

# Cohorting Plan Guidelines

Facility Name:

Approved By:

Date of Origin:

Revised Date:

## Rationale:

Cohorting [the placement of patients/residents exposed to or infected with the same condition in the same location (e.g., room, unit, wing or building)] is a strategy that can be used when private rooms exceed capacity.

**Centers for Disease Control and Prevention (CDC) Isolation Precautions Guideline:** Place together in the same room (cohort) patients/residents who are infected or colonized with the same pathogen and are suitable roommates.

The goal of cohorting is to minimize interaction of infectious individuals from non-infected individuals as much as possible. **Every interaction may be a risk because of frequent contact and shared space.** Early identification and rapid separation/isolation is the key to prevent additional transmission of an infectious disease.

## Responsibility:

All staff are responsible for ensuring that infectious conditions are not spread to others within the facility.

## Fundamentals:

While cohorting on a specified unit or wing is ideal, any general physical separation may be acceptable.

### • Space Considerations

- Bedside isolation or isolation without walls can be achieved by:
  - Treating each bedspace as a private room.
  - Separating patient/resident beds by a minimum of 6 feet.
  - Creating a visual barrier to define the spaces (the visible barrier could be a privacy curtain).
  - Only patients/residents of the same gender shall be cohorted together, unless:
    - ✓ They are family members
    - ✓ They have sitters
- Doors should be kept closed.
- Regardless of the cohort, all staff are to adhere to standard precautions when caring for all patients/residents.
- Strict adherence to hand hygiene, appropriate use of PPE and appropriate environmental cleaning is required.

### • Staffing

- To the extent possible, the same staff should be responsible for the care and services provided within the cohort unit.
- When staffing does not permit staff to only provide care and services within the cohort unit, staff should provide care from “well to ill” areas.

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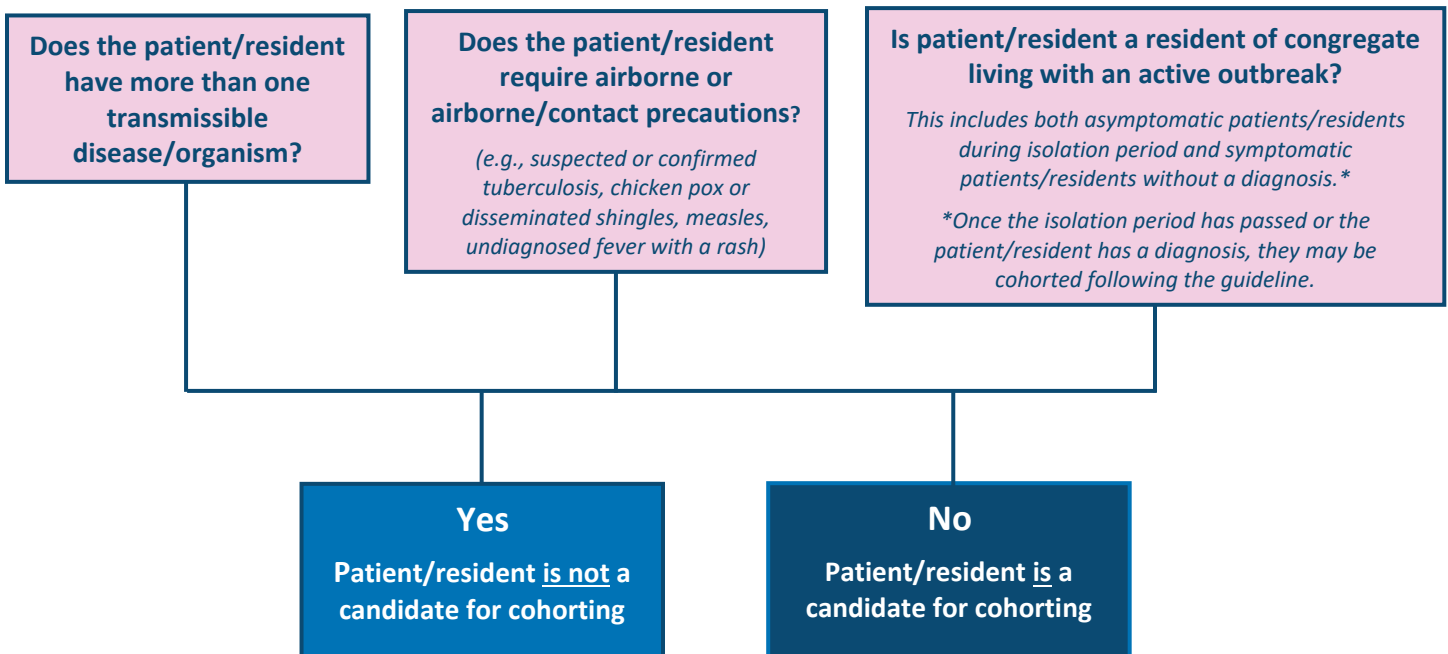
- **Personal Protective Equipment (PPE)**

- Change PPE between each patient interaction and treat each patient/resident space as a private room.
- Remove PPE and perform hand hygiene when leaving one isolated bedspace or before providing care to the other patients/residents in the room.

- **Patient/Resident Care Items**

- Dedicate patient/resident care items and equipment to each isolated patient/resident if possible.
- If equipment cannot be dedicated to the isolated patient/resident:
  - Clean and disinfect items before use on any other patient/resident.
  - Use equipment from a “well to ill” area.
- Shared items that cannot be cleaned/disinfected should be discarded.

## Patient/Resident Eligibility:



## Communicate to Visitors, Staff, Residents

To ensure transparency, facilities must have clear communication with patients/residents and families, explaining the rationale for cohorting (minimizing exposure) and the transfer or move to another location in the building if needed.

## References:

- [Isolation Precautions | CDC](#)
- [Norovirus Guidelines for Healthcare Settings | CDC](#)