



The purpose of this document is to provide guidance on patient placement to optimize bed use and minimize COVID-19 transmission (patient to patient, patient to healthcare worker) in Critical Care environments.

Key Terms:

Airborne Infection Isolation Room (AIIR): Formerly known as negative pressure isolation room. An AIIR is any patient care environment with capacity for achieving negative pressure.

Private Room: A single-bed standard patient room without negative pressure.

Multi-bed AIIR: Two or more beds in an AIIR (used only for surge capacity).

Multi-bed Room: Two or more beds in a standard patient room without negative pressure.

1. Admission to Intensive Care Unit (ICU)				
Precautions	<ul style="list-style-type: none"> • Droplet/Contact Plus 			
Patient Placement (Listed in order of preference)	<ul style="list-style-type: none"> • AIIR • Private room Note: Do not admit to a multi-bed room until screening and testing has been completed			
Following Admission to ICU				
2. Screen (Inpatient, Outpatient and Continuing Care Screening Form)				
3. Test for COVID-19				
	Confirmed COVID-19	Suspect COVID-19 (Screen Positive)	Recovered COVID-19	Screen and Test Negative for COVID-19
Precautions	Droplet/Contact Plus ¹	Droplet/Contact Plus ¹	Routine Practices if: confirmed infection has been within last 3 months AND criteria for discontinuation of precautions ² has been met	Routine Practices (unless precautions required for other infectious conditions)
Patient Placement (Listed in order of preference)	<ul style="list-style-type: none"> • AIIR (for unstable* patients) • Multi-bed AIIR (for stable** patients) • Private Room Note: – Only cohort with other lab-confirmed COVID-19 patients – A multi-bed room should not be used unless no other AIIRs are available	<ul style="list-style-type: none"> • AIIR • Private Room Note: A multi-bed room or multi-bed AIIR should not be considered	<ul style="list-style-type: none"> • Private Room (for unstable* patients) • Multi-bed Room (for stable** patients) Note: AIIR not required (even when an AGMP is performed)	<ul style="list-style-type: none"> • Private Room • Multi-bed Room Note: AIIR not required (even when an AGMP is performed)

*Requires high-intensity nursing care

**Requires low-intensity nursing care

¹ Discontinue precautions as per [Acute Care Placement and Precautions Algorithm](#)

² [Management of COVID-19 Recovered Patients](#)



Key Points:

1. Symptoms should be reviewed daily and patients that develop new or worsening symptoms compatible with COVID-19 infection should immediately be placed on precautions and tested for COVID-19.
THINK TO TEST = THINK TO ISOLATE
2. Patients with resolved COVID-19 infection or deemed unlikely to have COVID-19 infection do not require Droplet/Contact Plus precautions and should proactively be moved out of AIIRs.
3. Attempts should be made to not cohort patients with other conditions warranting precautions (Influenza, MRSA, etc.).
4. Patient placement should proactively function to preserve access to AIIR/Private Room to facilitate new ICU admissions.
5. Weekly scheduled multi-disciplinary rounds between Attending Physician/Charge Nurse/Unit Manager/ID/IPAC should review precautions on all admitted patients to ensure appropriate patient placement and prevent unnecessary use of AIIR.

Key Documents and Algorithms:

- [COVID-19 Acute Care Placement and Precautions Algorithm](#)
- [Modification of Precautions Algorithm](#)
- [Management of Recovered COVID-19 Patients](#)
- [Inpatient, Outpatient and Continuing Care Screening Form](#)
- [COVID-19 Signs and Symptoms Daily Monitoring Form – Acute Care](#)
- [Point of Care Risk Assessment Guidelines](#)