

COVID19 ICU and AGP Hot Spot Cohort Information (V1.2)

<b>Planning and communications</b>	On each hospital site, ICU/AGP hot spots will be identified and a respiratory pathway agreed from ED to discharge. This will be communicated to the appropriate staff at huddles/briefs to support patient/bed management. Daily updates on bed spaces on cohort wards/bays should be available to support patient transfers from ED and acute receiving. Wards with cohort bays will not be closed to other admissions.
<b>Definition of a cohort ward or bay</b>	A cohort area is a bay/ward in which a group of patients (cohort) with the same infection are placed together. Patient cohorting may be appropriate when single rooms are not available and there is more than one patient with the same confirmed infection. If necessary it is possible to cohort a suspected COVID cases where bed spacing is optimal e.g. more than 2 metres apart. It might be necessary to cohort patients with respiratory symptoms/illness without test results.
<b>Decision to create a COVID-19 cohort</b>	If a ward has bed bays and a number of confirmed COVID-19 patients, those patients should be nursed in a single bay as a cohort. If there are empty beds in that cohort, they can be used for COVID-19 patients from other areas. The decision to set up a cohort should be discussed with ID consultants/local IPCT/ID on-call /on call Microbiologist prior to being implemented.
<b>Setting up the cohort</b>	The cohort bay should have dedicated equipment as far as possible such as blood pressure, oxygen saturation and temperature recording devices within the cohort bay. A trolley with fresh linen, tissues, waste bags and commonly used disposable equipment such as oxygen tubing and masks will be useful for staff working in the cohort
<b>Staffing (cohort nursing)</b>	Cohort nursing (dedicated teams) should be implemented to minimise the risk of contamination between groups of symptomatic and non-symptomatic patients <u>if</u> staff resource allows. If not, contact the local IPCT who will help to undertake a risk assessment
<b>Bed spacing</b>	Patients should be separated by at 2 metres from each other in a cohort area, and bed curtains can be drawn as an additional physical barrier if required.
<b>Cohort patients</b>	Patients who have <u>confirmed COVID-19</u> can be nursed in a COVID-19 cohort until they have been deemed no longer infectious. However, It should be noted that patients being nursed together in a cohort should all have confirmed COVID-19. Patients who remain symptomatic but are well enough to be discharged can be sent home with advice on how to self-isolate. Patients who have COVID-19 and another infection e.g. diarrhoea or MRSA, should be nursed in a single room.
<b>Testing</b>	Laboratory testing will identify patients with COVID-19.
<b>PPE</b>	Before entering the cohort ward / bay, don respiratory PPE including 1 pairs of disposable gloves, long-sleeved gown, FFP3 mask and full face visor/goggles. For direct care, a plastic apron should be worn over the gown and changed along with gloves between patients. ABHR must be used between glove changes.
<b>Equipment</b>	As far as possible, dedicated equipment should remain in the cohort bay for use on cohort patients only. For equipment that cannot be dedicated, items should be cleaned with a solution containing 1,000 ppm active chlorine e.g. Actichlor Plus and dried before removal from cohort. For small items e.g. stethoscopes alcohol wipes can be used.
<b>Ward rounds</b>	Ward rounds within a cohort will consist of 1 member of medical team entering the cohort in appropriate PPE to examine the patient only. Once exam completed, removal of PPE and hand hygiene should be performed. Any equipment used will either stay in the cohort or be decontaminated before removal
<b>Linen</b>	Bed linen should be managed as infected linen

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<b>Waste</b>	Waste should be managed as healthcare waste
<b>Cleaning of Environment</b>	Domestic services, wearing respiratory PPE, should clean the cohort bed bay/ ward daily with a solution containing 1,000 ppm active chlorine e.g. Actichlor Plus. (Consideration should be given to a dedicated cleaning team on each site). Disposable cloth and mop heads should be used. Bucket and mop pole will be cleaned after use with Actichlor Plus.
<b>Visitors</b>	Follow the NHSGGC COVID 19 Visiting Restrictions