Vancouver CoastalHealth

Infection Prevention and Control

Viral Respiratory Illness (VRI) Acute Care Patient Placement Algorithm

Patient has active VRI symptoms and meets screening criteria

Screen for VRI

- Droplet & Contact Precautions
- For AGMP add Airborne Precautions
- Do not move – patient may remain in multi-bed room until confirmed test results

Confirmed VRI NEGATIVE

- Routine Practices
- Continue to monitor for new or worsening VRI symptoms

Patient Confirmed VRI Positive

- Droplet & Contact Precautions
- Private room recommended

Private Room Not Available

Cohort:

- Patients with same organism (i.e. COVID with COVID)
- Where Influenza subtype is available, cohort with same subtype (i.e. Influenza A-H1 with Influenza A-H1)
- VRI patients must NOT be cohorted with patients on other Additional Precautions (i.e. CPO, MRSA, CDI)
- Maintain 2 meters of separation and close privacy curtains around each bed
- Consult IPAC if no single room or cohorting options available

For AGMP:

- Add Airborne Precautions
- Airborne Infection Isolation Room (AIIR) with door closed
- If done in multi-bed room entire room requires Airborne Precautions

Multi-Bed Room VRI Exposure Event

COVID/Influenza

- Place exposed roommates on Droplet & Contact Precautions and contact IPAC
- IPAC to determine which patients require preemptive Additional Precautions

All Other VRIs

- Continue to monitor roommates for VRI symptoms
- Roommates do not require preemptive Additional Precautions and can remain in multi-bed room

Cohorting IPAC Confirmed Additional Precaution Roommates:

- Place each roommate in private room **OR**
- Cohort roommates from same exposure event **OR**
- Cohort COVID exposed roommates with recently recovered (in the last 60 days) COVID patients
- Cohort Influenza exposed roommates with recently recovered (in the last 30 days) Influenza patients
- Asymptomatic exposed roommates from separate exposure events, exposed to same organism can be cohorted as per IPAC direction
- **DO NOT admit severely or moderately immunocompromised patients in a multi-bed room with exposed patients**

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