

Congregate Living Settings - Recommendations for Cohorting Clients during COVID-19 Outbreak

Introduction

Client cohorting is the assignment, relocation or movement of two or more clients exposed to, or infected with, the same laboratory-confirmed pathogen to the same room, treatment space or clinical area. Cohorting is a strategy which can be used when requirements for private rooms exceed capacity.

Cohorting contributes to the control of outbreaks by segregating known infectious clients and should be considered as part of a thorough outbreak management response and surge plan.

Cohorting should occur after all other methods of outbreak management have been implemented and should occur in consultation with clients, families, care teams and the outbreak management team. All efforts to ensure clients are kept in a familiar environment with their belongings and comfort items should be considered.

Clients may remain in their semi-private space while under investigation for COVID-19, with contact droplet precautions in use by all individuals entering that space (otherwise known as "[isolation without walls](#)") while maintaining 2 metres of space between bed spaces. Once a client is deemed to be positive for COVID-19, all efforts shall be made to move the client to a private room.

An infection prevention and control (IPC) professional or the Medical Officer of Health (MOH)/designate shall be included when a decision to cohort is required.

Planning strategy

Comprehensive pandemic planning and emergency preparedness needs to consider the potential requirement to cohort clients during an outbreak management response. Assignment, relocation and movement of clients from their familiar surroundings to a new space has the potential to be traumatic to clients ([relocation stress syndrome](#)). Families and clients must be part of the planning process to create awareness and understanding of the need to reduce the risk of transmission while supporting client care needs. Planning during a pandemic response, where visitor restrictions are in place, should consider other forms of communication with families such as virtual or teleconference.

Planning will also need to take into account the client population, facility size, facility layout and staff compliment. For example, sites of 25 beds or less and/or sites with only semiprivate rooms may not have the space or staffing allocation to relocate clients regardless of how many clients are requiring contact and droplet precautions. Additional consideration should be given to the potential number of affected residents, bed vacancy, mix of bed spaces, surge capacity and staff training related to outbreak management and client care. Strategies to cohort staff (assign staff to specific areas or clients; ensure staff provide care to asymptomatic clients prior to symptomatic) may also need to be considered.

Vacancy management

During a pandemic response, vacancy may occur within a facility. In the event that vacancy occurs, assignment, relocation and movement of clients should be considered to reduce the risk of transmission and exposure. For example if the bed mix includes both private and semi-private spaces,

clients who are at higher risk of transmission to others (i.e. currently in a semi-private where one client is on contact and droplet precautions) may benefit from moving to a vacant room. Clients who have [aerosol generating medical procedures](#) (AGMP) as part of their care needs may also require a private room.

The utilization of bedside isolation (or [isolation without walls](#)) in semiprivate rooms may be disconcerting for clients in the other bed space. Maximizing the use of private bed spaces and consideration of temporary moves to relocate clients that are suspected, probable or confirmed together in the same unit or area may reduce the risk of transmission to others. In small sites, or depending on the layout of the facility, there may be no benefit from or ability to cohort clients. Utilization of clinical decision making, evidence-informed practice and collaboration between care teams, clients, families and the outbreak management team (including IPC, the MOH or designate) will be an essential part of determining how to fully utilize any vacancy at your site.

Additional considerations

Accommodation fees for semiprivate and private rooms in designated living options differ. Additional costs may deter clients from choosing private rooms where that choice exists. Most facilities also have extensive waitlists for private rooms. As relocation into private rooms may need to be temporary, it is essential to provide clear written information to clients and families to ensure that there is understanding that COVID related costs will be covered. Additional accommodation fee costs, related specifically to cohorting, should be tracked by the operator as these should be covered as part of the reimbursement of COVID related expenses from the Government of Alberta.

Recommendations

Information on client assignment, relocation or movement for communicable diseases is found in the [AHS IPC Continuing Care Resource Manual](#).

Cohorting decisions must involve key administrative and clinical leaders in consultation with Infection Prevention & Control (IPC) and / or the Medical Officer of Health (MOH)/designate.

When cohorting is used, **bedside isolation** or [isolation without walls](#) is required. This means treating each bed space as a private room.

The following recommendations can be used in the management of isolation clients in AHS continuing care facilities:

- **Clients with more than one transmissible disease/organism are not candidates for cohorting.**
- Adhere to IPC [point-of-care risk assessment](#), [hand hygiene](#), appropriate use of [personal protective equipment](#) (PPE), and appropriate [environmental cleaning](#) guidelines.
- Separate client beds by a minimum of 2 metres.
- Create a visual barrier to define the isolation space(s). A privacy curtain or a portable wipeable screen may be used. Isolated spaces must be treated as though they are a separate room.

- Place dedicated isolation cart at entrance of room/each isolation space. Place the linen hamper and garbage receptacle in close proximity.
- Dedicate client care items and equipment to each isolated client if possible. Otherwise, clean and disinfect items before use with any other client. Shared items that cannot be cleaned/disinfected should be discarded.
- Request that staff follow organizational protocols for [isolation/terminal cleaning](#) of the isolation area once a client has been transferred to a single room or is discharged.
- **When** cohorting, consideration should also be given to:
 - underlying patient conditions (e.g., immune-compromised, dementia);
 - vaccination status, especially for influenza with respect to co-infection;
 - co-infection with other diseases (e.g. influenza).
- Outbreak measures, such as cohorting, physical distancing in all areas of the facility, isolation of symptomatic residents, outbreak signage posted, enhanced cleaning, strict hand hygiene, restriction of visitors, and cancellation of group activities, apply to the entire facility.

