

RECOMMENDATIONS FOR COHORTING PATIENTS

ADDITIONAL PRECAUTIONS IN ACUTE CARE

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšilhqot'in Nations where we live, learn, collaborate, and work together.

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IPAC

Recommendations for cohorting patients on Additional Precautions acute care

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Purpose

To provide cohorting guidance when patient requirements for single rooms exceed capacity for acute care inpatients on Additional Precautions.

Scope

This document applies to patients admitted in acute care within Interior Health (IH).

Background

The placement of patients in hospital rooms is a complex process involving multiple factors and competing demands.

Cohorting is placement of two or more patients infected with the same pathogen and not having other co-infections within the same unit or in a room with multiple beds.

Infection Prevention and Control (IPAC) does not routinely recommend cohorting of patients, however, in extraordinary situations where infection is affecting a substantial number of people such as epidemics, pandemics or surges resulting in overcapacity, patient cohorting is a strategy that can be temporarily used when patient requirements for rooms exceed capacity.

1. Guiding Principles

- a. Strict adherence to Routine Practices: [Point of care risk assessment \(PCRA\)](#), hand hygiene, cleaning and disinfection will minimize the risk of transmitting viral respiratory illnesses (VRI) and other infections.
- b. Patients who are [moderately or severely immunocompromised](#) are at higher risk for development of healthcare associated infections (HAI), and attention is required when choosing room placement for these patients. They **MUST NOT** be placed in rooms with patients with infectious diseases unless they have the same pathogen themselves.
- c. If single rooms are not available, all efforts must be made to cohort patients with the same pathogen together in shared rooms (see Appendix A).
- d. In exceptional situations where patients colonized or infected by pathogens must be placed in the same room with others who do not have that pathogen due to capacity issues (refer to Table 1), consideration should be given to:
 - Using appropriate bedside isolation for infected patients. The definition of **bedside isolation*** used throughout this document is: dedicated washroom/commode and medical equipment, closed privacy

- curtains, and posted Additional Precautions sign on door and privacy curtain. PPE must be changed between each patient even if cohorted with the same infectious pathogen.
 - Ability for patients with suspected or confirmed VRI to wear a medical mask as much as possible (**including while in bed space**)
 - Ability for infected patients to comply with bedside isolation requirements in a shared room
 - The patient's co-infections with other communicable diseases
- e. Non-funded/over census beds in hallways or lounges **MUST NEVER** be used for patients with suspected or confirmed communicable diseases.

Patients are NOT eligible for cohorting when suspected or confirmed to have:

1. Carbapenemase Producing Organisms (CPO). **Requires single room**
2. *Candida auris*. **Requires Single room**
3. Conditions requiring Airborne Precautions (e.g.: suspected or confirmed Tuberculosis, Measles, Chickenpox infection or disseminated Varicella Zoster infection). **Requires an Airborne Infection Isolation Room (AIIR aka negative pressure room).**
 - If AIIR is unavailable, place patient in single room with door closed, HCP to wear N95 respirator and contact IPAC immediately.
 - Transfer may be required if AIIR is not available, contact IPAC.

2. Overcapacity Situations and Cohorting Exceptions

The infection prevention and control team must be contacted if exceptional overcapacity situations occur which may necessitate placement of patients who are not eligible for cohorting in shared rooms or for cohorting guidance outside the scope of this document.

IPAC Team can be contacted as follows:

- Infection Preventionist (Monday to Friday 08:00-16:00 hrs.)
- Medical Microbiologist on Call (16:00-08:00 hrs., seven days a week including weekends and stats – contact switchboard)

