



Health Care Associated Infections/ Antimicrobial Resistance (HCAI/AMR)		
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# HSE AMRIC Guideline

**Guide to prioritisation of patients for single room isolation when there are not sufficient single rooms for all patients that require isolation**

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## **Guide to prioritisation of patients for single room isolation when there are not sufficient single rooms for all patients that require isolation**

### **Introduction**

A number of guidance documents indicate those categories of patients that should be provided with single room (ideally *en-suite*) accommodation. Given the limitations on single room availability it is frequently not possible for hospitals to provide single rooms to all those patients that guidelines indicate should have single room accommodation. This document outlines a general approach to prioritisation for allocation of limited single rooms. It is intended primarily as a guide to allocation of single rooms for Infection prevention and control (IPC) purposes for those who are not infection prevention and control practitioners. Every patient and every situation is different. A point of care risk assessment (PCRA) is an integral part of standard practice which should be performed by every healthcare worker (HCW) **BEFORE** every patient/ resident/ client interaction to allow them to accurately assess the risk **of exposing themselves and/or others to infectious agents/ transmissible microorganisms**. This may form part of the decision-making regarding appropriate patient placement.

Details on how to conduct a point of care risk assessment and on high consequence infectious disease (HCID) are available on the following link:

<https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/posters/A3%20Poster%20Resist.final%20online%20version.pdf>

This document is not intended to replace access to infection prevention and control advice when needed or to constrain the exercise of professional judgement by IPC practitioners. Appendix 1 contains a table outlining types of precautions of Contact, droplet and airborne precautions.

For greater detail on precautions for specific infections and conditions, refer to Table 41 in the NCEC guidance on the following link:

<https://www.hse.ie/eng/about/who/nqpsd/nirp/ncec-ipc-guideline-2022-for-consultation.pdf>

**Note.** It is important to acknowledge that there are also other clinical demands on access to the limited stock of single rooms. Decisions regarding priority of isolation of a patient when demand for single rooms exceeds availability should take account of national guidance on prioritisation and be guided by the IPC team and the person's needs, their acuity and the types and strains of MDRO present. Priority should always be given to patients requiring airborne precautions. There may also be other competing priorities for single rooms not related to infectious diseases, for example patient security or end of life care. This document does not seek to balance all of these demands. It is acknowledged

that in some cases these demands may further limit access to single rooms for IPC purposes. Where a decision is made that guidance or advice on appropriate patient placement for IPC reasons cannot be applied, the risk should be documented and communicated in line with local governance arrangements.

**Prioritisation Table for patients requiring isolation under transmission based precautions in order of prioritisation (note this list is not exhaustive)**

1.	Airborne and Contact precautions (single room with negative pressure ventilation)	<ul style="list-style-type: none"> <li>• Viral Haemorrhagic fevers</li> <li>• Refer to PCRA for details on high consequence infectious diseases (HCID).</li> </ul>
2.	Airborne precautions (single room with negative pressure ventilation)	<ul style="list-style-type: none"> <li>• TB (particularly suspected or confirmed drug resistant TB)</li> <li>• Monkeypox * Note Differential between different clades:</li> <li>• Airborne precautions until differential of chickenpox identified.</li> <li>• Chickenpox (Varicella)</li> <li>• Measles</li> </ul>
3.	Droplet precautions	<ul style="list-style-type: none"> <li>• Influenza (Flu)</li> <li>• COVID-19</li> <li>• Note Airborne precautions for aerosol generating procedures.</li> <li>• Mumps</li> <li>• Meningococcal Meningitis</li> </ul>
4.	Known CPE	Important to isolate patients with different enzymes separately, e.g. KPC, OXA, VIM, NDM etc.
5.	Diarrhoea with confirmed pathogen such as Norovirus <sup>1</sup> or <i>C. difficile</i> <sup>1</sup>	
6.	Gut MDRO <sup>2</sup> with diarrhoea/ incontinence/ urinary catheter	
7.	Suspected CPE and CPE Contacts	
8.	Diarrhoea cause unknown	
9.	Recently confirmed methicillin resistant <i>Staphylococcus aureus</i>	
10.	Other gut MDRO in patient without diarrhoea / incontinence/urinary catheter	

1. In some settings a strong clinical suspicion of Norovirus infection or *C. difficile* may merit management as for a confirmed case while awaiting the laboratory result.
2. For this purpose consider ESBL, AmpC producing Enterobacterales, VRE and most MDRO / resistant Gram negative bacteria as gut MDRO.

## Appendix 1

### Transmission based precautions and PPE required for managing these types of infection and support management patients

Type of precautions	Examples of infectious agents	Single room or cohort	Gloves	Apron/Gown	Mask	Eye protection	Handling of equipment
<b>Standard</b>	Standard precautions apply for all work practices to prevent the likelihood of transmission of infection						
<b>Contact</b>	Multi-drug resistant organisms, <i>C.difficile</i> , norovirus	✓	✓	✓	If infectious agent in respiratory secretion	If splash risk	Single use or reprocess
<b>Droplet</b>	Norovirus, pertussis, meningococcus, influenza	✓	✓	✓	✓ Surgical mask (unless AGP)	If splash risk	Single use or reprocess
<b>Airborne</b>	Pulmonary TB, measles, chickenpox	✓ Controlled ventilation when possible	✓	✓	✓ FFP2 respirator	✓	Single use or reprocess

This document should be used in association with the “NCEC Draft Guidance on Infection and Prevention Control (IPC) 2022” which is available at the following link

<https://www.hse.ie/eng/about/who/nqpsd/nirp/ncec-ipc-guideline-2022-for-consultation.pdf>