

# Precautions & Cohorting

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**Healthcare  
Associated  
Infections  
Program**

# Objectives

**The learner will be able to...**

- **Describe the transmission-based precautions.**
- **Summarize principles of standard precautions.**
- **Discuss the principles of resident cohorting.**



# Agenda

- Standard Precautions Primer
- Transmission based precautions:
  - Contact
  - Transmission based precautions
  - Droplet
  - Airborne
  - How to determine type of precautions needed
  - Enhanced Barrier
- Cohorting Principles
- Interfacility Communication



# Standard Precautions

## STANDARD PRECAUTIONS

✓ HAND HYGIENE



✓ CLEANING & DISINFECTION

✓ SHARPS SAFETY



✓ RESPIRATORY HYGIENE



✓ PROPER PPE



✓ MEDICAL DEVICE REPROCESSING



**Standard Precautions are used for all patient care.**

- Based on a risk assessment
- Makes use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient



# Standard Precautions

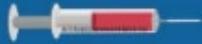
## STANDARD PRECAUTIONS

✓ HAND HYGIENE



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✓ PROPER PPE



✓ MEDICAL DEVICE REPROCESSING



Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of health care



# Standard Precautions

## STANDARD PRECAUTIONS



### Hand Hygiene:

- Know when to clean your hands
- Know when to use alcohol-based hand sanitizer (ABHS) versus soap and water during routine resident care
- Know how to use ABHS and soap and water correctly
- Know when to wear and change gloves
- Maintain hand skin health
- Maintain fingernail and jewelry safety



# Standard Precautions

## STANDARD PRECAUTIONS

- ✓ HAND HYGIENE 
- ✓ CLEANING & DISINFECTION 
- ✓ SHARPS SAFETY 
- ✓ RESPIRATORY HYGIENE 
- ✓ PROPER PPE 
- ✓ MEDICAL DEVICE REPROCESSING 



### Cleaning and Disinfection of the Environment:

- Follow the manufacturer's instructions for use for the chemicals in use at your facility
- Partner with the EVS team to support their process with an infection prevention lens.
- Resident room daily and terminal cleaning is foundational to infection prevention in SNFs
- All staff who work on the floor have a role in disinfecting the environment



# Standard Precautions

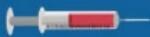
## STANDARD PRECAUTIONS

✓ HAND HYGIENE



✓ CLEANING & DISINFECTION

✓ SHARPS SAFETY



✓ RESPIRATORY HYGIENE



✓ PROPER PPE



✓ MEDICAL DEVICE REPROCESSING



## Cleaning and Disinfection of Shared Equipment:

- Clean and disinfect shared equipment between residents
- Be certain the shared equipment is able to be disinfected
- Follow the manufacturer's instructions for use for the chemicals in use at your facility
- Follow the manufacturer's instructions for use when cleaning and disinfecting equipment



# Standard Precautions

## STANDARD PRECAUTIONS

✓ HAND HYGIENE



✓ CLEANING & DISINFECTION

✓ SHARPS SAFETY



✓ RESPIRATORY HYGIENE



✓ PROPER PPE



✓ MEDICAL DEVICE REPROCESSING



## Sharps Safety

- Needles, cannula, and syringes are single use items that should not be reused
- Use aseptic technique to avoid contamination of sterile injection equipment
- Use safer medical devices when possible
- Promptly dispose of sharps after use.
- Ensure access and proper use of sharps disposal containers



[https://www.cdc.gov/infection-control/hcp/sharps-safety/program-workbook.html?CDC\\_AAref\\_Val=https://www.cdc.gov/sharpsafety/tools.html](https://www.cdc.gov/infection-control/hcp/sharps-safety/program-workbook.html?CDC_AAref_Val=https://www.cdc.gov/sharpsafety/tools.html)



# Standard Precautions

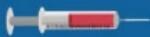
## STANDARD PRECAUTIONS

✓ HAND HYGIENE



✓ CLEANING & DISINFECTION

✓ SHARPS SAFETY



✓ RESPIRATORY HYGIENE



✓ PROPER PPE



✓ MEDICAL DEVICE REPROCESSING



**Respiratory Hygiene and Cough Etiquette:** Infection prevention practices that reduce the spread of respiratory pathogens spread by droplet or airborne transmission