Table 1: Consideration for cohorting when Single room is not available

Organism/Syndrome	Type of isolation	Cohorting recommendations
Suspected Viral Respiratory Illness with testing pending	Droplet & Contact	<p>Single room recommended.</p> <p>If unavailable, bedside isolation required*, and cohort with other patient(s) with suspected viral respiratory illness while awaiting testing results.</p> <p>When cohorting patients with suspected respiratory illness, medical masks must be worn by patients at all the times in the room including in bed space- if tolerated</p> <p>Until COVID- 19 is ruled out, it is not appropriate to cohort a patient undergoing an Aerosol Generating Medical Procedure (AGMP) with other non- COVID-19 confirmed patients.</p> <p>Once testing results are known, cohort based on principles detailed in this document.</p>
Laboratory confirmed Respiratory viruses other than COVID-19 (Influenza, RSV, Parainfluenza, Metapneumovirus, non-COVID Coronaviruses, Bocavirus)	Droplet & Contact	<p>Single room recommended.</p> <p>If unavailable, bedside isolation required*, and cohort with another patient with the same lab-confirmed respiratory virus.</p> <p>If that is not possible, cohort with other non-COVID-19 lab-confirmed viral infections</p> <p>If cohorting, patients must wear medical masks at all the times in the room including bed space- if tolerated</p>
COVID-19	Droplet & Contact	<p>Single room recommended. If unavailable, cohort with other patient(s) with lab-confirmed COVID-19 infection.</p> <p>DO NOT cohort with COVID-19 exposed patients or COVID-19 negative patients.</p> <p>In overcapacity issues, COVID-19 positive patient can be cohorted with the patient who has history of recent COVID-19 infection (within 60 days) and has recovered, if recovered patient is not immunocompromised.</p> <p>For patients exposed to COVID-19 in hospital, minimize bed movements, patient can remain in same room, as long as they remain masked at all times and on bedside isolation*</p> <p>For COVID-19, indeterminates results collect nasopharyngeal swab 24 hours after initial testing was performed. If Single room is not available while awaiting lab results, patient may remain in same room, as long as they remain masked at all times and on bedside isolation* and are not undergoing an aerosol generating medical procedure (AGMP).</p> <p>Once testing results are known, cohort based on this document and refer to the COVID-19 Isolation pathway for further information.</p> <p>Patient diagnosed with COVID-19 should be managed on the unit most appropriate for their clinical care needs, rather than being cohorted in dedicated units or areas.</p>

