

## Special Infection Prevention Considerations for COVID-19 Cohort Units

Cohort units are hospital locations designated to house **only lab-confirmed** COVID-19 patients.

### Considerations

Mode of transmission: person-to-person transmission happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs, sneezes, or talks. Droplets can then land in the mouths, noses, or eyes of people who are caring for infected patients.

### Environment

Those entering the rooms frequently for patient care should have access to scrubs while on the unit.

One dedicated disposable stethoscope should be used per room. Wipe with disinfectant wipe between uses. Place stethoscopes in orange bins upon patient discharge.

Environmental cleaning with hospital-grade disinfectant should occur per protocol (contact EVS).

Shared patient equipment, e.g. Dynamaps, should be cleaned and disinfected per routine [Care of Equipment and Environmental Infection Prevention Policy](#) (see hospital-specific attachments).

After intra-hospital transfer, e.g. med-surg to ICU, wipe the handrails of the empty bed wearing gloves and return bed to unit for cleaning by EVS per routine.

Doors are not required but can be useful in identifying the threshold to the room. When a door is not present or the physical environment prevents this, a clear threshold will be identified on the floor in consultation with infection prevention. Identified thresholds are a tool used as a visual reminder of when appropriate PPE should be donned or doffed.

Orange PPE recycling receptacles should be placed strategically throughout the unit.

### Personal Protective Equipment

Universal Masks, i.e. cloth masks used outside the cohort unit, are not PPE and should not be worn inside the cohort unit. If cloth masks are being worn, then this cloth mask would need changed to a facemask (ear loop or surgical mask). **NO CLOTH MASKS ON THE COHORT UNIT.**

Gloves and gowns should be doffed inside the patient room upon leaving. If the physical environment prevents doffing in room, consult with Infection Prevention for solutions. (Refer to [DONNING & DOFFING REUSE PROTOCOL](#))

For Caregivers entering unit to see patients: Follow guidance for Extended Use and Limited Reuse of PPE (Refer to COHORT PPE grids). The extended mask/eye protection guidance is in place to decrease the burden of donning/doffing with each patient interaction and continue stewardship practices around this finite resource.

For Caregivers entering the unit that will NOT see patients: Don a clean face mask and doff before exiting the unit. Cloth face masks are **NOT** permitted within the cohort units.

Caregivers may remain donned clavicle up (mask plus eyewear) while in all areas of the COHORT unit (including hallways, med room, utility/supply room). Gowns and gloves should be removed inside the patient room/ patient bed space upon leaving. If leaving the unit, remove all PPE or follow the [Guide for PPE during Transport](#)

## **Clinical Care**

Cluster care and limit the number of people entering the room to essential personnel.

As possible, use extended lines and tubing to position equipment (IV pumps, dialysis machines, etc) outside the room to limit number of room entries.

Patients must remain in their room except for medically necessary reasons, e.g. tests and procedures. Patients with COVID should perform hand hygiene and don a procedure mask before leaving their room.

See Also [Caring for Rule Out or Confirmed COVID-19 Patient](#).

## **Discontinuing Isolation**

Decisions to discontinue isolation precautions for patients with COVID-19 will be made in consultation with Infection Prevention [per protocol](#).

Isolation does not have to be discontinued prior to discharging a patient from the hospital. Patients can be discharged from the healthcare facility whenever clinically indicated.

Patients still in isolation at discharge should be given a procedure mask to wear while transporting out of the hospital. Contact infection prevention when discharging a patient with COVID-19 in isolation.