Appendix 2 – Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings

Placement advice for large numbers of confirmed or suspected COVID-19 patients

6 March 2020

Confirmed cases

Cohorting of confirmed cases of COVID-19 must only be undertaken following consultation with local experts, such as infectious disease physicians and the local infection prevention and control service. **Where practicable, managing patients with mild illness in their own home is the preferred approach rather than cohorting patients in hospital.**

Cohorting patients who are infected with COVID-19 confines their care to one area and prevents contact with other patients.

The following principles apply when making decisions about patient placement:

- prioritise patients who have severe pneumonia symptoms for placement in single rooms with negative pressure air handling
- consider the patient's ability to perform hand hygiene and follow appropriate cough and personal hygiene etiquette
- care should be taken to ensure that suspected cases are not cohorted with confirmed cases
- care should be taken to ensure that confirmed COVID-19 cases co-infected with influenza and other respiratory viruses are not cohorted.

A suitable ward should be identified for the exclusive use of cohorting confirmed COVID-19 patients. When determining the location of the cohort ward, the following should be considered:

- the ability to isolate the ward air handling system (if aerosol generating procedure are to be performed anywhere on the ward)
- the ability to limit entry/access to the ward
- the ward contains the necessary equipment
- spatial separation of greater than 1.5 metres between bed spaces
- patient populations of adjacent areas. The cohort ward should be separated from patients who are potentially at greater risk of complications from COVID-19 (for example, haematology, oncology and transplant services)
- whenever possible, curtains, privacy screens or barriers should be used to physically separate patients to help reduce the transmission of infection.

Management of cohort areas should incorporate the following:

- standard and transmission-based precautions must be maintained. The following options can be used:
    1. gowns and gloves must be changed and hand hygiene performed between contact with patients in the cohort area
    2. a plastic apron must be worn over the long sleeved, fluid-resistant gown when providing care with minimal patient contact. The plastic apron and gloves must be changed, and hand hygiene performed between contact with patients.

For extensive patient contact, the gown and gloves must be changed, and hand hygiene performed between contact with patients in the cohort area. Examples of extensive contact are providing care, such as dressing large or complex wounds; hygiene cares for incontinent clients; hygiene cares or pressure area care when a client is fully dependent; urinary catheter cares).

- whenever possible, healthcare workers assigned to cohorted patient care units should be experienced healthcare workers and should not float or be assigned to other patient care areas. Separate staffing arrangements for COVID-19 and non-COVID-19 patients may also assist in protecting patients, as well as staff members, at particular risk of COVID-19 complications
- the number of persons entering the cohorted area should be limited to the minimum number necessary for patient care and support
- patient transport should be limited by having necessary equipment (e.g. portable X-ray) available in cohort areas.

During aerosol-generating procedures, airborne precautions should be followed for at least the duration of the procedure. Where available the procedure should be undertaken in a negative pressure room. Where this is not available, the procedure should be undertaken in a treatment room with the door closed, away from other patients. In all cases, leave the room vacant with the door closed for 30 minutes after the procedure and the patient has vacated the room. The room may be cleaned by a worker wearing the correct PPE during this period.

Suspected cases

The decision to cohort suspected cases needs to be taken following consultation with local experts, such as infectious diseases physicians and infection control practitioners. **Cohorting suspected cases is not recommended if it can be avoided.**

Where suspected cases must be cohorted, epidemiological and clinical suspicion should be considered when deciding which suspected case are placed together.

Suspected cases should not be cohorted with confirmed cases.

In addition to the requirements outlined above for cohorting confirmed cases, curtains, privacy screens or barriers should be used at all times to physically separate patients. This will help to reduce the potential for transmission of infection. The curtains or barriers between patients must remain in place whenever a patient is present.