

Cohorting Isolation for Patients in Corrections Health

IPC does not routinely recommend cohorting of patients

The following recommendations can be used in the management of isolation patients in provincial correctional facilities. Patient cohorting is the placement of patients exposed to or infected with the same laboratory-confirmed pathogen in the same cell. This strategy can be used when patient requirements for single cells exceed capacity.

Patient eligibility

Does patient require airborne or airborne/contact precautions, e.g., suspected or confirmed tuberculosis, chicken pox or disseminated shingles, measles, undiagnosed fever with a rash?	Yes	No
Does patient have more than one transmissible disease/organism once all pending VRI and/or GI tests are finalized?	Yes	No
Is the patient from an outbreak unit (within centre or elsewhere)? This includes both asymptomatic residents during isolation period and symptomatic residents with no diagnosis.* *Once the isolation period has passed or the resident has a diagnosis, they may be cohorted following the guidelines.	Yes	No
If "yes" to any questions, patient are not candidates for cohorting; contact IPC to discuss options.		

When used, priority for cohorting should go to patients who do not have symptoms suggestive of communicable diseases. Patients who are coughing, have diarrhea/vomiting, and/or uncontained drainage should not be routinely cohorted. **Please inform IPC when a decision to cohort is made.**

Information on patient placement for communicable diseases is found in the [IPC Diseases and Table Recommendations for Management of Residents Continuing Care](#). **Corrections follows Continuing Care Guidelines for managing patients on additional precautions.**

If the information on cohorting of a patient with a particular organism is not found in the table below, please contact IPC for additional guidance. When cohorting is used, bedside isolation or isolation without walls is required. Treat each bed space as a single cell. Strict adherence to IPC point-of-care risk assessment, hand hygiene, appropriate use of [personal protective equipment \(PPE\)](#), and appropriate [Environmental Cleaning Recommendations](#) is required.

Cohorting assignments should also be based on interpersonal compatibility to promote safe and respectful healthcare environments.

Recommendations for cohorted patients

- Patients with more than one transmissible disease/organism are not candidates for cohorting.
- Adhere to IPC point-of-care risk assessment, hand hygiene, appropriate use of personal protective equipment (PPE), and appropriate environmental cleaning recommendations.
- Change PPE between each patient interaction and treat each patient space as a single cell.
- Remove PPE and perform hand hygiene before providing care to the other patients in the cell.
- Patients on contact and droplet precautions: there should be an optimal distance of 2 meters between the

head of one patient and that of another.

- Dedicate patient care items and equipment to each isolated patient, if possible. Otherwise, clean and disinfect items prior to use on any other patient. Shared items that cannot be cleaned/disinfected should be discarded.
- Request cleaning staff to do an Isolation Clean of the isolated area once a patient has been transferred or discharged.
- Consult with site IPC if you have questions, note increased numbers of symptomatic patients, or require assistance on placement of patients with suspect or confirmed communicable diseases.

Considerations for cohorting when single-cell accommodation is not available

	ARO or Organism	Isolation Type	Cohorting recommendations
	ESBL* (for outbreaks only)	Contact	Can be in shared accommodation with bedside isolation or isolation without walls in place. Treat each bed space like a single cell.
	Lab confirmed viral respiratory infection (VRI) including COVID-19, Influenza A & B, RSV, Parainfluenza etc.	Contact and Droplet	If cohorting is necessary, only patients who are lab confirmed to have the same viral respiratory organism (and in some instances, same strain) should be cohorted. Treat each bedspace like a private room. Patients with signs and symptoms and exposure criteria consistent with VRI should maintain at least a 2 meter separation between all other inpatients.
	Acute Respiratory Illness (RI) with unknown respiratory virus	Contact and Droplet	Single cell recommended. If lab confirmation is unavailable and all other options have been exhausted, cohort with another patient having ILI symptoms until single cell is available. Treat each bed space like a private room.
	<i>Clostridium difficile</i> *	Contact	Single cell recommended. If unavailable, cohort with another patient having lab-confirmed <i>Clostridium difficile</i> . Treat each bed space like a single cell. Patients cannot share toilet.
	Norovirus*	Contact or Contact and Droplet	Single cell recommended. If unavailable, cohort with another patient with lab-confirmed Norovirus. Add Droplet precautions if patient is vomiting. Treat each bed space like a single cell. Patients cannot share toilet.
	Gastrointestinal (GI) symptomatic patient	Contact or Contact and Droplet	Single cell recommended. If lab confirmation is unavailable, bedside isolation or isolation without walls is required until lab confirmation or single cell is available. Add Droplet precautions if patient vomiting. Treat each bed space like a single cell. Patients cannot share toilet.
	Acute Respiratory Illness with travel history. Refer to Rapid Assessment and Triage	Contact and Droplet	These patients cannot be cohorted.
	Carbapenemase Producing Organism (CPO)	Contact	Patients with active infection should not be cohorted.

*Lab-confirmed cases can be cohorted together, but bedside isolation in a cell with unaffected patients is strongly discouraged. [Cohorting definition adapted from Public Health Agency of Canada \(2013\).](#)