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 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.

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

- 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.
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**

<table>
<thead>
<tr>
<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>Unit security within patient care space</td>
<td>No</td>
<td>Yes or No</td>
<td>Continuous masking</td>
<td>Mask, eye protection and gown when wet/soiled and before breaks and shift changes</td>
<td>Gloves not recommended</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Continuous Eye Protection</td>
<td>Perform hand hygiene frequently</td>
<td>Gown</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Gown</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Entering data, clerical duties, coordination of unit activities</td>
<td>No</td>
<td>No</td>
<td>Continuous masking</td>
<td>Perform hand hygiene frequently</td>
<td>Gloves and gown not recommended</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Patient care</td>
<td>Yes, indirect and direct</td>
<td>Yes</td>
<td>Continuous masking</td>
<td></td>
<td>PPE should always be changed if it becomes visibly soiled</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Continuous Eye Protection</td>
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</table>

**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**

- Mask, eye protection and gown when wet/soiled and before breaks and shift changes
- Gloves not recommended
- Perform hand hygiene frequently

**Unit Clerks**

- Perform hand hygiene frequently
- Gowns (COVID-positive patients)
  - when exiting COVID-positive patient(s) room
  - if using a PPE-sparing strategy, then change gown when visibly soiled
- Suspected (COVID-19 patients)
  - between each patient encounter
  - PPE should always be changed if it becomes visibly soiled

**Nursing staff**

- Nurse Practitioners
- Physicians

- Gowns
  - when exiting COVID-positive patient(s) room
  - if using a PPE-sparing strategy, then change gown when visibly soiled

- Suspected (COVID-19 patients)
  - between each patient encounter
  - PPE should always be changed if it becomes visibly soiled

For more information contact
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Alberta Health Services
Infection Prevention & Control
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</tr>
</thead>
</table>
| Environmental Services                                   | 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** (COVID-positive patients)  
  o when exiting COVID-positive patient(s) room  
• **Suspected COVID-19 patients**  
  o 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 | • 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** (COVID-positive patients)  
  o when exiting COVID 19 positive patient(s) room  
• **Suspected** (COVID-19 patients)  
  o between each patient encounter | PPE should always be changed if it becomes visibly soiled |