- Cover your mouth and nose when sneezing or coughing
- Use and dispose of tissue
- Perform hand hygiene every time you touch your nose, mouth or face
- Educate staff, residents and visitors
- Stay home when you are ill



# Standard Precautions

## STANDARD PRECAUTIONS

- ✓ HAND HYGIENE 
- ✓ CLEANING & DISINFECTION
- ✓ SHARPS SAFETY 
- ✓ RESPIRATORY HYGIENE 
- ✓ PROPER PPE  ←
- ✓ MEDICAL DEVICE REPROCESSING 



Use **personal protective equipment (PPE)** whenever there is an expectation of possible exposure to an infectious material

- Even with no sign outside the door, don needed PPE
- Doff after exposure is passed



# Contact Precautions

Use **Contact Precautions** along with **Standard Precautions** for patients with known or suspected infections that represent an increased risk for contact transmission.

- Ensure appropriate resident placement
- Use personal protective equipment (PPE) appropriately
- Limit transport and movement of residents
- Use disposable or dedicated patient-care equipment
- Ensure cleaning and disinfection of resident room is done thoroughly and consistency



# Contact Precautions



What actions need to be taken by staff when providing care in these rooms?  
How long should contact precautions be maintained?

## Examples of diseases requiring Contact Precautions:

- Active infections of MDRO as outlined in facility policy
- Acute diarrhea, uncontained secretions/excretions, draining wounds, or ongoing transmission within facility
- Acute viral conjunctivitis, impetigo, Lice, RSV
- Human metapneumovirus



# Enteric Precautions



**ENTERIC CONTACT**  
**CONTACTO ENTÉRICO**

Before entry:  
Antes de entrar:

Clean Hands	Wear Gown	Wear Gloves	Wash With Soap & Water on Exit
			
Manos Limpias	Use Bata	Use Guantes	Lavar con agua y jabón a la salida

Follow directions for Contact Precautions with the difference of:

- After providing care, HCW needs to **wash hands with soap and water**

**Examples:** C. diff, norovirus, Hepatitis A



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10/12/2023



# Droplet Precautions



Use Droplet Precautions along with Standard Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing or talking

- Ensure appropriate resident placement
- Use of PPE (mask and eye protection)
- Limit transport and movement of patients outside of the resident room to medically necessary purposes
  - If transport is required, ask the resident to wear a mask if safe to do so.
  - Staff or vendor providing transport is not required to don a mask.



# Droplet Precautions



**What actions need to be taken by staff when providing care in these rooms?  
How long should Droplet Precautions be maintained?**



**Examples of diseases requiring Droplet Precautions:**

- Mumps

<https://www.cdc.gov/infection-control/hcp/isolation-precautions/summary-recommendations.html>



# Airborne Precautions

Use Airborne Precautions along with Standard Precautions for patients known or suspected to be infected with infectious agents transmitted person-to-person by the airborne route

Place patients who require Airborne Precautions in an airborne infection isolation room (AIIR) that has been constructed in accordance with current guidelines

- Provide at least 6-12 air exchanges per hour
- Direct exhaust of air to outside. If not possible, it may be returned if directed through HEPA filters
- Monitor air pressure daily for negative pressure status
- Keep door closed except to enter and exit.
- When AIIR is not available, transfer resident to a facility that has an AIIR available

**STOP AIRBORNE PRECAUTIONS STOP**  
**EVERYONE MUST:**

- Clean their hands, including before entering and when leaving the room.
- Put on a fit-tested N-95 or higher level respirator before room entry.
- Remove respirator after exiting the room and closing the door.
- Door to room must remain closed.

