Introduction

Although there are other considerations involving patient placement the infection control concerns are directed at risk of transmission. Single rooms reduce opportunities for direct and indirect contact and droplet transmission when the source patient has poor hygiene, contaminates the environment, or cannot be expected to comply with infection control measures because of age or altered mental status.

Policy

1. Single rooms are not required for routine patient care.

2. Patients who visibly soil the environment or for whom appropriate hygiene cannot be maintained should be placed in single rooms with dedicated toileting facilities. This includes mobile patients with fecal incontinence if stools cannot be contained in an incontinence brief, and patients with draining wounds who do not keep their dressings in place.

3. Single rooms are not required for children in diapers unless they have uncontained diarrhea and cannot be confined to their designated bed space.

Purpose

1. To prevent transmission of infection.

Procedure

1. Consider single room accommodations for patients who exhibit the following:
   - Incontinent of stool; stool not contained by diaper.
   - Diarrhea.
   - Draining skin lesions or wounds not covered by dressings.
   - Copious uncontrolled respiratory secretions.
   - Patients requiring extensive hands-on care.
1. Poor compliance with hygienic practices and infection control precautions, e.g., confused patient.

2. Refer to 30-50 Appendix A: Communicable Diseases Reference Table - Precautions by Etiology or Clinical Presentation.

3. Cohort patients with like conditions or illnesses.

4. If single room unavailable, cohort patients with a low risk of transmission (continent, good hygiene, skin lesions or wounds covered by dressings, able to control respiratory secretions, capable of self-care and able to comply with infection control precautions) with colonized or infected patients.

Reference: