

<b>Health Care Associated Infections/ Antimicrobial Resistance (HCAI/AMR)</b>		
	<b>Version 1.0</b>	<b>Ref: HCAI/AMR P012</b>
<b>Issued by: Martin Cormican</b>	<b>Issue date: May 2018</b>	<b>Page 1 of 3</b>



## Policy Document

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

Document Type	Policy	Document developed by	HSE HCAI/AMR Clinical Programme
Approval Date	May 2018	Document author	HCAI/AMR Team
Document reference number		Document approved by	Prof. Martin Cormican MCRN 011105
Revision number		Responsibility for implementation	All HSE funded acute hospitals
Revision Date	12 months	Responsibility for review and audit	Prof. Martin Cormican MCRN 011105
Draft or Final document	Final document		

## Guide to Prioritisation of Patients for Single Room Isolation When There Are Not Sufficient Single Rooms For All Those 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 IPC purposes for those who are not infection prevention and control practitioners. Every patient and every situation is different. 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 Infection Prevention and Control practitioners.

**Note.** It is important to acknowledge that there are also other clinical demands on access to the limited stock of single rooms including provision of maximum privacy at particular times such as end of life care or for patients in great distress. 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 infection prevention and control purposes.

### Prioritisation Table for patients requiring isolation under transmission based precautions in order of prioritisation

1.	Airborne and Contact precautions (single room with negative pressure ventilation)	Viral Haemorrhagic fever		
2.	Airborne precautions (single room with negative pressure ventilation)	TB (particularly suspected or confirmed drug resistant TB	Chickenpox (Varicella).	Measles
3.	Droplet precautions	Influenza (Flu) Airborne precautions for aerosol generating procedures.	Mumps	Meningococcal Meningitis

4.	Known CPE			
5.	Diarrhoea 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 Meticillin 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 pending the laboratory result.
2. For this purpose consider ESBL, AmpC producing Enterobacterales, VRE and most MDRO resistant Gram negative bacteria as gut dwelling MDRO.