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

**AIRBORNE RESPIRATORIO**

**Before entry:**  
**Antes de entrar:**

- Clean Hands**  
**Manos Limpias**
- Wear A Fit Tested N95 Respirator**  
**Use un respirador N95 bien ajustado**
- Keep the Door Closed**  
**Mantenga la puerta cerrada**

*If AIIR is unavailable, mask patient until patient is transferred to an AIIR.  
Si no está disponible una AIIR, coloque una mascarilla al paciente hasta que sea trasladado a una AIIR.*

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<https://www.cdc.gov/infection-control/hcp/isolation-precautions/summary-recommendations.html>

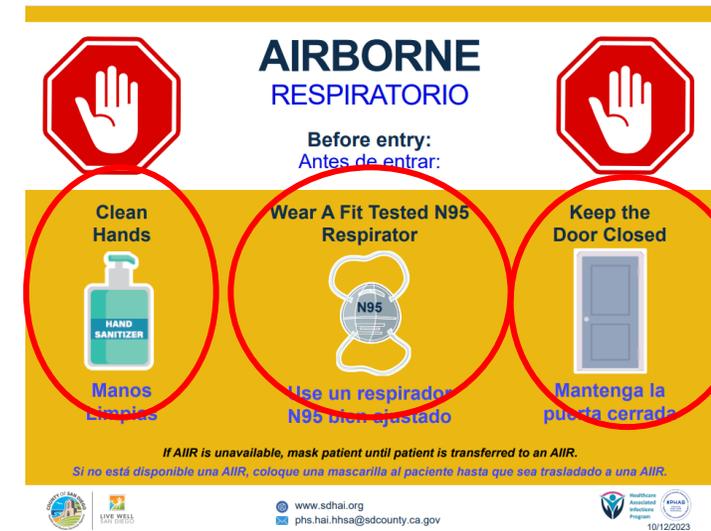
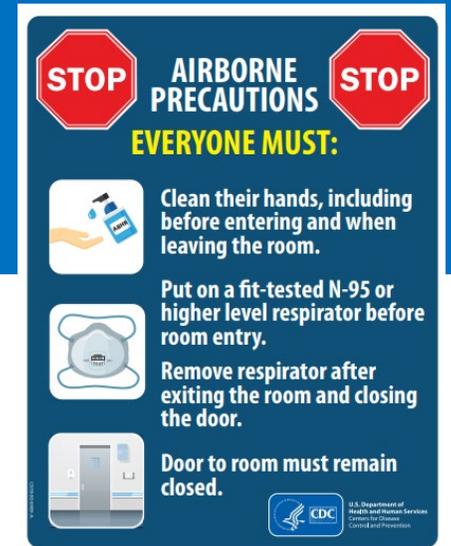


# Airborne Precautions

- Use of PPE: wear a fit tested NIOSH approved N95 or higher respirator
- Limit transport and movement outside of the resident room to medically necessary purposes
  - If transport is necessary, ask resident to wear a surgical mask if possible and observe respiratory etiquette
  - For residents with varicella or smallpox or draining skin lesions caused by M. tuberculosis: cover the affected areas
  - HCW providing transport does not need to wear a mask or respirator during transport if the resident is wearing a mask and infectious skin lesions are covered.

## Example of diseases requiring airborne precautions:

- Measles
- Mycobacterium tuberculosis, active pulmonary or laryngeal



<https://www.cdc.gov/infection-control/hcp/isolation-precautions/summary-recommendations.html>



# Transmission Based Precautions

**TRANSMISSION BASED PRECAUTIONS**  
PRECAUCIONES BASADAS EN LA TRANSMISIÓN

Before entry:  
Antes de entrar:

1 Clean Hands  
Use Hand Sanitizer  
Manos Limpias

2 Wear Gown  
Use Bata

3 Wear N95 Respirator  
Use una mascarilla N95

4 Wear Eye Protection  
Use protección para sus ojos

5 Wear Gloves  
Use Guantes

Keep the Door Closed  
Mantenga la puerta cerrada



## Combination of Multiple precautions as recommended by CDC

Based on modes of transmission

- Precautions for SARS-CoV-2 positive cases
  - Hand Hygiene
  - Gown, N95, eye protection and gloves should be donned prior to entry
  - Place residents in a single person room or with others identified SARS-CoV-2 cases as appropriate
  - Keep the door closed unless patient safety prevents this action
  - Optimize ventilation system to reduce exposure
- Precautions for Mycobacteria tuberculosis extrapulmonary with draining lesion or varicella zoster if disseminated disease or localized in immunocompromised resident
  - Airborne, contact, and standard

# Enhanced Barrier Precautions

## Evaluate for conditions that require a higher level of precautions

If a higher level of precautions is needed, evaluate the resident for inclusion in the EBP program once the condition that requires a higher level of precautions is resolved.

