

Bed Management Toolkit

For infectious diseases and multi-resistant organisms

Last updated: 21 April 2022





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Version control and change history

Version	Date from	Date to	Amendment
1.8	21/04/2022	Current	Full review
1.7	1/04/2022	21/04/2022	Minor changes in Table 1
1.6	15/08/2020	1/04/2022	Add COVID-19 in Table 1 and version control
1.5	9/01/2020	15/08/2020	Update in align with the National Infection Control Guidelines and removal infectious diseases table
1.4	21/11/2017	9/01/2020	Update ESBL
1.3	24/10/2017	21/11/2017	Update precautions
1.2	30/09/2017	24/10/2017	General update
1.1	17/09/2017	30/09/2017	General update
1.0	12/09/2017	17/09/2017	Original version

Introduction

This bed management toolkit has been developed to assist clinicians and bed management coordinators in healthcare facilities when single rooms are in short supply.

It will help in determining whether patients in acute care hospitals or residents of long-term care facilities e.g., aged care or rehabilitation with certain infectious diseases or multi-resistant organisms require single rooms and ensuite bathrooms.

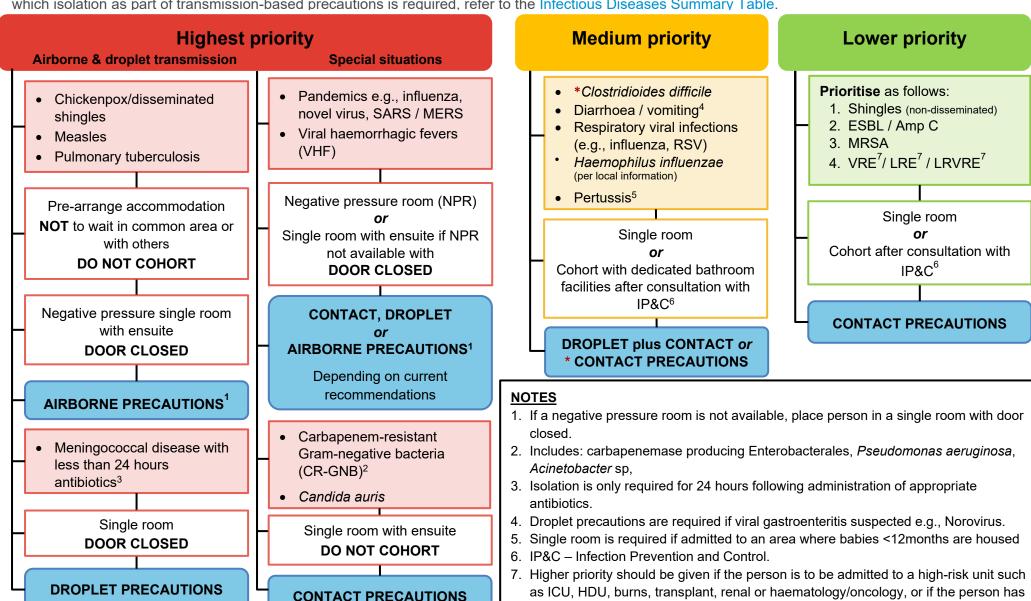
In large acute facilities, cohorting should only be initiated after consultation with Infection Prevention and Control staff at the site/Local health Network, or the on call Infectious Diseases Consultant if available.

For further information please see specific guidelines:

- > Infection Control Management of Infectious Diseases Summary Table
- > <u>Methicillin-resistant *Staphylococcus aureus* (MRSA): Infection prevention and control clinical guideline</u>
- > <u>Multi-resistant Gram-negative micro-organisms (MRGN): Infection prevention and</u> control clinical guideline
- > <u>Vancomycin-resistant enterococci (VRE): Infection prevention and control clinical</u> guideline

Flowchart 1: Infectious disease priority guide for allocation of isolation rooms and & patient cohorting

On suspicion of, or proven disease, the following guidance will assist with single room allocation & bed management. Infectious diseases of significance or those spread via the airborne route are generally regarded as the highest priority. Infectious periods for common and significant infectious diseases for which isolation as part of transmission-based precautions is required, refer to the Infectious Diseases Summary Table.



faecal incontinence/diarrhoea.

