

Best Practice Guideline	Bed Placement for Viral Respiratory Illness (VRI) including COVID-19		
Date	September 10, 2021		
Reviewed Date		Revised Date	January 31, 2023

A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at www.ipac.vch.ca.

Patient Category	Patient Placement	Precaution Sign	Risk Mitigation
Category A (i) Lab-confirmed (known positive) high risk microorganisms (COVID, Influenza, RSV) (ii) Suspect with respiratory symptoms	<ul style="list-style-type: none"> Single patient room Negative pressure room (for AGMP) If no single rooms, cohort patients only when lab-confirmed test results are known and only cohort patients with the same microorganisms (i.e. COVID with COVID; Influenza A with influenza A; influenza B with influenza B; RSV with RSV). Contact IPAC if unable to place in private room or cohort with like organism. 	Droplet & Contact Airborne, Droplet & Contact if AGMP	<p>ALL patients in facility, regardless of risk, have daily documented symptom assessment.</p> <p>Dedicated nursing not necessary.</p> <p>Airborne, Droplet & Contact precautions for AGMPs on confirmed or suspected influenza, RSV, COVID-19. Alternatively, Droplet & Contact Precautions sign with AGMP sign may be used.</p>
Category B Asymptomatic patients: Admitted and identified as a close contact by IPAC*	<ul style="list-style-type: none"> Single patient room, priority placement for: <ul style="list-style-type: none"> Planned/routine AGMP Severely or moderately immunocompromised patients (CEV group 1 and 2)[†] For COVID-19 : if no single rooms available, cohort contacts from the same exposure event or with COVID-19 cases that have recently been cleared by IPAC In a circumstance of significant bed pressure, asymptomatic contacts from separate exposure events can be cohorted together (same organism) as per IPAC direction. Draw privacy curtains, maintain 2 meter separation, closely monitor for new symptoms and promptly test if symptoms develop. 	Droplet & Contact	<p>If AGMP occurring in a cohorted room of confirmed cases, the entire room is to be on Airborne Precautions.</p> <p>VRI patients must not be cohorted with patients who are on other additional precautions (e.g., CPO, CDI, MRSA).</p> <p>Do not cohort severely or moderately immunocompromised patients (CEV group 1 and 2)[†] with exposed contacts whenever possible, single room placement priority.</p> <p>Maintain 2 meters of separation and close privacy curtains around each bed in cohorted rooms. Ensure patients on Droplet and Contact Precautions don a medical mask, perform hand hygiene and are dressed in a clean gown/clothes when they need to leave their bed space (e.g., toileting, bathing, ambulating).</p>
Category C No symptoms or exposure risk	<ul style="list-style-type: none"> Follow Provincial Ministry/BCCDC current testing recommendations Bed placement on unit as per normal practice. 	Routine Practices	<p>Refer to COVID-19 de-isolation algorithm for discontinuing precautions or confirmed cases.</p>



‡ Hematologic malignancy, Hematopoietic stem cell transplant, solid organ transplant recipients, severe or moderate primary immunodeficiencies, Persons on systemic chemotherapy for solid organ cancer, Persons receiving chimeric antigen receptor T-cell therapy, Human Immunodeficiency Virus (HIV) with a CD4 count of ≤ 200 cells/mm³, Any person taking a biologic/immunomodulatory therapy, prednisone of >20 mg/day (or equivalent dose) for ≥ 14 days, tacrolimus, sirolimus, mycophenolate, methotrexate, or azathioprine; individuals on dialysis and those with severe kidney/renal disease

For further details, please refer to the BC COVID Therapeutics Committee [Definitions of CEV/Immunosuppressed](#)

