# Placement of Patients with Infections

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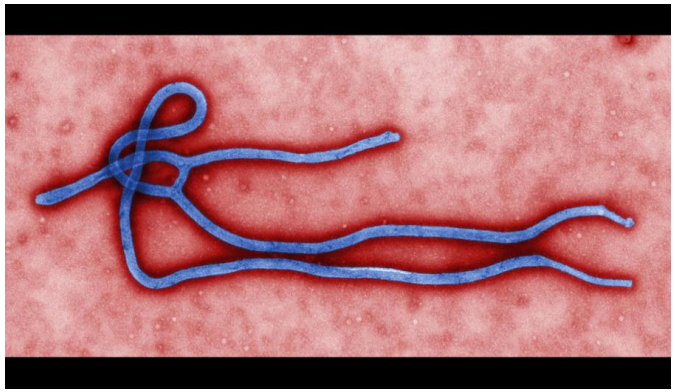
# Patients with infections

- All patients with infections pose risks to other patients & staff
- Infections are the commonest complication of treatment
- Multi-resistant Organisms (MROs) may pose higher risk but require the same management
- Transmission routes
  - Contact
  - Droplet
  - Airborne



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# Prevention

- All infections have the same prevention strategies:
  - Hand Hygiene


  - Standard (and transmission–based) precautions
  - Use of personal protective equipment (PPE)
  - Aseptic technique for procedures
  - Environmental cleaning

# Principles:

- A patient's treatment should not be delayed due to a presence of infection
- An assessment of risk should guide patient placement
- Preventing the spread of infection to other patients at risk is an important consideration
- Other considerations (eg end of life care) may impact on patient placement
- Note risks to "outlier" patients

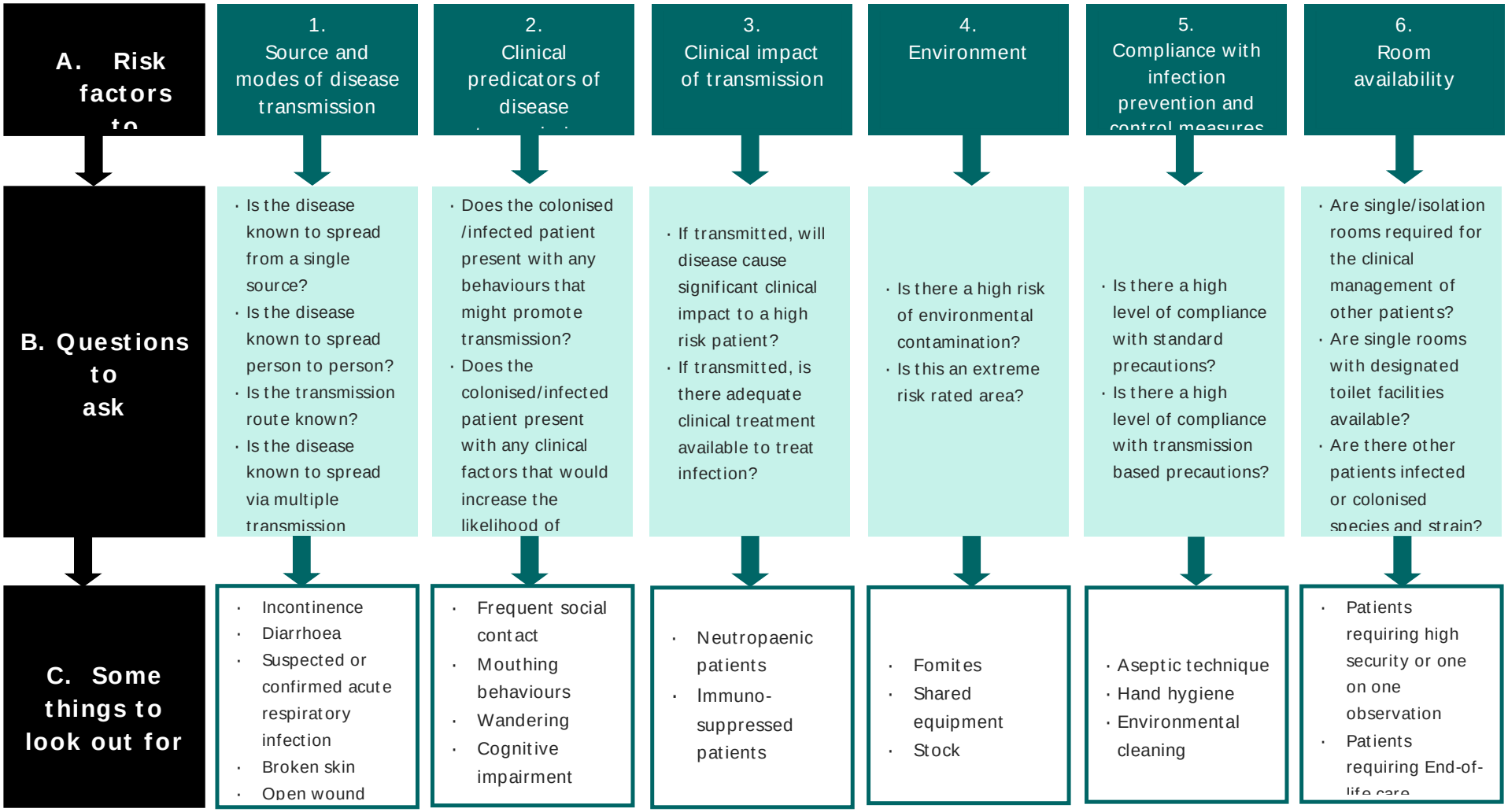
# Risk Assessment:

