

COVID-19

Guideline for Cohorting COVID-19 Positive Patients in Semi-Private Rooms or Open Bay Areas

Definition: Cohorting is the assignment of a geographic area to two or more patients who are infected with the same pathogen and do not have evidence of co-infection with another pathogen.

Purpose: The purpose of this document is to provide guidance on cohorting COVID-19 positive patients in either semi-private rooms or open areas within units housing multiple beds with physical barriers.

General Guidelines:

It is preferred that patients who are positive for COVID-19 are placed in private rooms.

If cohorting is necessary, only patients who are lab confirmed to have COVID-19 should be cohorted regardless of underlying illness.

Patients with more than one transmissible disease/organism are not candidates for cohorting.

If a person is recovering from COVID-19 during the same admission, that person can still be cohorted with a person who is either newly diagnosed or recovering if both have been diagnosed within the last 14 days.

If a COVID-19 positive patient is readmitted they should be placed back on COVID precautions but NOT cohorted with another COVID-19 positive patient related to the uncertainty surrounding potential for re-infection.

Physical separation is always required i.e. wall, curtain etc.

Bundle care to minimize donning and doffing.

Dedicate patient care items and equipment to each isolated patient if possible. Otherwise, clean and disinfect items before use on any other patient.

The decision to cohort must be made in consultation with infectious disease and/or infection prevention.

The same gown, and face protection may be worn between patients cohorted in semi-private rooms. Gloves should always be changed, and hand hygiene should be performed between every patient.