

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	IPC Engagement
↓ Standard Practices ↓	Standard patient flow ideal practices are being utilized: <ul style="list-style-type: none"> Private Room Preservation Additional precautions identified & initiated 	1	1	1	IPC Diseases & Conditions Table Recommendations for Management of Patients Acute Care	1 No consultation required, contact IPC as needed
↓ Isolation without walls ↓	For admitted patients on Contact or Contact/Droplet 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	Additional Precautions without walls in shared patient space	2 Inform IPC during business hours or leave a voice message if on evenings or weekends
↓ Cohorting Patients ↓	Cohorting patients on additional precautions in the same patient room or same geographic area within the site		2	2	Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Recommendations for Cohorting for VRI in Emergency Departments/Urgent Care	3 Consultation with IPC required for planning and implementation of designated areas
	Cohorting by unit or designated areas		3	3	IPC Cohorting Recommendations for Viral Respiratory Illness (VRI) in Acute Care	4 Consultation with Site Operations and IPC (refer to zone surge plans)
Non-traditional spaces	Consider only when previous strategies have been exhausted. Site should prepare for access to repurposed & non-traditional spaces in all sites in consultation with Site Operations and IPC.			4	IPC Space Risk Assessment for Potential Acute Care Overcapacity Space	

General Infection Prevention & Control (IPC) Resources:

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

Created: May 18, 2021
 Revised: May 7, 2025
 ECC approved: May 16, 2025

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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

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 Site Operations and IPC (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. Exceptions must follow guidance in [Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities](#).
- 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.