

Position Statement on Spatial Separation of Patients in AHS and Covenant Health

Note: If you have any questions or comments contact IPC at ipcsurvstdadmin@ahs.ca.

Best practice recommendations

Background

Healthcare facilities must promote and support an environment that is safe for patients/residents, visitors and healthcare workers¹. With the emergence of antibiotic-resistant organisms (AROs), *Clostridium difficile* infection (CDI), outbreaks of viral hemorrhagic fever (VHF) and respiratory illnesses such as influenza and severe acute respiratory syndrome (SARS), there is increased need to isolate patients (CNISP – unpublished data). There are several examples of transmission of pathogens occurring between patients residing in beds that are not optimally separated^{3,4}. The move to single patient rooms and attention to spatial separation between beds helps reduce cross contamination of pathogens⁴; therefore, single patient rooms in healthcare facilities (HCF) with adequate spacing is recommended by a variety of standards and expert bodies as a key strategy to decrease transmission of pathogens, reducing the risk of healthcare-acquired infections^{6,7,8}.

The recommendations for single rooms and spatial separation in Alberta Health Services (AHS) Infection Prevention and Control (IPC) Healthcare Facility Design Recommendations and Preventative Measures for Construction, Renovation and Maintenance Activities are informed by research and these expert bodies' recommendations⁹. Specific recommendations for 2 meter spatial separation are also provided in the AHS/Covenant IPC Routine Practices, Contact and Droplet Precautions Information Sheets, as well as the IPC Cohorting and Overcapacity Guidance documents located on the AHS/Covenant IPC Website¹⁰.

1. General IPC design recommendations for separation of patients

- The HCF design shall provide for patient separation as needed for IPC purposes.
- The HCF design shall provide sufficient space in clinical areas so that the necessary distances can be maintained between patients.
- All patient treatment spaces (inpatient or outpatient) shall be single occupancy unless the functional program demonstrates the necessity of multi-patient arrangements.
- Single occupancy means that patients have a spatial separation and a physical barrier between them: sufficient to provide privacy, protection from the spread of infections, and adequate area to support the clinical function.
- A functional program shall demonstrate the necessity of multi-patient arrangements. The multi-patient room shall accommodate no more than two patients.
- For multi-treatment spaces, there shall be at least 2 meters between beds and/or treatment chairs.
- Bed clearance space provided for each clinical patient shall be no less than 2 meters apart.

2. Process for assessing alternatives for separation of patients

- IPC concepts must be included in the decision-making process of seeking alternatives when addressing solutions for managing capacity issues.
- Early consultation with IPC is imperative to this process. Follow the AHS IPC/Covenant Health Construction and Design Recommendations including the established exceptions process (ETRA) with all stakeholders.
- Decisions to modify purpose-built single patient rooms into two bed or multi-bed rooms with inadequate spatial separation should acknowledge the risk these actions pose to patients and safety of healthcare provider.

For more information contact
ipcsurvstdadmin@ahs.ca
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