IPC Cohorting Recommendations for Viral Respiratory Illness (VRI) in Acute Care

Note: If you have any questions or comments regarding this Information Sheet contact Infection Prevention & Control at ipcsurvstdadmin@ahs.ca.

Purpose

The following guidelines provide direction for the safe cohorting of patients with confirmed or probable viral respiratory illnesses (VRI), including Influenza and COVID-19 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 the 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

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:

- IPC Cohorting Principles provide initial guidance for the decision to cohort. If these resources do not address a specific situation consult 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 Infection Prevention and Control risk assessment (IPC RA), hand hygiene, appropriate use of personalprotective equipment (PPE) (donning) and (doffing) by healthcare providers, adequate Spatial Separation and is required.
- When cohorting patients, consideration should also be given to:
    - underlying patient conditions (e.g., immunocompromised);
    - vaccination status,
    - co-infection with other diseases (e.g., Influenza and COVID-19 or Norovirus).
- Each site/zone should develop decision trees/algorithms based on local infrastructure:
    - Decisions regarding the cohorting of suspected and confirmed (positive) VRI patients versus VRI positive patients only on a dedicated unit.

For more information contact: ipcsurvstdadmin@ahs.ca

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Cohorting on a unit (small numbers of admitted VRI patients)

Refer to the IPC Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care Facilities.

Designated units (large numbers of VRI positive patients)

Having a designated unit may allow for separation of positive or probable VRI patients from other patients within an acute care facility. It may also allow for preservation of PPE amongst healthcare providersand may include the following:

- Consider utilizing areas that have more single-bed rooms.
- Determine how patients with positive or probable VRI will be triaged and admitted.
    - Ideally, cohorting is based on the confirmed VRI organism.
    - All attempts should be made to use a private room for patients with confirmed VRI.
- If cohorting is necessary due to capacity challenges, private rooms should be prioritized based on risk.
- Units may be designated as VRI-positive only or mixed VRI confirmed and suspected based onfacility infrastructure and local decision-making.
- Units which house both suspected and confirmed VRI patients should use staff cohorting to minimize the risk of transmission.
    - Where staffing levels allow, separate staff groups should care for suspected and confirmed VRI patients.
    - If staffing levels cannot support this, then care should be done in a sequential fashion (care for suspected VRI patients first, then move to positive patients).

Criteria should be established to move suspected VRI patients who test negative to another space in the facility. Respiratory Illness: Assessing the Need for Additional Precautions (Isolation) should be maintained regardless of testing until the patient is assessed using Form 21624 Discontinuation of Additional Precautions for Suspected or Confirmed Respiratory Virus Infection (Including COVID-19)

- 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- 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 inPlace Guidelines.

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AHS IPC Recommendations PPE Table (Matrix) for VRI Designated 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**. Always perform an Infection Prevention and Control Risk Assessment (IPC RA) to determine PPE requirements.

2. **Enhanced masking:** Use fit-tested N95 respirator.
   - There may be situations where a healthcare worker, based upon their Infection Prevention and Control Risk Assessment (IPC RA) 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 enhanced masking.
   - 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) Use appropriate N95 respirator model/size 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**.
   - if fit-tested N95 respirator not available. Use a well-fitting procedure/surgical mask **Do not double mask** (in any combination of mask and respirator) as there is an increased risk of self-contamination.

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

4. HCWs working behind transparent barriers must follow enhanced 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 basic recommendations and may change based on individual situations and organisms.

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HCW Type Examples AHS HCW/ Contracted HCW/ 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 metres of a patient	• If staff are not interacting with patients or contaminated equipment/space, PPE is determined by IPC RA and any Enhanced masking and continuous eye protection. • Use of gowns is based on IPC RA • Gloves not recommended. Perform hand hygiene frequently.					
Protective Services	Unit security withinpatient care space	Yes or No	Yes or No • Enhanced Masking • Continuous Eye Protection See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)	• Fit-tested N95 respirator ○ There may be situations where a healthcare worker, based upon their Infection Prevention and Control Risk Assessment (IPC RA) 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. • 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 hygienefrequently.
Unit Clerks	Entering data, clerical duties, coordination of unit activities	Yes or No		• Fit-tested N95 respirator ○ There may be situations where a healthcare worker, based upon their Infection Prevention and Control Risk Assessment (IPC RA) 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. • Eye protection	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.	• Gloves and gown notrecommended. • Perform hand hygiene frequently.

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Nursing staff
Nurse Practitioners
Physicians
Unit clerks in direct contact with patients
	Patient care	Yes (indirect **and** direct)	Yes
			• Enhanced Masking
			• Continuous Eye Protection
			
			See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)
				• Fit tested N95 respirator
				  ○ There may be situations where a healthcare worker, based upon their Infection Prevention and Control Risk Assessment (IPC RA) 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.
				• 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
					
					Gowns – VRI positive patients
					• when exiting VRI positive patient(s) room
					• if using a gown-sparing strategy, then change gown when visibly soiled and before breaks/shift change
					
					Gowns - Suspected VRI patients
					• between each patient encounter
						• Perform hand hygienefrequently.
						• Do not wear a procedure/surgical mask over an N95 respirator.
						• PPE should always bechanged if it becomes visibly soiled.

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					

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