplantation. MMWR, October 20, 2000/49(RR10); 1-128. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4910a1.htm>

REVIEW/APPROVAL SUMMARY

SUPERSEDES: Patient Placement, Guidelines for, original date 7/92, revised 5/17/17	
REVIEW/REVISION DATES <i>(dates in parentheses include review but no revision):</i>	
APPROVAL BODY(IES): Operations Council, Policy Review Council, Incident Command, Infection Committee	APPROVAL DATE: 5/27/2021

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Attachment A Patient Placement Algorithm



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