



Patient / Resident Placement for SARS-CoV-2

Resident Type/Scenario	Room (Ideally)	Bathroom	Placement Additional Notes	Transmission-Based Precautions	PPE
Ideally, it is best to have dedicated staff & have patients/residents cared for in a dedicated area, with consideration of resident-types:					
Quarantined	Private	·Private / separated from others ·If a commode is used to physically separate bathroom usage, consideration should be taken to where that commode is emptied and cleaning/disinfection of the bathroom after.	·Preferably, should be physically separated from other rooms and non-SARS-CoV-2 patients/residents if a mixed unit. · <i>Note: placing them with another quarantined individual could put both at more risk for contracting SARS-CoV-2 if one of the two persons is infected and one is not.</i>	Yes <i>(Standard, Airborne, Contact & Droplet)</i>	Full PPE for duration of quarantine <i>[NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face)]</i>
Symptomatic status pending	Private	·Private / separated from others ·If a commode is used to physically separate bathroom usage, consideration should be taken to where that commode is emptied and cleaning/disinfection of the bathroom after.	·Preferably, should be physically separated from other rooms and non-SARS-CoV-2 patients/residents if a mixed unit. · <i>If confirmed SARS-CoV-2 positive, move to dedicated area (when available). See "positive for SARS-CoV-2".</i>	·Until infectious etiology identified---Then institute appropriate transmission-based precautions based on disease type, if necessary. · <i>If SARS-CoV-2 positive by testing, continue TBP/isolation and see "positive for SARS-CoV-2".</i>	Full PPE until infectious etiology is identified. <i>[NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face)]</i> · <i>Then institute appropriate PPE for disease type, if necessary.</i>
Positive for SARS-CoV-2	Private	·Private / separated from others ·If a commode is used to physically separate bathroom usage, consideration should be taken to where that commode is emptied and cleaning/disinfection of the bathroom after.	Preferably, should be physically separated from other rooms and non-SARS-CoV-2 patients/residents if a mixed unit.	Yes <i>(Standard, Airborne, Contact & Droplet)</i>	Full PPE for duration of isolation <i>[NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face)]</i>

Notes:

- **When looking to cohort**, you want to do so in a way that provides the highest risk mitigation.
 - If **cohorting of quarantined PRCs** must occur due to capacity, then take the following into consideration when looking at level of risk –with goal of not placing higher risk PRC with a lower risk PRC:
 - How far into quarantine are the PRCs?
 - Is daily symptom monitoring or testing occurring?
 - Are the PRCs immunocompromised?
 - Was the level of risk of the exposure that put the PRC in quarantine of higher or lower risk?
 - Can the PRC mask, practice appropriate hygiene (hand hygiene, toileting, etc.), physical distancing (as much as feasible) in the room?
 - What is the air exchange capabilities of the space/room they will be placed in?
 - How often are the rooms cleaned/disinfected?
- Want to additionally consider what may be transmitted between roommates, such as multi-drug resistant organisms (MDROs) [e.g., MRSA, VRE, ESBL, CRE, Candida auris] or other potentially transmissible organisms