Flowchart 2: Bed management: Multi-resistant Gram negative (MRGN) Organisms

Placement should be based on a risk assessment.

The following flowchart will assist to identify risk factors for MRGN transmission.

The person has an active alert or has known MRGN carriage # or is an overseas/interstate patient transfer screened for Carbapenem-producing **Enterobacterales (CPE)**

Known or suspected Carbapenamaseproducing Gram-negative bacilli (CR-GNB) (includes CPE)

- Enterobacterales (e.g. *E.coli*, *Klebsiella pneumoniae*)
- Acinetobacter baumannii.
- Pseudomonas aeruginosa

Discuss management with an ID physician or Infection Control Service on 7425 7161

Minimum requirements:

- Single room with ensuite bathroom
- Transmission based precautions (contact)
- For CPE also refer to the SA Health CPE Infection Control Webpage

Known or suspected ESBL or Amp C producing Enterobacterales, e.g.

- E.coli
- Klebsiella pneumoniae
- Enterobacter species
- Proteus species

Multi-resistant strains of:

• Pseudomonas aeruginosa, Acinetobacter baumannii

Does the person have any of the following?

- Diarrhoea or uncontained faecal incontinence
- Discharging wound/s that cannot be contained by a dressing
- Presence of an enterostomy or urinary catheter

NO

• Unable to comply with, or manage personal hygiene **YES**

The patient requires a single room with ensuite bathroom *& place on contact precautions

* if an ensuite bathroom is not available a shared bathroom can be used. However, it must be cleaned & disinfected more frequently e.g., twice a day and after use.

As a short-term strategy if a single room is not available, the person can be placed in a shared room on Contact Precautions only with others risk assessed as low risk for transmission of infection i.e., no diarrhoea. Other considerations would be to ensure that people in the shared accommodation/bay do not have:

- unhealed wounds present
- indwelling devices e.g., PEG, indwelling urinary catheter
- not on immune suppressive therapy or are immunocompromised.

Do not cohort with another person carrying a different MRO e.g., Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin Resistant Enterococci (VRE)

NOTE: The risk of multi resistant organism (MRO) transmission can be minimised by adherence to standard and transmission-based precautions including hand hygiene and environmental cleaning as well as antimicrobial stewardship.

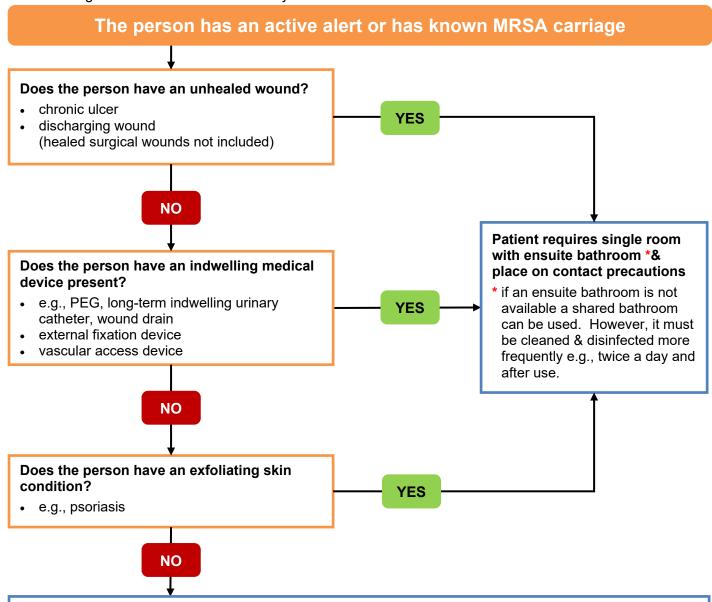
Contact precautions should be maintained in a cohort situation.

For further information on MRGN see SA Health MRGN Guideline

Flowchart 3: Bed management: Methicillin-resistant *Staphylococcus aureus* (MRSA)

Placement should be based on a risk assessment.

The following flowchart will assist to identify risk factors for MRSA transmission.



As a short-term strategy if a single room is not available, the person can be placed in a shared room on Contact Precautions only **with others risk assessed as low risk for transmission of infection** i.e., other people in the shared accommodation/bay do not have:

- · unhealed wounds or non-intact skin present
- indwelling devices e.g., PEG, indwelling urinary catheter
- not on immune suppressive therapy or are immunocompromised.

Do not cohort with another person carrying a different MRO e.g., Extended spectrum beta-lactamase producers (ESBL), Vancomycin Resistant Enterococci (VRE)

NOTE: The risk of multi resistant organism (MRO) transmission can be minimised by adherence to standard and transmission-based precautions including hand hygiene and environmental cleaning as well as antimicrobial stewardship.

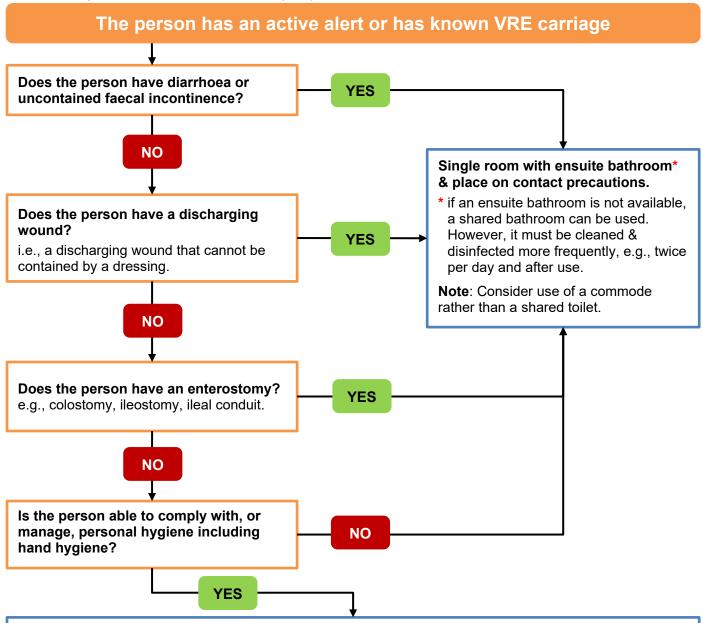
Contact precautions should be maintained in a cohort situation.

For further information on MRSA, see SA Health MRSA Guideline

Flowchart 4: Bed management: Vancomycin-resistant enterococci (VRE)

Placement should be based on a risk assessment.

The following flowchart will assist to identify any risk factors for VRE transmission.



As a short-term strategy if a single room is not available, the person can be placed in a shared room on Contact Precautions only **with others risk assessed as low risk for transmission of infection** i.e., no diarrhoea. Other considerations would be to ensure that other people in the shared accommodation/bay do not have:

- unhealed wounds present
- indwelling devices e.g., PEG, indwelling urinary catheter
- not on immune suppressive therapy or are immunocompromised.

Do not cohort with another person carrying a different MRO e.g., Methicillin-resistant Staphylococcus aureus (MRSA), Extended spectrum beta-lactamase producers (ESBL)

NOTE: The risk of multi resistant organism (MRO) transmission can be minimised by adherence to standard and transmission-based precautions including hand hygiene and environmental cleaning as well as antimicrobial stewardship.

Contact precautions should be maintained in a cohort situation.

For further information on MRSA, see SA Health MRSA Guideline

For more information

Infection Control Service Communicable Disease Control Branch Adelaide SA 5000 Telephone: 1300 252 271

www.sahealth.sa.gov.au/infectionprevention

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