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 zone shall develop decision trees/algorithms based on local infrastructure:
  - Decisions regarding the cohorting of suspect and positive patients versus COVID-19 only patients 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.
  - Strain typing of COVID-19 must be considered when cohorting.
  - Patients with unknown COVID-19 strain are not to be cohort.
  - Variant and non-variant ("wild type") strain COVID-19 patients are not to be cohort.
- Units may be designated as COVID-19 positive only or COVID-19 positive and suspect based on facility infrastructure, and local decision making.
- Units which house both suspect and positive COVID-19 patients should use staff cohorting to minimize the risk of transmission.
  - Where staffing levels allow, separate staff groups should care for suspect and positive patients.
  - If staffing levels cannot support this, then care should be done in a sequential fashion (care for suspect 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 suspect patient who test negative to another space in the facility. Contact and Droplet 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

1. Infection and Prevention Control (IPC) guidance for cohorting patients in acute care facilities, Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities.
2. IPC guidance for cohorting patients in all congregate living settings in Continuing Care Treat in Place Guidelines.
1. This document provides guidance and recommendations for PPE. Each space and flow is different. Contact IPC to discuss scenarios specific to your site.

2. Eye protection is to be changed or disinfected every time mask is changed.

3. Note that gloves do not replace the need for hand hygiene. Instead of wearing gloves, **performing hand hygiene** frequently is recommended.

4. Gloves cannot be cleaned and become contaminated very quickly. Gloves should be used when handling disinfectants or before contact with body fluids.

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

6. Fit tested N95 respirators are not preferred for continuous masking or non-AGMP situations but may be selected by healthcare provider after performing a risk assessment. N95 respirators must be changed as recommended.

<table>
<thead>
<tr>
<th>Staff Type Examples</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>
<tbody>
<tr>
<td>AHS staff/Contracted staff/ Volunteers</td>
<td>If staff are not interacting with patients or contaminated equipment/space, no personal protective equipment (PPE) is required.</td>
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<tr>
<td><strong>Protective Services</strong></td>
<td>Unit security within patient care space</td>
<td>No</td>
<td>Yes or No</td>
<td><strong>Continuous masking</strong>&lt;br&gt;<strong>Continuous Eye Protection</strong>&lt;br&gt;Gown</td>
<td>Mask, eye protection and gown when wet/soiled and before breaks and shift changes</td>
<td>Gloves not recommended&lt;br&gt;Perform hand hygiene frequently</td>
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<tr>
<td><strong>Unit Clerks</strong></td>
<td>Entering data, clerical duties, coordination of unit activities</td>
<td>No</td>
<td>No</td>
<td><strong>Continuous masking</strong>&lt;br&gt;<strong>Continuous Eye Protection</strong></td>
<td>Perform hand hygiene frequently&lt;br&gt;Facial protection and gown when wet/soiled and before breaks and shift changes</td>
<td>Gloves not recommended&lt;br&gt;Perform hand hygiene frequently</td>
</tr>
<tr>
<td>Nursing staff&lt;br&gt;Nurse Practitioners&lt;br&gt;Physicians&lt;br&gt;Unit Clerks in direct contact with patients</td>
<td>Patient care</td>
<td>Yes, indirect and direct</td>
<td>Yes</td>
<td><strong>Continuous masking</strong>&lt;br&gt;<strong>Continuous Eye Protection</strong>&lt;br&gt;Gown&lt;br&gt;Gloves</td>
<td>Facial protection when wet/soiled and before breaks and shift changes&lt;br&gt;Gloves must be changed between each patient encounter&lt;br&gt;Gowns to be changed&lt;br&gt;COVID-positive patients: when exiting COVID-positive patient(s) room&lt;br&gt;Suspected COVID-19 patients: between each patient encounter</td>
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| Environmental Services housekeeper | Cleaning of dedicated unit environment | No | Yes (occupied room cleaning) | • Continuous masking  
• Continuous Eye Protection  
• Gown  
• Gloves | • Facial protection gown when wet/soiled and before breaks and shift changes  
• Gloves must be changed between each patient room.  
• Gowns to be changed  
• COVID-positive patients: when exiting COVID-positive patient(s) room  
• Suspected COVID-19 patients: between each patient encounter | PPE should always be changed if it becomes visibly soiled |
| Lab, OT, RT, PT, DI (all Allied Health) | Patient care in patient space/room | Yes | Yes | • Continuous masking  
• Continuous Eye Protection  
• Gown  
• Gloves | • Facial protection and gown when wet/soiled and before breaks and shift changes  
• Gloves must be changed between each patient encounter  
• Gowns to be changed  
• COVID-19 positive patients: when exiting COVID-19 positive patient(s) room  
• Suspected COVID-19 patients: between each patient encounter | PPE should always be changed if it becomes visibly soiled |