

RECOMMENDATIONS FOR COHORTING PATIENTS

ADDITIONAL PRECAUTIONS IN 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 the placement of two or more patients in the same unit or multi-bed room. Traditionally, this has involved patients infected with the same pathogen and without other co-infections.

Infection Prevention and Control (IPAC) does not routinely recommend cohorting of patients. However, in extraordinary situations—such as epidemics, pandemics, or surges resulting in overcapacity—cohorting may be temporarily used when room demand exceeds capacity. For instance, patients with acute viral respiratory illness may be cohorted together, even if they are infected with different respiratory viruses, provided they do not have other co-infections requiring additional precautions and are not at increased risk for severe disease or transmission to others.

Definitions

Bedside Isolation: Refers to requirements for patients on Additional Precautions in multi-bed or unconventional spaces. These requirements include:

- Treat each bedspace as though they are a separate room. Strict adherence to Point of Care Risk Assessment (PCRA), hand hygiene, appropriate use of personal protective equipment (PPE), and cleaning and disinfection.
- Dedicated bathroom and/or commode to patient on Additional Precautions. If commode cannot be dedicated for single patient, [clean and disinfect](#) between patients.
- Privacy curtains, or physical barrier that remains closed.
- Appropriate Additional precautions signage posted at both door and privacy curtain.
- Personal Protective Equipment (PPE) changed between each patient, even if they are both positive for the pathogen.
- Adherence to preventative measures highlighted in corresponding Additional Precautions guideline (i.e. [Droplet & Contact Precautions](#))

Immunocompromised Patient: [Definition and Management of Immunocompromised Patients](#)

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 health care-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. 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:
 - Does the patient require Additional Precautions that are appropriate for cohorting?
 - [Appendix A](#): Single Room Allocation in Acute Care Facilities
 - [Table 1](#): Considerations for cohorting when single room not available
 - Site's ability to accommodate bedside isolation for patients on Additional Precautions
 - Does the patient have more than one transmissible disease/organism?
 - Is the patient able to comply with bedside isolation and Additional Precautions in a multi-bed room or unconventional space?
 - Consider the **5 C's**:
 1. **Communicate**: notify receiving department if patient is on Additional Precautions.
 2. **Co-operative**: is the patient able to follow instructions.
 3. **Clean hands**: assist patient if required to clean their hands.
 4. **Clean clothes/clean sheet**: patient to wear clean gown clothes/cover with clean sheet.
 5. **Cover/contain sources**:
 - Cover wounds with clean dressings
 - Contain urine/feces or other body fluids
 - Cover cough: If coughing and/or on droplet or airborne precautions place a medical mask on patient (if tolerated)
- d. 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.

Overcapacity Situations and Cohorting Exceptions

The IPAC team must be contacted if exceptional overcapacity situations occur which may require 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 Control Professional (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

