IPAC Principles:
Placement of Patients with COVID-19

The principles and practices outlined below shall be applied in the care of inpatients with infectious COVID-19. *Strict adherence to IPAC practices is imperative to avoid nosocomial transmission and the occurrence of outbreaks.*

Screening and Precautions

Every patient admitted to hospital will have the Acute Viral Respiratory infection Risk Assessment completed to identify their likelihood of having COVID-19, using criteria in place at the time. Follow the Admission Pathway.

Precautions that must be used for every patient suspected or confirmed to have COVID-19 are:

- **Contact** and **Droplet** Precautions
- **Contact**, **Droplet**, and **Airborne Precautions** for patients undergoing Aerosol Generating Medical Procedures (AGMPs). (see: COVID-19: AGMPs)
- Gowns and gloves must be changed, and hands cleaned after each patient encounter.
    - Extended use of PPE may be used for cohorted patients.
- Patients should wear a medical mask, if tolerated, when health care workers are in the room and when the patient leaves their room or bedspace.

Patient Placement

Patients admitted with COVID-19 infection should be cared for in a private room on the appropriate care unit or cohorted in a room/unit with other patients with COVID-19 in the past 60 days, in consultation with Infection Prevention and Control. Use an airborne isolation room, if available, for patients requiring an AGMP. Post signage regarding the precautions required on the door to the room, including the need for Airborne Precautions in addition to Droplet and Contact precautions for patients undergoing an AGMP. Patients on Additional Precautions are to leave the room only for necessary tests and procedures/treatments.

Unit-based Cohorting Strategies

Cohorting or grouping of patients with COVID-19 within a unit should be used to minimize interaction between infectious and non-infectious patients as much as possible. This cohort area can include patients who are infected with COVID-19 or have recovered from COVID-19 within the past 60 days. A cohort can be set up as a unit or as a section of a unit and can be scaled up and down as needed. Cohorting offers opportunity to maximize bed utilization/flow, expertise, and efficiencies of care such as PPE conservation by incorporating extended PPE use by HCWs.

- Dedicated PPE donning (outside the room) and doffing (inside the room) areas must be delineated, with donning and doffing instructions clearly visible to guide proper donning and doffing.
- When groupings of patients are cohorted, it is best practice to cohort HCWs to care for COVID-19 patients OR non-COVID-19 patients and not both during the same shift, if possible.

Wandering Behaviours

Patients who have wandering behaviours must be cared for using strategies to minimize risk to themselves and others on both outbreak and non-outbreak areas of the unit. The Dementia Isolation Toolkit provides resources for safe, compassionate, and effective care of individuals with dementia during the COVID-19 pandemic.

Waste, Linen, Equipment and Environment

To reduce the risk of transmission, disposable or patient dedicated equipment is preferred for patients with COVID-19. Equipment that cannot be dedicated must be cleaned and disinfected after use, allowed to dry, and stored clean.

Waste management is as per hospital policy. Plan to have enough touch free waste disposal receptacles available, should they be required for the expected additional PPE from an increased number of patients with COVID-19 on a unit.