

Subject/Title: <p style="text-align: center;">Cohorting Principles for Patients with Suspect or Confirmed Communicable Diseases, including Pandemic (H1N1) 2009</p>	Reference: 01-009
Authorized by: <p style="text-align: center;">EXECUTIVE MANAGEMENT</p>	Effective Date: FROM: November 9, 2009 TO: Revised:

PURPOSE

To provide direction on the practice of cohorting patients/residents with suspect or confirmed communicable diseases, including Pandemic (H1N1) 2009.

DIRECTIVE

Definition:

Cohorting: refers to the practice of grouping **patients/residents** on the basis of similar clinical characteristics. For the purposes of this document, these characteristics will refer to the patient's suspected or confirmed disease/transmissible condition and similar symptoms.

General Principles

- 1) **The decision to cohort patients is complex and based on site design, patient population, and capacity. All decisions to cohort must be made in consultation with Infection Prevention and Control (IPC).**
- 2) Patients requiring isolation precautions must be given priority for private room placement.
- 3) Adult and pediatric patients should not be cohorted together, unless they are members of the same family and appropriate care delivery model and accommodation is available.
- 4) Strict adherence to IPC Point of Care Risk Assessment, hand hygiene, appropriate use of personal protective equipment (PPE) by health care workers, adequate spatial patient accommodation and appropriate environmental cleaning guidelines is required.
- 5) Patients on isolation precautions who are in shared accommodation must be cared for "individually" i.e. barriers must be changed between patients. As always, careful attention to hand hygiene before and after patient contact is key to stopping transmission of infectious organisms. In some situations, (e.g. two or more confirmed H1N1 patients) extended use of facial PPE (mask/N95, eye protection) may be considered.
- 6) In accordance with Health Canada guidelines¹ patients must have ready access to appropriate hand washing sinks and toilet facilities.

Disease Specific Principles

Triage for single room accommodation should be done using the following list, in descending order of priority:

- 7) Patients on **Airborne precautions** (Tuberculosis, Chicken Pox, Disseminated Herpes Zoster) always require placement in a **private** room with negative pressure and door closed at all times.
- 8) Patients on **Contact/Modified Droplet precautions (suspect or confirmed H1N1)** require in order of preference:
 - ❖ Single patient room with private bathroom, no need for negative pressure.
 - ❖ Confirmed H1N1 cases may share rooms with other confirmed H1N1 patients if no other infectious comorbidities are present.
 - ❖ Cohorting of suspect H1N1 cases or ILI should only be contemplated when all other options are exhausted.
 - ❖ If single rooms are no longer available temporary physical barriers (screens/curtains) should be used between beds
 - ❖ When cohorting H1N1 patients, gowns and gloves must be changed between patients, mask/N95 and eye protection may be multipatient use, but must be removed before exiting the room.
- 9) Patients on **Contact** or **Significant Organism** Precautions or Precautions for **Antibiotic Resistant Organisms** (MRSA, VRE, CDI, etc) generally require a single room with private bathroom, however shared accommodation may be considered following consultation with IPC.

APPLICABILITY

This directive applies to Acute Care, Critical Care, Continuing Care, Emergency Departments and Urgent Care settings, and all other settings.

CONTACT

For more information or clarification, please contact your facility's Infection Prevention and Control Professional or Designate.