Interior Health
INFECTION PREVENTION & CONTROL

IPAC Considerations for Use of Hallway Care Spaces

Purpose

Infection Prevention and Control (IPAC) does not recommend placing patients in hallways or other non-traditional care spaces. However, recognizing this may at times be necessary to consider, this document provides a framework to assess suitability, from an IPAC perspective, for temporary placement in hallway care spaces.

Best Practices

Current best practice is for all patients to be placed in private rooms with private bathroom facilities. However, many situations require cohorting patients in multi-bed rooms, as well as use of non-traditional care spaces.

Patients requiring additional precautions should be prioritized for private room placement. When this is not achievable, refer to Recommendations for Cohorting Patients to support cohorting of patients on additional precautions and guidance for private room prioritization.

In overcapacity settings, patients in inpatient rooms or emergency departments may be considered, using the criteria below, for temporary movement into a hallway space. Patients not requiring additional precautions should be considered for non-traditional care spaces before considering patients on additional precautions.

Procedure

1) Assess the proposed care space

All of the following requirements must be met:

- Only essential items remain in the patient space, and can be cleaned and disinfected
- Any temporary physical barriers used must be cleanable and disinfectable
- Hand sanitizer and PPE must be readily available for patient care

2) Assess patient for exclusion criteria

Patients with any of the following are not eligible for consideration for hallway spaces:

- Requires aerosol generating medical procedure (AGMP)
- Patient is immunocompromised
- Suspected or confirmed infection requiring Airborne Precautions (e.g. TB, Measles, Chickenpox, Disseminated herpes zoster/shingles, Mpox, Avian influenza, SARS, other High Threat Pathogens etc.)
- Suspected or confirmed case, or known exposure to, Carbapenemase-producing organisms (CPO) or Candida auris (C. auris)
- Uncontained/uncontrolled vomiting/diarrhea, or Clostridioides difficile infection (C. diff)

3) Assess the 5 C's

If the patient being considered is on isolation precautions, they must meet ALL of the 5 C's:

1. Communicate – receiving department is aware patient is on additional precautions and can provide safe bedside isolation in the proposed space.
2. Co-operate – patient can follow instructions and comply with Additional Precautions. Must not be confused, wandering, or otherwise unable to stay in the assigned bedspace.
3. Clean Hands – patient can perform hand hygiene when required.
4. Clean Clothes – patient's clothing and linens are clean on arrival to the admitting unit.
5. Covered/Contained – patient must not have any uncontrolled secretions, no draining wounds, no incontinence. If on Droplet Contact precautions, patient must be able to tolerate and be compliant with wearing a medical mask at all times. There must be no active vomiting or diarrhea.

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tŝilhqot'in Nations where we live, learn, collaborate, and work together.