

Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care

Patient cohorting (the placement of patients exposed to or infected with the same laboratory-confirmed pathogen in the same inpatient room/geographic area) is a strategy which can be used when patient requirements for private rooms exceed capacity. IPC does not routinely recommend cohorting of patients. The following recommendations can be used in the management of isolation patients in AHS acute care facilities.

Patients on [Airborne Precautions](#) (tuberculosis, chicken pox, disseminated herpes zoster and measles) always require placement in a single-patient room with dedicated bathroom, negative pressure, and with the door closed at all times.

When used, priority for cohorting should go to patients who do **not** have symptoms and/or risk factors suggestive of communicable diseases such as coughing, diarrhea / vomiting, and/or uncontained drainage.

Please inform IPC when a decision to cohort is made. Information on patient placement for diagnosed or suspected communicable diseases is found in the AHS IPC [Acute Care Resource Manual](#).

If the information on cohorting of a patient with a particular organism is not found in the table below, please contact IPC for additional guidance. When cohorting is used, **bedside isolation** or [Isolation Without Walls](#) is required. Treat each bedspace as a private room. Strict adherence to IPC point-of-care risk assessment, hand hygiene, appropriate use of personal protective equipment (PPE), and appropriate environmental cleaning guidelines is required.

Over-capacity spaces should not be used for patients with suspect or lab-confirmed communicable diseases.

Patient eligibility

Does patient have more than one transmissible disease/organism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient require airborne or airborne/contact precautions? (e.g. suspected or confirmed Tuberculosis, chicken pox or disseminated shingles, Measles, undiagnosed fever with a rash)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is patient an admitted resident of congregate living site with active outbreak(s)? This includes both asymptomatic residents during isolation period and symptomatic residents with no diagnosis.* * Once the isolation period has passed or the resident has a diagnosis they may be cohorted following the guideline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" to any questions patients are not candidates for cohorting	

Personal protective equipment (PPE)

- Adhere to IPC [point-of-care risk assessment](#), [hand hygiene](#), appropriate use of [personal protective equipment](#) (PPE), and appropriate environmental cleaning guidelines.
- Change PPE between each patient interaction and treat each patient space as a private room.
- Remove PPE and perform hand hygiene when leaving one isolated bedspace or before providing care to the other patients in the room.

Patient space considerations

- Separate patient beds by minimum of 2 meters.
- Create a visual barrier to define the isolation space(s). A privacy curtain or a portable wipeable screen may be used. The isolated spaces must be treated as though they are a separate room.
- Place dedicated isolation cart at entrance of room. Place the linen hamper and garbage receptacle in close proximity.
- Dedicate the bathroom to one patient. Use dedicated commodes for other patient(s) in the room when cohorting GI illness, *Clostridium difficile* infection or antibiotic resistant organisms (ARO.)
- Request Environmental Services to do an Isolation Clean of the isolated area once a patient has been transferred to a single room or discharged.

Patient care items

- Dedicate patient care items and equipment to each isolated patient if possible. Otherwise, clean and disinfect items before use on any other patient. Shared items that cannot be cleaned/disinfected should be discarded.

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Table 1: Considerations for cohorting when single room accommodation is not available. *Please consult with IPC at your site if you have questions on these guidelines, note increased numbers of symptomatic patients, or require assistance on placement of patients with suspect or confirmed communicable diseases.*

	ARO or Organism	Type of isolation	Cohorting guidelines
	ESBL* (outbreaks only)	Contact	Can be in shared accommodation with bedside isolation or isolation without walls in place. Treat each bedspace like a private room.
	VRE*	Contact	Cohort with another patient having lab-confirmed VRE, when indicated. Treat each bedspace like a private room. Washroom cannot be shared by the two patients.
	MRSA*	Contact	Cohort with another patient having lab-confirmed MRSA. Treat each bedspace like a private room. Washroom cannot be shared by the two patients.
	COVID-19	Contact and Droplet	If cohorting is necessary, only patients who are lab confirmed to have COVID-19 should be cohorted. Treat each bedspace like a private room. Washrooms may only be shared by confirmed positive patients. Patients with signs and symptoms and exposure criteria consistent with COVID-19 should maintain at least a 2 meter separation between all other inpatients. Follow: Recommendations for Cohorting Patients with COVID-19
	<i>Clostridium difficile</i> *	Contact with Sporicidal Cleaning	Private room recommended. If unavailable, cohort with another patient having lab-confirmed <i>Clostridium difficile</i> . Treat each bedspace like a private room. Washroom cannot be shared by the two patients.
	Norovirus*	Contact or Contact & Droplet	Private room recommended. If unavailable, cohort with another patient with lab-confirmed norovirus. Add Droplet precautions if patient vomiting. Treat each bedspace like a private room. Washroom cannot be shared by the two patients.
	Influenza* or lab onfirmed viral illness	Contact and Droplet	Private room recommended. If unavailable, cohort patients with lab confirmation of the same viral organism. Treat each bedspace like a private room.
	Gastrointestinal (GI)* symptomatic patient	Contact or Contact and Droplet	Private room recommended. If lab confirmation unavailable, bedside isolation or isolation without walls is required until lab confirmation or private room is available. Add Droplet precautions if patient vomiting. Treat each bedspace like a private room. Washroom cannot be shared by the two patients.
	Acute Respiratory Illness (e.g., Influenza–like illness (ILI), pneumonia) with unknown respiratory virus	Contact and Droplet	Private room recommended. If lab confirmation unavailable and all other options have been exhausted , cohort with another patient having ILI symptom until private room is available. Treat each bedspace like a private room.
	Acute Respiratory Illness with travel history. Refer to: IPC Rapid Assessment and Triage for Patients Presenting with Fever	Contact and Droplet	These patients should not be cohorted.
	Carbapenemase Producing Organism (CPO)	Contact	These patients should not be cohorted.

*Lab-confirmed cases can be cohorted together, but bedside isolation in a room with unaffected or unconfirmed patients is strongly discouraged.
[Cohorting definition adapted from Public Health Agency of Canada \(2013\).](#)