Purpose

The following guidelines provide direction for the safe cohorting of positive or probable COVID-19 positive patients within AHS acute care facilities.

Background

Cohorting is the assignment of a geographic area to two or more patients who are infected with the same pathogen and do not have evidence of co-infection with another pathogen. It can refer to designating a unit or an area within a facility (site-level) or placing two or more patients with same pathogen in a multi-bed room on a unit (unit-level). Principle-based cohorting contributes to the control of outbreaks and should be considered when planning for surge capacity.

Guiding principles

AHS is not considering dedicated COVID-19 hospitals due to the downstream impact to specialty care services and geographic considerations.

Based on site-specific capacity, facility design, and patient population, each site can develop their own cohorting plan using the following guiding principles and considerations:

- The decision to cohort must be made in consultation with IPC.
- A staged approach to cohorting is based on minimizing risk to the most patients while adhering to IPC principles and practices.
- Strict adherence to IPC point-of-care risk assessment, hand hygiene, appropriate use of personal protective equipment (PPE) (donning) and (doffing) by healthcare providers, adequate Spatial Separation and appropriate cleaning and disinfection is required.
- When cohorting patients, consideration should also be given to:
  - underlying patient conditions (e.g., immunocompromised);
  - vaccination status, especially for Influenza with respect to co-infection;
  - co-infection with other diseases (e.g., Influenza).
- Each site/zone should develop decision trees/algorithms based on local infrastructure:
  - Decisions regarding the cohorting of suspected and confirmed (positive) COVID-19 patients versus COVID-positive patients only on a dedicated unit.

Cohorting on a unit (small numbers of admitted COVID-19 patients)

Refer to the IPC Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities.
Designated units (large numbers of COVID positive patients)

Having a designated unit may allow for separation of positive or probable COVID-19 patients from other patients within an acute care facility. It may also allow for preservation of PPE amongst healthcare providers and may include the following:

- Consider utilizing areas that have more single-bed rooms.
- Determine how patients with positive or probable COVID-19 will be triaged and admitted.
  - Ideally, cohorting is based on the COVID-19 variant strain.
  - All attempts should be made to use a private room for COVID-positive patients.
- If cohorting is necessary due to capacity challenges, private rooms should be prioritized based on risk.
- Units may be designated as COVID-positive only or mixed COVID-19 confirmed and suspected based on facility infrastructure and local decision-making.
- Units which house both suspected and confirmed COVID-19 patients should use staff cohorting to minimize the risk of transmission.
  - Where staffing levels allow, separate staff groups should care for suspected and confirmed COVID-19 patients.
  - If staffing levels cannot support this, then care should be done in a sequential fashion (care for suspected COVID-19 patients first, then move to positive patients).
- For “Enhanced Environmental Cleaning for COVID-19” - refer to document on Insite.
- Criteria should be established to move suspected COVID-19 patients who test negative to another space in the facility. Contact and Droplet/COVID-19 Precautions should be maintained regardless of testing until the patient is asymptomatic.
- PPE can be used for multiple patient encounters (refer to next page).

Additional resources

2. IPC guidance for cohorting patients in all congregate living settings in Continuing Care see Continuing Care Communicable Disease Emergency Response Plan (CDERP) 2016-2017: Treat in Place Guidelines.
AHS IPC Recommendations PPE Table (Matrix) for COVID-19 Designated Units

1. This document provides guidance and recommendations for personal protective equipment (PPE). Each space and flow is different. Contact IPC to discuss site-specific scenarios. Always perform a **Point of Care Risk Assessment (PCRA)** to determine PPE requirements.

2. Use fit-tested N95 respirators for continuous masking.
   - There may be situations where a health care worker, based upon their **Point-of-Care Risk Assessment (PCRA)** or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of a N95 respirator.
   - See [Joint Statement](#) for more information.

3. **Do not double mask** (in any combination of mask and respirator) as there is an increased risk of self-contamination.

4. Use continuous eye protection regardless of HCW vaccination status.

5. **Gloves do not replace the need for hand hygiene.** Perform hand hygiene frequently instead of wearing gloves continuously.

6. Gloves become contaminated very quickly and are single use. Gloves should be used when handling disinfectants or before contact with body fluids.

7. AHS supplied scrubs may be worn. Must be removed at end of shift and laundered on-site.

8. Extended use of PPE/ PPE-sparing strategies can be considered beyond multi-bed rooms with increased patient load. Please contact IPC before embarking on this strategy.

9. These are interim recommendations and may change with emerging scientific data and evolving epidemiology.

### HCW Type Examples

<table>
<thead>
<tr>
<th>AHS HCW/ Contracted HCW/ Volunteers</th>
<th>Tasks</th>
<th>Direct patient contact?</th>
<th>Within 2 metres of unmasked patient or contaminated space?</th>
<th>PPE required</th>
<th>When to change</th>
<th>Notes</th>
</tr>
</thead>
</table>
| **Staff NOT working within 2 metres of a patient** | - If staff are not interacting with patients or contaminated equipment/space, follow continuous masking and continuous eye protection.  
- Use of gowns as per site direction.  
- Gloves not recommended. Perform hand hygiene frequently. | | | | | |
| **Protective Services** | Unit security within patient care space | Yes or No | Yes or No  
- Continuous Masking  
- Continuous Eye Protection  
[See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)](#) | | | |
| **Unit Clerks** | Entering data, clerical duties, coordination of unit activities | Yes or No | | | | |

For more information contact [ipcsurvstdadmin@ahs.ca](mailto:ipcsurvstdadmin@ahs.ca)
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### IPC Cohorting Recommendations for COVID-19 in Acute Care

#### AHS IPC Recommendations PPE Table (Matrix) for COVID-19 Designated Units

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<tbody>
<tr>
<td>Nursing staff Nurse practitioners Physicians Unit clerks in direct contact with patients</td>
<td>Patient care</td>
<td>Yes (Indirect and direct)</td>
<td>Yes</td>
<td>• N95 respirator</td>
<td>Change N95 respirator and eye protection as a unit if: one or both is wet/soiled, contaminated (e.g. AGMP exposure, coughed or sneezed on), before breaks and shift change</td>
<td>• Perform hand hygiene frequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)</td>
<td>• Eye protection</td>
<td>Gloves</td>
<td>Do not wear a procedure/surgical mask over a N95 respirator</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>Cleaning of dedicated unit environment</td>
<td></td>
<td></td>
<td>• Gown</td>
<td></td>
<td>PPE should always be changed if it becomes visibly soiled</td>
</tr>
<tr>
<td>All Allied Health (including but not limited to Lab, PT, OT, DI, Pharmacy)</td>
<td>Patient care in patient space/room</td>
<td></td>
<td></td>
<td>• Gloves</td>
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