

# Recommendations to Support Patient Placement and Management of Capacity in Acute Care

## For use by Site operations and Bed Management

In Order of Implementation	Description	Usual Demand	Higher Seasonal Demand	Extremely High Demand (pandemic, outbreak or infrastructure)	Guidance & Resources
↓ <b>Standard Practices</b>	Standard patient flow ideal practices are being utilized: <ul style="list-style-type: none"> <li>Private Room Preservation</li> <li>Additional precautions identified &amp; initiated</li> </ul>	1	1	1	<a href="#">IPC Diseases &amp; Conditions Table Recommendations for Management of Patients Acute Care</a>
↓ <b>Isolation without walls</b>	For admitted patients on Contact or Contact/Droplet or Modified Respiratory precautions Isolation without walls is a temporary solution when there is need for immediate risk management while waiting for lab test results or a private room	1	1	1	<a href="#">IPC Additional Precautions without walls in Shared Patient Care Space</a>
↓ <b>Cohorting Patients</b>	Cohorting patients on additional precautions in the same patient room or same geographic area within the site		2	2	<a href="#">Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care</a> <a href="#">Recommendations for Cohorting during Pandemic for ED/UCC AHS Facilities</a>
↓	Cohorting by unit (e.g., COVID beds / designated unit)		3	3	<a href="#">IPC Cohorting Recommendations for COVID-19 in Acute Care</a>
↓ <b>Non-traditional spaces</b>	Consider only when previous strategies have been exhausted. Site should prepare for access to repurposed & non-traditional spaces in all sites in consultation with SCP, IPC and ZEOC			4	<a href="#">IPC Space Risk Assessment for Potential Acute Care Overcapacity Space during Pandemic</a>

### IPC Engagement

- 1 No consultation required, contact IPC as needed
- 2 Inform IPC during business hours or leave a voice message if on evenings or weekends
- 3 Consultation with IPC required for planning and implementation of designated areas
- 4 Consultation with SCP, IPC and ZEOC (refer to zone surge plans)

### General Infection Prevention & Control (IPC) Resources:

- [IPC Risk Assessment \(IPCRA\)](#)
- [Routine Practices](#)
- [Spatial Separation of Patients in AHS and Covenant Health](#)
- [Patient Risk Assessment Checklist for Use of Overcapacity Spaces](#)
- [Isolation Pocket Reference for Adults with known or suspected disease or infection](#)

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## For use by Site operations and Bed Management:

Sections **1** **2** IPC consultation not required; standard patient flow

Sections **3** **4** Occurs with zone/site surge planning and consultation with IPC; communicable disease pandemic or epidemic\*

\*Not for use in emergency/disaster situations that are non-IPC related

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Inform IPC during business hours or leave a voice message if on evenings or weekends

**3**

Consultation with IPC required for planning and implementation of designated areas

**4**

Consultation with SCP, IPC and ZEOC (refer to zone surge plans)

- Patients may be cohorted when private room requirements exceed capacity.
- Patients on Airborne Precautions must always be placed in a single-patient room.
- When cohorting:
  - Prioritize patients who do not have symptoms and/or risk factors suggestive of communicable diseases (e.g., coughing, diarrhea, vomiting, uncontained drainage, etc.).
  - If a patient is on Additional Precautions, bedside isolation or isolation without walls is required.

- Each site should develop their own cohorting plan in consultation with IPC based on site-specific capacity, facility design, and patient population(s).
- A staged approach to cohorting is based on minimizing risk to patients while adhering to IPC principles and practices.
- Adequate spatial separation and appropriate cleaning and disinfection is required.
- When cohorting patients, consideration should also be given to underlying patient conditions (e.g., immunocompromised) and co-infection with other diseases.
- During pandemics, symptom-based cohorting may be required when the need for private rooms exceeds capacity.
- Facilities should identify their isolation capacity and potential cohorting spaces.
- Consult IPC when cohorting suspect and positive patients versus positive patients only on a dedicated unit.