



# **Infection Prevention & Control Guidelines: Managing COVID-19 Positive Inpatients Outside Of COVID-19 Designated Units**

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Version 2.0

**Infection Prevention & Control Guidelines:**  
**Managing COVID-19 Positive Inpatients Outside Of COVID-19 Designated Units**

1. **Goal:** To provide Infection Prevention and Control guidance for the safe management of COVID-19 positive patients outside of COVID-19 units.
2. **Process:** Prior to the dismantling of the COVID-19 unit, the Executive Director in consultation with Administrative Directors, Infection Prevention and Control and other key stakeholders will identify combined patient care units where COVID-19 positive and non-COVID-19 patients will be managed. Each Unit will designate patient rooms where COVID-19 positive patients will be cohorted and isolated from non-COVID-19 patients.
3. **Patient placement:**
  - a. **Buffer Zone**
    - **With buffer zone:** When critical bed capacity permits the “COVID-19 designated space” may have a buffer zone between it and the non-COVID-19 area. The buffer zone may be one of the following:
      - an empty patient room if available,
      - a non-patient room or
      - room with a recovered COVID-19 patient (within last 90 days).
    - **Without buffer zone:** When it is not possible to create buffer zone, signage will be used to create a separation between the COVID-19 designated space and the non-COVID-19 area and will indicate that the COVID-19 designated space is a restricted area.
  - b. **Cohorting of COVID-19 Positive Patients**
    - Cohorting can be done as outlined in [Infection Prevention Control Outbreak Management of COVID-19 : Appendix A - Cohorting Strategies to Facilitate Patient Flow During COVID-19 Pandemic](#) March 6, 2023.
  - c. **Washroom Access**
    - COVID-19 positive patients are placed in a room with a dedicated washroom
    - If a dedicated washroom is not available:
      - Can share a washroom when they are cohorted with another COVID-19 positive patient with no other known transmissible infectious disease.
      - Will have a dedicated washroom or commode when placed in a semi-private room with a shared washroom.
4. **AGMP's and AIIR's**
  - a. COVID-19 positive patients requiring an aerosol generating medical procedure are managed as per [IPC Guidance for AGMPs During COVID-19 Pandemic - February 24, 2023](#).
  - b. When the availability of AIIRs is limited, facilities will reserve these for patients undergoing AGMPs. Full Precautions and the use of an Airborne Infection Isolation Room (AIIR) is the standard of care when performing an AGMP for suspect/confirmed COVID-19 patients.
5. **IPC Precautions**
  - a. A **Droplet/Contact** or **Full Precautions** Isolation signage will be posted outside the COVID-19 positive patient's room.
  - b. PPE donning and doffing posters will be posted inside and outside each COVID-19 patient room as visual cues.

c. For HCWs:

- HCWs will wear PPE as required, paying special attention to donning and doffing PPE and hand hygiene. HCWs will be required to wear their face mask/N95 respirator and eye protection when providing direct and indirect patient care.
- A buddy system will be used to confirm safe donning/ doffing of PPE.
- Fit-tested N95 respirators continue to be required when AGMP's are performed on suspect/proven patients with COVID-19). N95 respirators are now strongly recommended while caring for suspect/proven COVID-19 patients when the PCRA indicates a high risk of transmission (e.g., close contact over a prolonged period with a patient with frequent coughing, respiratory distress etc.). Medical grade face masks are considered a suitable alternative when caring for suspect/proven COVID-19 patients in lower-risk scenarios.
- HCW providing care to multiple COVID-19 positive patients (with no other known transmissible infectious disease) in succession may wear the same medical grade face and eye protection (goggles or face shield) for repeated close contact with different patients, without removing their face mask and eye protection between patient encounters. HCWs must change their face mask when it becomes damp/wet as it is no longer effective. Eye protection (goggles/face shield/gasketed prescription eyewear) must be changed or cleaned and disinfected every time a face mask is changed.
- Gowns and gloves need to be changed between patients and hand hygiene performed.
- All PPE must be removed, single use PPE will be disposed of in garbage, reusable gowns put in linen hamper and reusable eye protection (goggles/face shield/gasketed prescription eyewear) cleaned and disinfected when:
  - HCWs exit the room of an isolated COVID-19 patient who has been identified as having another transmissible infectious disease.
  - HCWs have completed providing patient care to the COVID-19 positive patient cohort.
  - HCWs are required to move from COVID-19 positive patient to non-infected patient.

6. **Equipment Management:**

- a. Patient care equipment is dedicated for the use of COVID-19 positive patients and is used in the care of a single patient when possible.
- b. When not possible to use dedicated equipment, all reusable equipment is labelled, cleaned and disinfected before use with another patient.

7. **COVID-19 Positive Inpatient Management:**

- a. COVID-19 positive patients are restricted to their room unless essential diagnostic tests and therapeutic treatments are required.
- b. Respiratory hygiene: COVID-19 positive patients will be encouraged to respect respiratory hygiene recommendations.
- c. Hand hygiene: COVID-19 positive patients will be encouraged to clean their hands with alcohol-based hand rinse or soap and water frequently throughout the day. These should be made available to less mobile patients.
- d. Inpatients will be encouraged to wear a medical grade face mask while awake and where tolerated, when they are within 2 meters of other individuals (e.g., when staff enter their single-bed room and when in a multi-bedroom). All patients wear a medical grade face mask when out of their room for essential medical procedures

- e. Masks will not be used for patients who have difficulty breathing or who are unable to remove the mask on their own (e.g., due to decreased level of consciousness, physical ability, young age, mental illness, or cognitive impairment).

8. **HCWs**

- a. HCWs will be dedicated to care for COVID-19 patients when supported by adequate staffing levels
- b. When resources do not support dedicated patient care, HCWs will:
  - Provide patient care in a sequential fashion (care for non-COVID-19 patients first, then move to positive patients).
  - Bundle patient care activities and patient care assignments to provide care to COVID-19 positive and recently recovered patients.
  - Minimize the number of HCWs caring for COVID-19 patients whenever possible.
- c. All support staff will organize their work in a sequential fashion (moving from non-COVID-19 patients to positive patients).

9. **DSP Visitation:**

- a. DSP visitation to COVID-19 positive patients remains restricted.
- b. If a COVID-19 positive patient becomes critically ill the [IPC Guidance Visitation for COVID-19 Patients - All Phases - September 14, 2022](#) will be followed.
- c. All IPC Precautions outlined in the Infection Prevention & Control Guidance: Management of Suspect/Confirmed COVID-19 Patients will be followed.

**References:**

Alberta Health Services: IPC Cohorting Recommendations for COVID in Acute Care: March 22, 2022  
[IPC Cohorting Recommendations for COVID-19 in Acute Care \(albertahealthservices.ca\)](#)

Shared Health Manitoba: COVID-19 Specific Disease Protocol (Winnipeg) – Acute and Community Settings: March 29, 2022 [IPC-acute-care-manual-winnipeg.pdf \(sharedhealthmb.ca\)](#)