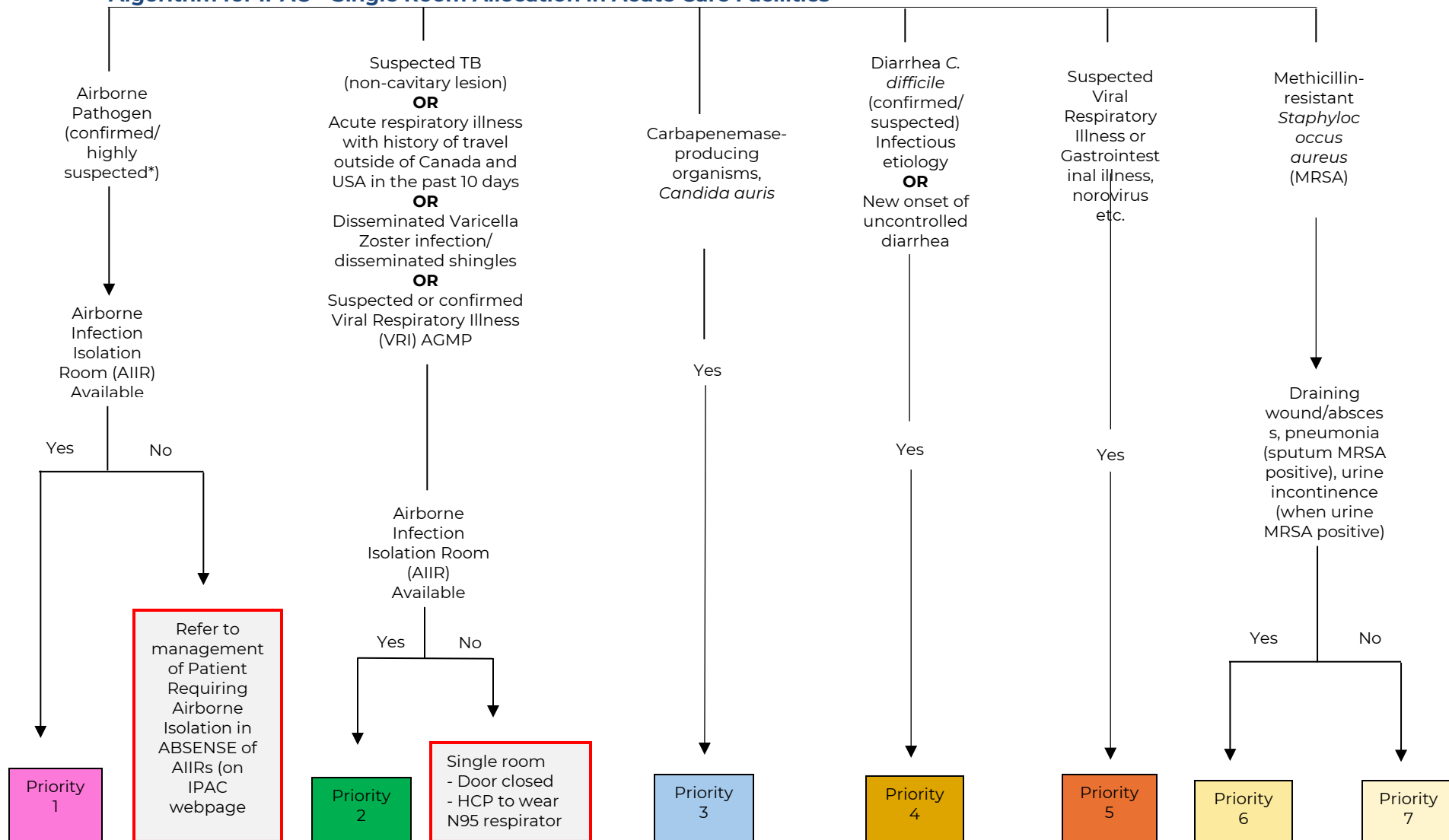
Organism/Syndrome	Type of Additional Precautions	Cohorting Recommendations
Suspected or Confirmed Viral Respiratory Illness (VRI)	Droplet & Contact	<p>Single room recommended.</p> <p>If single room not available patients with presumed/proven VRI who are not at elevated risk for severe outcomes and who do not pose an increased risk of transmission (e.g., due to wandering or cognitive impairment) may be admitted on Droplet & Contact precautions on bedside isolation with dedicated toileting, without requiring confirmation of pathogen.</p> <p>Single rooms should be prioritized for patients at elevated risk for transmission or severe outcomes from VRI.</p> <p>Patients who should be prioritized for single rooms and not be cohorted include:</p> <ul style="list-style-type: none"> • Severely immunocompromised patients (refer to Definition and Management of Immunocompromised Patients) • Children with chronic cardiac or lung disease, nephritic syndrome, and neonates • Patients undergoing planned or routine AGMPs • Patients with medical or behavioural conditions that may increase the risk of transmission. This includes individuals with dementia, delirium, developmental disabilities, or psychiatric conditions that result in wandering or non-compliance with IPAC measures.
Acute Respiratory Illness with International Travel History in Last 10 Days	Airborne, Droplet & Contact	<p>Single room required until pathogen is identified, contact IPAC.</p> <p>DO NOT COHORT.</p>