Additional COVID-19 cohorting measures:

- Roommates of COVID-19 positive cases should be put on Contact and Droplet precautions for 14 days from time of last exposure to a positive case(s).
- Attempt to move COVID-19 confirmed clients to a private room or cohort with other COVID-19 confirmed clients in a multi-bed room. Note that the roommate is still considered a close contact and would require isolation for 14 days. Consider risk of exposure and transmission to others when relocating clients to other rooms/areas.
- **Asymptomatic** clients should be cared for before those on Contact and Droplet precautions.
- Attempt to cohort staff: have specific staff only care for those on contact and droplet precautions. Refer to recommendations on staff cohorting
- For guidance on PPE use, including when to change/remove PPE see Table 1.
- Refer to the [Guidelines for Outbreak Management in Congregate Living Sites COVID-19](#) for additional information.

Please consult with IPC/MOH or designate for your site if you have questions on these recommendations, note increased numbers of symptomatic clients, or require assistance on assignment, relocation or movement of clients with suspect or confirmed COVID-19.

Table 1 – Considerations for PPE utilization when cohorting one or more clients

Proportion of Cases	PPE Use	Recommended Measures	Conservation Strategy
One client with symptoms (as per Resident Daily Screening) or confirmed with COVID-19	<p>Staff should follow continuous masking guidelines in all client care areas and during client care.</p> <p>Clients with symptoms (as per daily resident screening) or confirmed COVID-19 require Contact and Droplet precautions.</p>	<p>Remove gloves, gown, eye protection and mask after caring for clients on Contact and Droplet precautions and don a new mask.</p> <p>All PPE, except for continuous masks, should be removed before entering non-client care areas including charting area where physical distancing cannot be maintained.</p> <p>Implement all conservation strategies.</p>	May wear same mask between asymptomatic clients.
<p>2 or more cases AND</p> <p>Less than 20% of clients have symptoms (as per Resident Daily Screening) or confirmed COVID-19.</p> <p>**For small sites, less than 50 beds, consult IPC or MOH/or designate for guidance on when to cohort and when to enact PPE conservation measures.</p>	<p>Staff should follow continuous masking guidelines in all client care areas and during client care.</p> <p>In consultation with IPC/MOH or designate, consider continuous eye protection (goggles, face shield) for direct client care and when in client care areas.</p> <p>Clients with symptoms (as per Resident Daily Screening) or confirmed COVID-19 require Contact and Droplet precautions.</p>	<p>Remove gloves, gown, and eye protection and mask after caring for clients on contact and droplet precautions and don a new mask when finished the isolated clients care.</p> <p>Do not wear PPE used in rooms of clients on droplet & contact precautions into non-client care areas including charting area.</p> <p>Implement all conservation strategies.</p>	<p>Do not wear gowns, gloves or eye protection for asymptomatic clients unless advised by the IPC/MOH or designate.</p> <p>If clients in same room (multi-bedded room) are suspected or confirmed COVID-19: Gown, mask and eye protection can be worn from client to client in multi-bedded rooms. Gloves must be changed and hand hygiene performed between clients. If PPE is soiled with blood or body fluids it should be changed between clients.</p>
Proportion of clients with symptoms (as per	continuous masking	If clients in same room (multi-bedded room) are	Do not wear gowns, gloves or eye protection

Proportion of Cases	PPE Use	Recommended Measures	Conservation Strategy
<p>Resident Daily Screening) or confirmed clients with COVID-19 is greater than 20% (For small sites, less than 50 beds, consult IPC or MOH/or designate for guidance on cohorting and when to enact PPE conservation measures).</p>	<p>guidelines in all client care areas and during client care.</p> <p>In consultation with IPC/MOH or designate, consider continuous eye protection (goggles, face shield) for direct client care and when in client care areas.</p> <p>Clients with symptoms (as per daily resident screening) or confirmed COVID-19 require Contact and Droplet precautions.</p> <p>Roommates of COVID-19 positive cases should be put on Contact and Droplet precautions for 14 days from time of last exposure to a positive case(s).</p>	<p>suspected or confirmed COVID-19: Gown, mask and eye protection are to be worn from client to client in multi-bedded rooms. Gloves must be changed and hand hygiene performed between clients.</p> <p>Do not wear PPE used in rooms of clients on droplet & contact precautions in non-client care areas, including charting area.</p> <p>Implement all conservation strategies.</p>	<p>for asymptomatic clients unless advised by the IPC/MOH or designate.</p> <p>Continuous use of gowns, masks and eye protection can be worn between clients on Contact and Droplet precautions.</p> <p>Change gloves and perform hand hygiene between all clients, and prior to entering common spaces. Discard PPE when visibly soiled, wet or contaminated with blood or body fluids.</p> <p>Remove PPE at breaks. Don a new masks and eye protection (if applicable) after breaks.</p> <p>Dispose PPE at end of shift. Gloves must be changed and hand hygiene performed between all residents.</p>

****Asymptomatic** – residents who do not present with any symptoms of COVID-19, or have such mild symptoms they are difficult to detect.