

IPC Guidelines for Cohorting Isolation Patients in AHS Correctional Health

IPC does not routinely recommend cohorting of patients

The following guidelines can be used in the management of isolation patients in provincial correctional facilities. Patient cohorting (the placement of patients exposed to or infected with the same laboratory-confirmed pathogen in the same cell¹) is a strategy which can be used when patient requirements for single cells exceed capacity.

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 suggestive of communicable diseases. Patients who are coughing, have diarrhea/vomiting, and/or uncontained drainage should not be routinely cohorted. Please inform IPC when a decision to cohort is made. Information on patient placement for communicable diseases is found in the AHS IPC Acute Care Resource Manual: <http://www.albertahealthservices.ca/6854.asp> (Corrections follows Acute Care guidelines for managing patients on additional precautions)

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 bed space as a single cell. 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.

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 bed space as a single cell. 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.

Table 1: Considerations for cohorting when single cell accommodation is not available

	ARO or Organism	Type of isolation	Cohorting guidelines
	ESBL* (for outbreaks only ²)	Contact	Can be in shared accommodation with bedside isolation or isolation without walls in place. Treat each bed space like a single cell.
	VRE*	Contact	Cohort with another patient having lab-confirmed VRE. Treat each bed space like a single cell.
	MRSA*	Contact	Cohort with another patient having lab-confirmed MRSA. Treat each bed space like a single cell.
	<i>Clostridium difficile</i> *	Contact	Single cell recommended. If unavailable, cohort with another patient having lab-confirmed <i>Clostridium difficile</i> . Treat each bed space like a single cell. Toilet cannot be shared by patients.
	Norovirus*	Contact OR Contact & Droplet	Single cell recommended. If unavailable, cohort with another patient with lab-confirmed Norovirus. Add Droplet precautions if patient is vomiting. Treat each bed space like a single cell. Toilet cannot be shared by patients.
	Influenza* or lab confirmed viral illness	Contact & Droplet	Private room recommended. If unavailable, cohort patients with lab confirmation of the same viral organism. Treat each bed space like a single cell.

For more information contact:
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*Lab-confirmed cases can be cohorted together, but bedside isolation in a cell with unaffected patients is strongly discouraged. Patients with more than one transmissible disease/organism are not candidates for cohorting.

¹ Cohorting definition adapted from Public Health Agency of Canada (2013).

http://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf

² Use routine practices for ESBL unless clusters or outbreaks occur as per IPC discretion.

	ARO or Organism	Type of isolation	Cohorting guidelines
	Gastrointestinal (GI)* symptomatic patient	Contact OR Contact & Droplet	Single cell recommended. If lab confirmation unavailable, bedside isolation or isolation without walls is required until lab confirmation or single cell is available. Add Droplet precautions if patient vomiting. Treat each bed space like a single cell. Toilet cannot be shared by patients.
	Acute Respiratory Illness (e.g. Influenza-like Illness (ILI), pneumonia) with unknown respiratory virus	Contact & Droplet	Single cell recommended. If lab confirmation unavailable and all other options have been exhausted , cohort with another patient having ILI symptoms until single cell is available. Treat each bed space like a private room.
	Acute Respiratory Illness with travel history. Refer to: IPC Rapid Assessment and Triage for Patients Presenting with Fever	Contact & Droplet	These patients should not be cohorted.
	Carbapenemase Producing Organism (CPO)	Contact	These patients should not be cohorted.

Guidelines for Cohorted Patients

- 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 single cell.
- Remove PPE and perform hand hygiene when leaving one isolated bed space or before providing care to the other patients in the cell.
- Patients on contact and droplet precautions: separate patient beds by minimum 1 meter distance, creating an optimal distance of 2 meter between the head of one patient and that of another.
- Make available isolation supplies close to the entrance of cell (bed space if possible).
- Provide a dedicated commode at the bedside of one isolated patient when cohorting GI illness or *Clostridium difficile* Infection.
- Dedicate patient care items and equipment to each isolated patient if possible. Otherwise, clean and disinfect items prior to use on any other patient. Shared items that cannot be cleaned/disinfected should be discarded.
- Request cleaning staff to do an Isolation Clean of the isolated area once a patient has been transferred or discharged.

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.

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