Organism/Syndrome	Type of Additional Precautions	Cohorting Recommendations
Monkey Pox (Suspected or Confirmed)	Airborne, Droplet & Contact	<p>Single occupancy Airborne Infection Isolation room (AIIR) recommended.</p> <p>If single occupancy AIIR room not available. Place patient in single room with door closed.</p> <p>If cohorting is required only patients with laboratory, confirmed Monkeypox may be cohorted together.</p> <p>Suspect cases MUST NOT be cohorted.</p>
Chickenpox Infection (Suspected or Confirmed), Disseminated Varicella Zoster Virus Infection, Zoster Ophthalmicus	Airborne & Contact	<p>Single occupancy Airborne Infection Isolation room (AIIR) recommended.</p> <p>If single occupancy AIIR room not available, place patient in single room with door closed.</p> <p>For cohorting of patients who are laboratory confirmed VZV positive, contact IPAC.</p> <p>Suspect cases MUST NOT be cohorted.</p>
Measles (Suspected or Confirmed)	Airborne, Droplet & Contact	<p>Single occupancy Airborne Infection Isolation room (AIIR) required.</p> <p>If single occupancy AIIR room not available, place patient in single room with door closed and contact IPAC immediately.</p> <p>Facilities without available AIIR should consult IPAC and refer to Management of Patients Requiring Airborne Isolation IN THE ABSENCE of Airborne Infection Isolation Rooms (AIIRs)</p> <p>If cohorting is required only patients with laboratory confirmed measles may be cohorted together. Consult IPAC before proceeding with cohorting cases.</p> <p>Suspect cases MUST NOT be cohorted.</p>
Tuberculosis (Suspected or Confirmed)	Airborne	<p>Single occupancy Airborne Infection Isolation room (AIIR) required.</p> <p>If single occupancy AIIR room not available. Place patient in single room with door closed.</p> <p>Facilities without available AIIR should consult IPAC and refer to Management of Patients Requiring Airborne Isolation IN THE ABSENCE of Airborne Infection Isolation Rooms (AIIRs).</p> <p>DO NOT COHORT.</p>
<i>Clostridioides Difficile</i>	Contact Plus	<p>Single room with dedicated toilet, patient sink, and hand hygiene sink is recommended.</p> <p>If unavailable, bedside isolation required*, and cohort with another patient with laboratory confirmed <i>Clostridioides difficile</i>.</p>

Organism/Syndrome	Type of Additional Precautions	Cohorting Recommendations
Norovirus	Contact if only diarrhea or Droplet & Contact if vomiting	Single room recommended with dedicated toilet, patient sink, and hand hygiene sink is 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	Single room recommended. If single room not available, cohort patients infected or colonized with lab-confirmed MRSA, bedside isolation required * If not possible to cohort with other lab-confirmed MRSA patients, may cohort with other patients with bedside isolation required.*
Carbapenemase Producing Organisms (CPO) <i>Candida Auris</i>	Contact Plus	Single room required. DO NOT COHORT.
Suspected Gastrointestinal Infection	Contact if only diarrhea or Droplet & Contact if vomiting and diarrhea	Single room recommended. If unavailable, bedside isolation required* , until lab confirmation or Single room available. Do not move symptomatic patients- consult with IPAC

Appendix A

Algorithm for IPAC – Single Room Allocation in Acute Care Facilities



PPE Requirements: PPE requirements and additional precaution signs are available on the IPAC webpage.

Definitions / Abbreviations:

***Airborne Pathogen:** Avian influenza (bird flu), Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Tuberculosis (TB), Chickenpox (Varicella), Measles (Rubeola)

AIIR: Airborne Isolation Room

AGMP: Aerosol Generating Medical Procedure

Additional Support: If you have questions or require support cohorting, reach out to your local Infection Control Professional (ICP) for support. IPAC Contact List is available on the IPAC webpage.

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Last Reviewed	January 7, 2026		
Partners Reviewed	Access & Flow, ED Network, Workplace Health & Safety		
Approved By	IPAC		
Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision
	October 2025	COVID-19	<ul style="list-style-type: none"> COVID-19 specific cohorting language and guidelines removed. COVID-19 included in Viral Respiratory Illness (VRI).
		Table 1: Acute Respiratory Illness with international travel history in the last 10 days	<ul style="list-style-type: none"> Changed from Droplet & Contact and N95 respirator required to Airborne and Droplet& Contact
		Appendix A:	<ul style="list-style-type: none"> Removed COVID-19 Updated AGMP to include all Viral Respiratory Illness (VRI) Updated formatting
	January 7, 2026	Suspected or Confirmed Viral Respiratory Illness (VRI)	<ul style="list-style-type: none"> Updated language to provide clarity on high-risk patients