- Source & mode of disease transmission
- Factors that may impact on transmission – control of body fluids, cognitive impairment, mouthing behaviours
- Impact of infection – immuno-compromised
- Patient factors – severity of disease
- Environment - risk of contamination
- Ability to comply with standard/transmission precautions

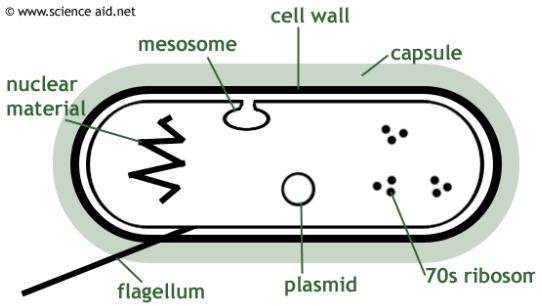
*Table 1 Suggested prioritisation of resources based on infection risk[#]*

| Priority | Disease or presentation (listed in order of priority)* | Precautions/ Requirements |
|---|---|---|
| FIRST | · Viral haemorrhagic fever<br>· Middle East respiratory syndrome coronavirus (MERS - CoV)<br>· Pandemic influenza | **Airborne + droplet + contact** |
| | · Pulmonary tuberculosis<br>· Measles<br>· Chickenpox<br>· Disseminated varicella zoster virus<br>· Patients requiring ventilation** including high flow nasal oxygen | **Airborne** |
| SECOND | · Transplant recipients<br>· Patients with significant neutropaenia*** | **Protective isolation** |
| THIRD | · Influenza<br>· Norovirus and other infectious diarrhoea†<br>· Cystic fibrosis †† | **Droplet + contact** |
| | · Pertussis<br>· Meningococcal disease<br>· Respiratory syncytial virus (RSV)<br>· Mumps | **Droplet** |
| | · *Clostridium difficile* infection | **Contact** |
| FOURTH | · Scabies<br>· Infection or colonisation with multi-resistant organisms<br>· Shingles | **Contact** |

# How to make a patient placement decision



# Conclusion




- No simple solutions
- All infections are important – MROs may add some complexity
- Risk assessment important
- Assistance form Infection Prevention & Control Professionals and/or ID Physicians/Microbiologists
- Tool can be adapted to local situations