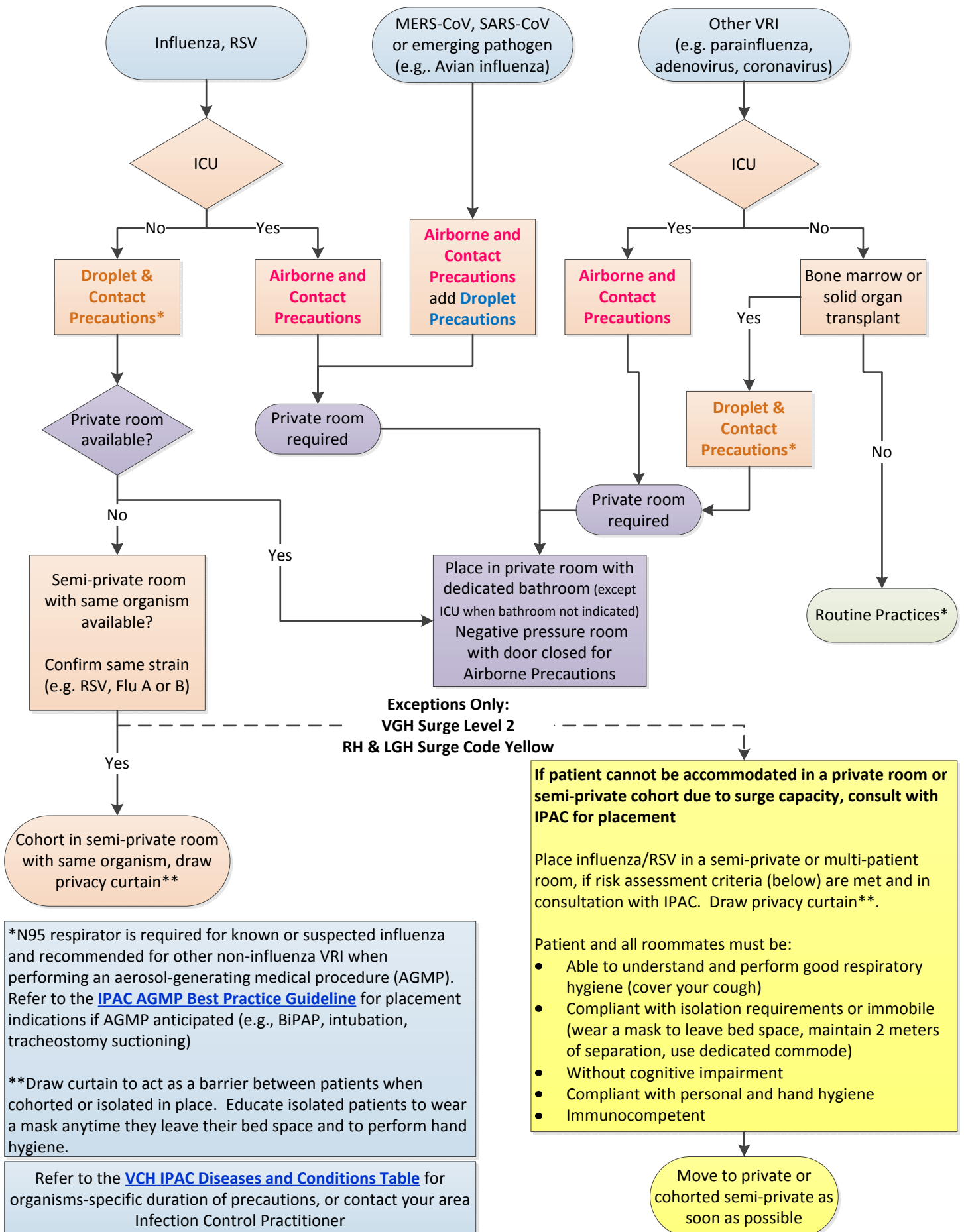


Confirmed or Suspect Viral Respiratory Infection (VRI) Patient Placement Algorithm



*N95 respirator is required for known or suspected influenza and recommended for other non-influenza VRI when performing an aerosol-generating medical procedure (AGMP). Refer to the [IPAC AGMP Best Practice Guideline](#) for placement indications if AGMP anticipated (e.g., BiPAP, intubation, tracheostomy suctioning)

**Draw curtain to act as a barrier between patients when cohorted or isolated in place. Educate isolated patients to wear a mask anytime they leave their bed space and to perform hand hygiene.

Refer to the [VCH IPAC Diseases and Conditions Table](#) for organisms-specific duration of precautions, or contact your area Infection Control Practitioner

If patient cannot be accommodated in a private room or semi-private cohort due to surge capacity, consult with IPAC for placement

Place influenza/RSV in a semi-private or multi-patient room, if risk assessment criteria (below) are met and in consultation with IPAC. Draw privacy curtain**.

- Patient and all roommates must be:
- Able to understand and perform good respiratory hygiene (cover your cough)
 - Compliant with isolation requirements or immobile (wear a mask to leave bed space, maintain 2 meters of separation, use dedicated commode)
 - Without cognitive impairment
 - Compliant with personal and hand hygiene
 - Immunocompetent

Move to private or cohorted semi-private as soon as possible