

IPC Patient Risk Assessment Checklist for Use of Overcapacity Spaces

Objective

To assist those making decisions to manage overcapacity (OC/OCP) about a patient's suitability for placement into an OC/OCP patient (OC/OCP) space.

Rationale

- Many OC/OCP beds are within areas not originally designed for patient accommodation.
- Infection Prevention and Control (IPC) recommendations for spacing often cannot be met (e.g., 2 metres between patients to prevent transmission of respiratory pathogens).
- In addition, OC/OCP beds may not have adequate accessibility to hand hygiene sinks and toileting facilities.
- The goal of this checklist is to mitigate the risk of transmission of any communicable disease or organism between patients.

Instructions

Review both Criteria 1 and 2 **for all patients** who are being considered for OC/OCP placement, as well as any existing occupants of the space (e.g. when an OC/OCP bed shares a room with a regular bed).

A patient's condition may change. Therefore, re-assessment of continued suitability for OC/OCP placement should be ongoing.

<p>1. Answer all questions.</p> <ul style="list-style-type: none"> • One (1) or more "Yes" answers: Patient must not be placed in an OC/OCP space. • All answers "No": Continue on to #2. 	
<p>Does patient require additional precautions?</p> <ul style="list-style-type: none"> • Contact precautions (ARO, MRSA, CPO, Scabies, lice, refer to Rash Algorithm.) • Droplet precautions (meningitis, mumps, strep throat or scarlet fever, also refer to IPC Triage Assessment for Patients Presenting with Fever.) • Contact and Droplet precautions (e.g. suspected or confirmed viral respiratory infection; vomiting with or without diarrhea that is not yet diagnosed; suspected/confirmed infectious diarrhea such as <i>C. difficile</i>, norovirus, etc.)? Refer to Respiratory (ILI) Algorithm or GI Algorithm.) • Modified Respiratory precautions (e.g., suspected or confirmed COVID-19 infection) • Airborne or airborne/contact precautions? (e.g., suspected or confirmed tuberculosis, chicken pox or disseminated shingles, measles, undiagnosed fever with a rash). 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Answer all questions.</p> <ul style="list-style-type: none"> • One (1) or more "Yes" answers: IPC does not recommend OC/OCP placement. • All answers "No": Patient may be appropriate for OC/OCP placement. • Consult with IPC as needed. 	
<p>Does patient have any drainage or incontinence (bowel or bladder) that cannot be contained by a dressing or incontinence product?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does patient have poor skin integrity (e.g., significant exfoliating skin conditions)? Refer to Wound Algorithm.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is patient unable or unwilling to reliably comply with instructions for personal hygiene, hand hygiene, and respiratory etiquette?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>