

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.



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 4.0 International license](https://creativecommons.org/licenses/by-nc-sa/4.0/). The License does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner.

Disclaimer: This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

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](#).

For more information contact
ipcsurvstdadmin@ahs.ca
© 2021 Alberta Health Services, IPC

Original date: April 14, 2020
Revised date: September 14, 2021
ECC Approval: September 14, 2021

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 cohorted.
- All attempts should be made to use a private room until strain confirmation results are available.
- If cohorting is necessary prior to strain confirmation due to capacity challenges, private rooms should be prioritized based on risk. See memo entitled *Patient Cohorting for COVID-19 (Including Variant Strains)* for more detailed information. [link: <http://www.ahsweb.ca/ipc/memo-pt-cohort-COVID-19-variant-z0-emerg-iss>]
 - Only B.1.1.7 variant and non-variant (“wild type”) strain COVID-19 patients may be cohorted.

COVID-19 Strain	Can be cohorted with
Wildtype/Non-variant	Wildtype or B.1.1.7
B.1.1.7/Alpha	Wildtype or B.1.1.7
B.1.351 / Beta	B.1.351
P.1/Gamma	P.1
B.1.617	Do not cohort
B.1.617.2/Delta	B.1.617.2
Other variants	Consult IPC
Unresolved	Consult IPC

- 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 see Continuing Care Communicable Disease Emergency Response Plan (CDERP) 2016-2017: Treat in Place Guidelines.

AHS IPC Recommendations PPE Table (Matrix) FOR COVID-19 Dedicated 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.
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.
7. 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.

Staff Type Examples AHS staff/Contracted staff/ Volunteers	Tasks	Direct patient contact?	Within 2 metres 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, follow continuous PPE as per site direction					
Protective Services	Unit security within patient care space	No	Yes or No	<ul style="list-style-type: none"> • Continuous masking • Continuous Eye Protection • Gown 	<ul style="list-style-type: none"> • Mask, eye protection and gown when wet/soiled and before breaks and shift changes 	<ul style="list-style-type: none"> • Gloves not recommended • Perform hand hygiene frequently
Unit Clerks	Entering data, clerical duties, coordination of unit activities	No	No	<ul style="list-style-type: none"> • Continuous masking • Continuous Eye Protection 	<ul style="list-style-type: none"> • Perform hand hygiene frequently • Facial protection when wet/soiled and before breaks and shift changes 	<ul style="list-style-type: none"> • Gloves and gown not recommended • Perform hand hygiene frequently
Nursing staff Nurse Practitioners Physicians Unit Clerks in direct contact with patients	Patient care	Yes, indirect and direct	Yes	<ul style="list-style-type: none"> • Continuous masking • Continuous Eye Protection • Gown • Gloves 	<ul style="list-style-type: none"> • Facial protection when wet/soiled and before breaks and shift changes • Gloves must be changed between each patient encounter • Gowns (COVID-positive patients) <ul style="list-style-type: none"> ○ when exiting COVID-positive patient(s) room ○ if using a PPE-sparing strategy, then change gown when visibly soiled • Suspected (COVID-19 patients) <ul style="list-style-type: none"> ○ between each patient encounter 	<ul style="list-style-type: none"> • PPE should always be changed if it becomes visibly soiled

For more information contact
ipcsurvstdadmin@ahs.ca
 © 2021 Alberta Health Services, IPC

Original date: April 14, 2020
 Revised date: September 14, 2021
 ECC Approval: September 14, 2021

IPC Cohorting Recommendations for COVID-19 in Acute Care | 4

Staff Type Examples <i>AHS staff/Contracted staff/ Volunteers</i>	Tasks	Direct patient contact?	Within 2 metres of unmasked patient or contaminated space?	PPE required*	When to change	Notes
Environmental Services	Cleaning of dedicated unit environment	No	Yes (occupied room cleaning)	<ul style="list-style-type: none"> • Continuous masking • Continuous Eye Protection • Gown • Gloves 	<ul style="list-style-type: none"> • Facial protection gown when wet/soiled and before breaks and shift changes • Gloves must be changed between each patient room. • Gowns (COVID-positive patients) <ul style="list-style-type: none"> ○ when exiting COVID-positive patient(s) room • Suspected COVID-19 patients <ul style="list-style-type: none"> ○ between each patient encounter 	PPE should always be changed if it becomes visibly soiled
All Allied Health (including but not limited to Lab, OT, RT, PT, DI)	Patient care in patient space/room	Yes	Yes	<ul style="list-style-type: none"> • Continuous masking • Continuous Eye Protection • Gown • Gloves 	<ul style="list-style-type: none"> • Facial protection and gown when wet/soiled and before breaks and shift changes • Gloves must be changed between each patient encounter • Gowns (COVID-positive patients) <ul style="list-style-type: none"> ○ when exiting COVID 19 positive patient(s) room • Suspected (COVID-19 patients) <ul style="list-style-type: none"> ○ between each patient encounter 	PPE should always be changed if it becomes visibly soiled

For more information contact
ipcsurvstdadmin@ahs.ca
 © 2021 Alberta Health Services, IPC

Original date: April 14, 2020
 Revised date: September 14, 2021
 ECC Approval: September 14, 2021