

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
COHORTING OF PATIENTS ON PRECAUTIONS.**

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Effective Date: December 2004

Policy No: IC012

Cross Referenced: CDC Recommendation

Origin: Infection Control

Reviewed Date: 5/13

Authority: Administrative Director

Revised Date: 5/13

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SCOPE: Employees, LIP's, Administrative Coordinators of Hackettstown Regional Medical Center.

PURPOSE

To provide staff recommendations of bed placement of patient with confirmed/suspected infection / colonization to decrease the risk of transmitting infections to others.

Cohorting of patients according to presence or absence of specific pathogens coupled with standard and transmission based precautions can lead to a decrease in incidence and prevalence of infections.

DEFINITIONS

- I. Cohorting:** The practice of placing patients with the same infection or colonization together to confine their care and prevent contact with other patients and the potential to spread infections.
- II. Colonization:** The presence of bacteria on a body surface (skin, nares, mouth, intestines or airway) without causing disease
- III. ESBL-** Extended-spectrum beta-lactamases are enzymes that confer resistance to most beta-lactam antibiotics, including penicillins, cephalosporins, and the monobactam [aztreonam](#). Infections with ESBL-producing organisms have been associated with poor outcomes
- iv. Infection:** Invasion and multiplication of microorganisms in body tissues, especially that causing local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response.
- V. Multi-drug Resistant Organism (MDRO):** MDROs are defined as microorganisms – predominantly bacteria – that are resistant to one or more classes of antimicrobial agents.
- VI. Standard Precautions:** include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.
- VII. Transmission Based Precautions:** Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. Categories of Transmission-Based Precautions: Contact Precautions, Contact Enteric Precautions, Droplet Precautions, and Airborne Precautions.

POLICY

Cohorts are based on clinical diagnosis, microbial confirmation, epidemiology, mode of transmission of the infectious agent.

I. GENERAL RULES OF COHORTING:

- 1. Keep like organisms together.
- 2. Keep colonized patients with colonized patients if available.
- 3. Do not put immune compromised patients, or fresh post operative patients in any room of a patient with suspect/ confirmed / history of MDRO.
- 4. Call infection Prevention with any concerns/questions/needed assistance.
- 5. If one patient in a shared room is later identified as having a communicable process- move the “clean” patient to a new room. Keep the infected patient in the original room and cycle clean room upon discharge.

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PROCEDURE:

I. CONTACT PRECAUTIONS: (*Refer to IC003*)

1. **Private room** is advisable for multidrug resistant organism (MDROs) history of infection/colonization, acute results of infection /colonization, or rule out infection.
2. **Sharing a patient room with another patient with confirmed same diagnosis of same organism.** (e.g. MRSA & MRSA, VRE & VRE) Infection/colonization does NOT need to be in same site. (blood, wound, urine, sputum)
3. ESBL+ organisms need to be placed according to the organism NOT the ESBL+ enzyme. (e.g. ESBL+ E.Coli **can** room with ESBL+Ecoli, ESBL+ Kleb Pneumo can room with ESBL+ Kleb Pneumo. **NEVER** put ESBL+ Ecoli with ESBL+ Kleb Pneumo. (two different organisms)

II. CONTACT ENTERIC PRECAUTION:

1. **Private room** is advisable with active infection.
2. **Sharing** a patient room with another patient with **confirmed diagnosis** of C.diff. Do **NOT** put a rule out C.diff with a true C.diff)

III. DROPLET:

1. Private room is advisable.
2. Sharing a room with another patient with the same organism confirmed is allowable.

IV. AIRBORNE:

1. Private negative pressure room.
2. Shared negative pressure room with patients having the same communicable disease spread through the airborne route is allowable.

V. FLAGGED PATIENTS:

1. Patients known to have a history of a communicable illness, MDRO, C.diff will be flagged in EMR for future admission.
2. Upon admission: the Administrative Coordinator needs to review EMR to ensure proper bed placement.

VI. RULE OUT INFECTIOUS PATIENTS:

1. Any patient being ruled/out for an infectious process must have private room, until organism is identified or ruled out.

VII. COMMUNICATION:

1. An appropriate sign needs to be hung outside the patient room.
2. Personal Protective equipment needs to be available.
3. Patient charts should be stickered with appropriate isolation status.
4. Upon discharge of transfer the precaution signs can be wiped down with hospital approved wipes, air dried and stored for future use.

Related Policies:

Transmission Based Isolation Precautions #IC003

Personal Protection Equipment #IC008

Hand Hygiene #IC001

Approved at May 22, 2013 Infection Control Committee
month / year Committee Name

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REFERENCES

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