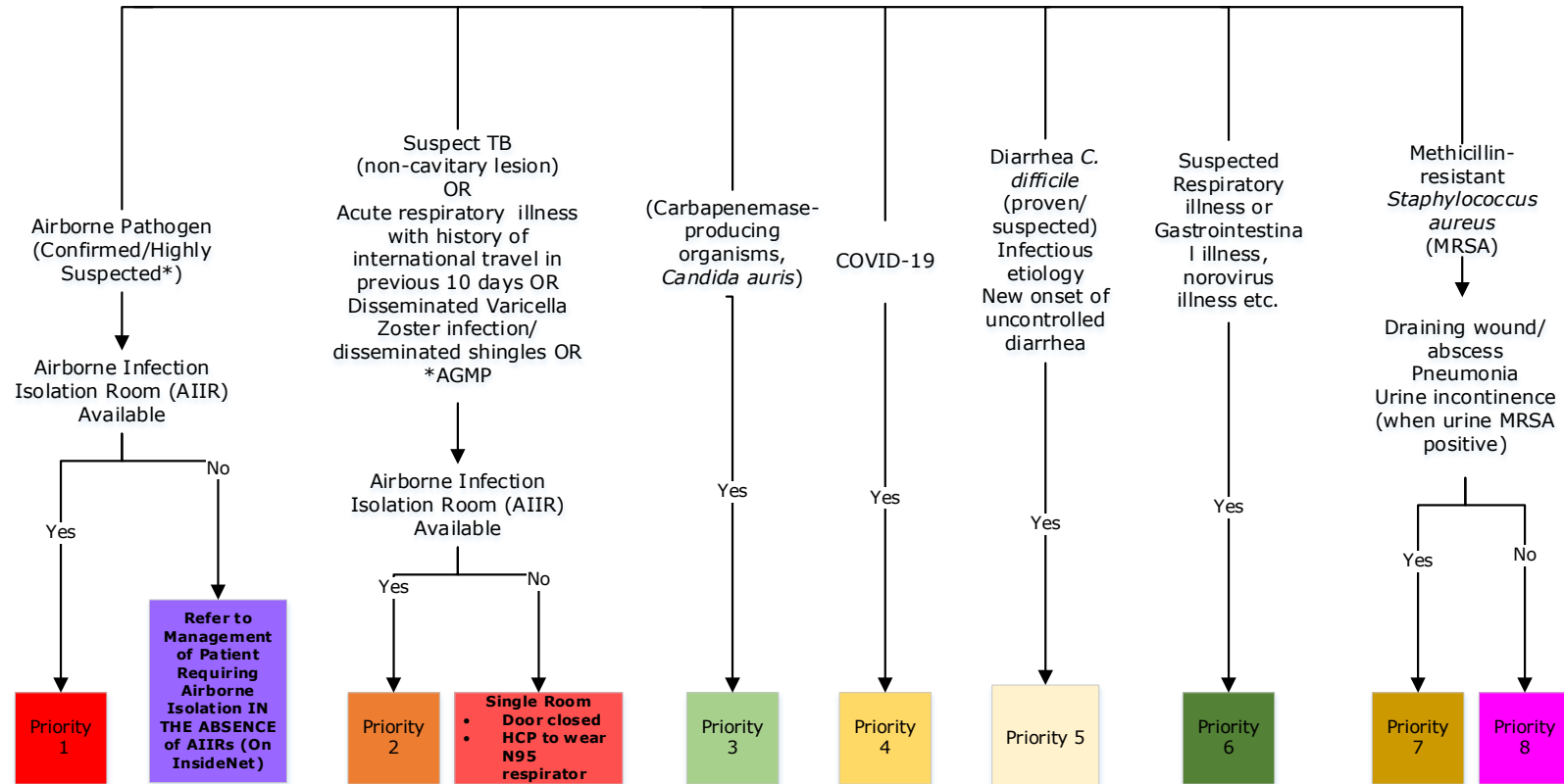
Acute Respiratory Illness with international travel history in last 10 days	Droplet & Contact and N95 respirator required	Single room required until pathogen is identified, contact IPAC Do not cohort. HCP to wear N95 respirator
Monkey Pox (suspected or confirmed)	Airborne and Droplet & Contact	AIIR recommended. If not available, use single room with door closed. If cohorting is required only patients with laboratory, confirmed Monkeypox can be cohorted together. Suspect cases MUST NOT be cohorted.
Chickenpox infection (suspected or confirmed), disseminated Varicella Zoster Virus infection, Zoster Ophthalmicus	Airborne & Contact	AIIR recommended. If not available, use single room with door closed and HCP to wear N95 respirator For cohorting of patients who are laboratory confirmed VZV positive, contact IPAC. Suspect cases MUST NOT be cohorted.
Measles (suspected or confirmed)	Airborne and Droplet & Contact	AIIR Required. If not available, single room with door closed and contact IPAC immediately If cohorting is required only patients with laboratory, confirmed Measles can be cohorted together. Suspect cases MUST NOT be cohorted.
Tuberculosis (suspected or confirmed)	Airborne	AIIR Required If not available, use Single room with door closed, HCP to wear N95 respirator. Do not cohort
Clostridioides difficile	Contact Plus	Single room recommended. If unavailable, bedside isolation required* , and cohort with another patient with laboratory confirmed <i>Clostridioides difficile</i> .
Norovirus	Contact if only diarrhea or Droplet & Contact if vomiting	Single room recommended. If unavailable, bedside isolation required* , and cohort with another patient with laboratory confirmed Norovirus. Do not move symptomatic patients- consult with IPAC
MRSA	Contact	Cohort with another patient with lab-confirmed MRSA. If unavailable, bedside isolation required* , and may cohort with other patients.
Carbapenemase producing organisms (CPO) <i>Candida auris</i>	Contact Plus	Single room required. Do not cohort.
Suspected Gastrointestinal infection	Contact if diarrhea or Droplet & Contact if vomiting	Single room recommended. If unavailable, bedside isolation required* , until lab confirmation or Single room available. Do not move symptomatic patients- consult with IPAC

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Appendix A

Algorithm for IPAC – Single Room Allocation in Acute Care Facilities

Algorithm for Infection Prevention and Control Single Room Allocation in Acute Care Facilities



PPE REQUIREMENTS

PPE requirements and precaution signs are available on the InsideNet Infection Prevention & Control (IPAC) under Pamphlets, Signs, Tools

DEFINITIONS/ABBREVIATIONS

Airborne Pathogen: Avian influenza (bird flu), Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Tuberculosis (TB), Chickenpox (Varicella), Measles (Rubeola)* TB with cavitory lesions and systemic symptoms and/or smear positive AFB or positive TB PCR

NOTE: For priorities 7-8 if in multi-patient room, do not move patient unless prolonged hospitalization anticipated (>than 96 hours). Continue Contact Precaution. Admitting should have a list of all airborne infection isolation rooms.

*Aerosol Generating Medical Procedure (AGMP)

COHORTING

Cohort patients who are infected or colonized with the same microorganism and are suitable roommates