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-19 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](http://www.ahsweb.ca/ipc/memo-pt-cohort-COVID-19-variant-z0-emerg-iss).

Designated units (large numbers of COVID-19 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. [Modified Respiratory or Contact and Droplet Precautions](http://www.ahsweb.ca/ipc/memo-pt-cohort-COVID-19-variant-z0-emerg-iss) should be maintained regardless of testing until the patient is assessed using Form 21624 Discontinuation of Modified Respiratory Precautions for Suspected or Confirmed COVID-19.

- PPE can be used for multiple patient encounters (refer to next page).

Additional resources

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. Continuous masking: Use fit-tested N95 respirator.
   - There may be situations where a healthcare 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 an N95 respirator. See Joint Statement for more information.
   - Both options are considered safe practice for continuous masking.
   - Use appropriate N95 respirator model/size if fit testing is current (i.e., within the last 2 years) and review the AHS General Instructions for Putting On and Taking Off an N95 Respirator (Mask).
   - If fit testing is NOT current, then don a well-fitting seal-checked procedure/surgical mask. A seal check alone is not adequate for an N95 respirator.
   - Use a well-fitting procedure/surgical mask if fit-tested N95 respirator not available.
   - Do not double mask (in any combination of mask and respirator) as there is an increased risk of self-contamination.

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

4. HCWs working behind transparent barriers must follow continuous masking and eye protection directives.

5. Perform hand hygiene frequently. Do not wear gloves continuously.
   - Gloves do not replace the need for hand hygiene.
   - Gloves cannot be cleaned and become contaminated very quickly.
   - Gloves should be used when handling disinfectants or before contact with body fluids.

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

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.

8. These are interim recommendations and may change with emerging scientific data and evolving epidemiology.
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<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>
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</table>
| AHS HCW/ Contracted HCW/ Volunteers | • 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. | Yes or No | Yes or No  
• Continuous Masking  
• Continuous Eye Protection | • Fit-tested N95 respirator  
  o There may be situations where a healthcare worker, based upon their [Point-of-Care Risk Assessment (PCRA)](https://www.ahs.ca) or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.  
  o See [Joint Statement](https://www.ahs.ca) for more information.  
• Eye protection  
• Gown if blood or body fluid exposure anticipated | Change N95 respirator or well-fitting procedure/surgical mask 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  
Reusable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded.  
Change gown if visibly soiled or before breaks/shift change. | • Gloves not recommended.  
• Perform hand hygiene frequently. |
| Protective Services | Unit security within patient care space | Yes or No | • Fit-tested N95 respirator  
  o There may be situations where a healthcare worker, based upon their [Point-of-Care Risk Assessment (PCRA)](https://www.ahs.ca) or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.  
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Reusable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded.  
Change gown if visibly soiled or before breaks/shift change. | • Gloves not recommended.  
• Perform hand hygiene frequently. |
| Unit Clerks | Entering data, clerical duties, coordination of unit activities | Yes or No | • Fit-tested N95 respirator  
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Reusable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded.  
Change gown if visibly soiled or before breaks/shift change. | • Gloves and gown not recommended.  
• Perform hand hygiene frequently. |
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| Nursing staff     | Patient care              | Yes (indirect and direct) | Yes  
- Continuous Masking  
- Continuous Eye Protection | Fit tested N95 respirator  
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  - See Joint Statement for more information.  
- Eye protection  
- Gown  
- Gloves | Change N95 respirator or well-fitting procedure/surgical mask 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  
- Re-usable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded.  
- Gloves must be changed between each patient encounter |
| Nurse Practitioners|                              |                              |                              |              |               |       |
| Physicians        |                              |                              |                              |              |               |       |
| Unit clerks in direct contact with patients |                              |                              |                              |              |               |       |
| Environmental Services | Cleaning of dedicated unit environment |                              |                              |              |               |       |
| All Allied Health (including but not limited to Lab, PT, OT, RT, DI, Pharmacy) | Patient care in patient space/room |                              |                              |              |               |       |

For more information contact ipc surv std admin@ahs.ca
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