

# IPC Cohorting Recommendations for COVID-19 in Acute Care

Note: If you have any questions or comments regarding this Information Sheet please contact IPC at [ipcsurvstdadmin@ahs.ca](mailto:ipcsurvstdadmin@ahs.ca).

## Purpose

The following guidelines provide direction for the safe cohorting of confirmed 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 confirmed patients VS COVID-19 only patients on a dedicated unit.

## Cohorting on a unit (small numbers of admitted COVID 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 confirmed or probable COVID-19 patients from other patients within an acute care facility. It may also allow for preservation of PPE amongst healthcare providers.

For more information contact  
[ipcsurvstdadmin@ahs.ca](mailto:ipcsurvstdadmin@ahs.ca)  
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- Consider utilizing areas that have more single-bed rooms.
- Determine how patients with confirmed or probable COVID-19 will be triaged and admitted.
- 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 confirmed 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 confirmed 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.](#)
3. AHS Guidelines for Cohorting Patients with COVID-19 Policy.

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

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. Note that gloves do not replace the need for hand hygiene. Instead of wearing gloves, [performing hand hygiene](#) frequently is recommended.
3. Gloves cannot be cleaned and become contaminated very quickly. Gloves should be used when handling disinfectants or before contact with body fluids.
4. AHS supplied scrubs may be worn. Must be removed at end of shift and laundered on-site.

Staff Type Examples <i>AHS staff/Contracted staff/ Volunteers</i>	Tasks	Direct Patient Contact?	Within 2 meters of unmasked patient or contaminated space?	PPE Required*	When to Change	Notes
Staff NOT working within 2 meters of a patient	If staff are not interacting with patients or contaminated equipment/space, <b>no personal protective equipment (PPE) is required.</b>					
<ul style="list-style-type: none"> <li>• Protective Services</li> </ul>	Unit security within dedicated space	No	No	<ul style="list-style-type: none"> <li>• Continuous masking if unable to maintain spatial separation from coworkers</li> </ul>	<ul style="list-style-type: none"> <li>• Perform hand hygiene frequently</li> <li>• Mask, eye protection and gown when wet/soiled and before breaks and shift changes</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves not recommended</li> <li>• Perform hand hygiene frequently</li> </ul>
<ul style="list-style-type: none"> <li>• Protective Services</li> </ul>	Unit security within patient care space	No	Yes	<ul style="list-style-type: none"> <li>• Procedure mask</li> <li>• Eye protection</li> <li>• Gown</li> </ul>	<ul style="list-style-type: none"> <li>• Mask, eye protection and gown when wet/soiled and before breaks and shift changes</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves not recommended</li> <li>• Perform hand hygiene frequently</li> </ul>
<ul style="list-style-type: none"> <li>• Unit clerks</li> </ul>	Entering data, clerical duties, coordination of unit activities	No	No	<ul style="list-style-type: none"> <li>• Continuous masking if unable to maintain spatial separation from coworkers</li> </ul>	<ul style="list-style-type: none"> <li>• Perform hand hygiene frequently</li> <li>• Mask, eye protection and gown when wet/soiled and before breaks and shift changes</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves not recommended</li> <li>• Perform hand hygiene frequently</li> </ul>
<ul style="list-style-type: none"> <li>• Nursing staff</li> <li>• Nurse Practitioners</li> <li>• Physicians</li> <li>• Unit Clerks in direct contact with patients</li> </ul>	Patient care	Yes, indirect and direct	Yes	<ul style="list-style-type: none"> <li>• Procedure mask</li> <li>• Eye protection</li> <li>• Gown</li> <li>• Gloves</li> </ul>	<ul style="list-style-type: none"> <li>• Mask, eye protection and gown when wet/soiled and before breaks and shift changes</li> <li>• Gloves must be changed between each patient encounter</li> <li>• Gowns to be changed when moving from suspect patient rooms and positive patient rooms (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• PPE should always be changed if it becomes visibly soiled</li> </ul>

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Staff Type Examples <i>AHS staff/Contracted staff/ Volunteers</i>	Tasks	Direct Patient Contact?	Within 2 meters of unmasked patient or contaminated space?	PPE Required*	When to Change	Notes
<ul style="list-style-type: none"> <li>• Housekeeper Environmental Services</li> </ul>	<p>Cleaning of dedicated unit environment</p>	<p>No</p>	<p>Yes (occupied room cleaning)</p>	<ul style="list-style-type: none"> <li>• Procedure mask</li> <li>• Eye protection</li> <li>• Gown</li> <li>• Gloves</li> </ul>	<ul style="list-style-type: none"> <li>• Mask, eye protection and gown when wet/soiled and before breaks and shift changes</li> <li>• Gloves must be changed between each patient room.</li> <li>• Gowns to be changed when moving from suspect patient rooms and positive patient rooms (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• PPE should always be changed if it becomes visibly soiled</li> </ul>
<ul style="list-style-type: none"> <li>• Lab, OT, RT, PT, DI (all allied health)</li> </ul>	<p>Patient care in patient space/room</p>	<p>Yes</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Procedure mask</li> <li>• Eye protection</li> <li>• Gown</li> <li>• Gloves</li> </ul>	<ul style="list-style-type: none"> <li>• Mask, eye protection and gown when wet/soiled and before breaks and shift changes</li> <li>• Gloves must be changed between each patient encounter.</li> <li>• Gowns to be changed when moving from suspect patient rooms and positive patient rooms (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• PPE should always be changed if it becomes visibly soiled</li> </ul>