This program identifies the residents who are most at risk. **Include residents who have one or more of the following:**

- Wounds
- Indwelling medical devices
- A history of MDRO infection/colonization



- EBP is meant to stay in effect for the duration of the resident's stay.
  - However, if the wound is healed, or the device is removed and no other reason for inclusion exists, then the resident could be transitioned to Standard Precautions.
- If there is an MDRO history, then the resident would remain on EBP for the entire admission

# Which MDROs Are Included in EBP

## Currently Required

Examples of MDROs currently **targeted by CDC** include:

- Pan-resistant organisms
- Carbapenemase-producing carbapenem-resistant Enterobacterales
- Carbapenemase-producing carbapenem-resistant *Pseudomonas*
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*
- *Candida auris*



## Currently at Facility's Discretion

Examples of MDROs that might be **epidemiologically important locally**:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- ESBL-producing Enterobacterales
- Vancomycin-resistant *Enterococci* (VRE)
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*



# Enhanced Barrier Precautions

**ENHANCED BARRIER PRECAUTIONS**  
When providing high contact care or cleaning in the environment, staff must:

**MEJOREMOS LAS PRECAUCIONES DE BARRERA**  
Al prestar cuidados de alto contacto directo o limpiar el entorno, el personal debe:

**Clean Hands**  
Usar Bata

**Wear Gown**  
Usar Bata

**Wear Gloves**  
Usar Guantes

**Examples of high contact care**  
Ejemplos de atención de alto contacto.

Providing Hygiene. Higiene.	Changing Linen. Cambio de sábanas.
Bathing/Showering. Baño/Ducha.	Dressing. Ayuda para vestirse.
Transferring. Traslado. Mobility Assistance Asistencia en la movilidad.	Assisting with Toileting. Asistencia con el uso del baño.
Wound Care. Tratamiento de heridas.	Changing Briefs. Cambio de pañales.
Device care or use. Cuidado o uso de equipo médico.	Cleaning & Disinfecting the Environment. Limpieza y desinfección del entorno.

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8/2/2024

## Use hand hygiene, gown and gloves during:

- **Morning and evening care**
  - Example: Dressing, grooming, bathing, oral care, changing bed linens
- **Toileting**, changing incontinence briefs and peri-care
- Care of **indwelling devices**
  - Example: Urinary catheters, central lines, tracheostomy/ventilator, or feeding tubes
- **Medical treatments** that require close contact with the resident and his/her environment
  - Example: Respiratory treatments, tube feedings
- **Wound care**
- **Transferring** and mobility assistance in the resident's room
- **Environmental cleaning** in the resident's room

# Enhanced Barrier Precautions

Clean Bodies

Clean Clothes

Clean Hands

Clean Room

Clean Equipment

- All residents should be **bathed regularly** (at least twice per week)
- Residents should wear **clean clothes**
- Residents should perform **hand hygiene** frequently throughout the day, especially before leaving his/her room
- Thorough daily **room cleaning**
- **Disinfect** mobility equipment regularly, especially when leaving the resident room

# Actions for All Precautions

- **Display correct signage.**
  - It should be visible whether the door is open or closed
  - It should easily communicate required actions
  - It should **NOT** display PHI (disease/diagnosis)
- **Provide appropriate supplies**
  - Easily accessible PPE should be stored outside the resident room
  - Hand sanitizer stations and sinks should be nearby
- **Adherence monitoring**
  - Audit compliance with precautions
  - Provide just in time training and feedback to staff
  - Share data with leadership and staff to improve compliance



# What Type of Precautions?

CDC Appendix A:



Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions



# Let's Practice

Pull out your phone and type CDC Appendix A in the search bar....



The screenshot shows a search engine interface with the search bar containing 'cdc appendix a'. Below the search bar, there are navigation tabs for 'ALL', 'SEARCH', 'IMAGES', 'VIDEOS', 'MAPS', 'NEWS', 'COPILOT', and 'MORE'. The main content area features a 'Copilot Search' section with a prominent result for 'CDC Appendix A | Infection Control | CDC'. This result includes a snippet: 'Appendix A from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). The mode (s) and risk of transmission for ...'. Below this snippet are several sub-links: 'Appendix A: Type and Duration ...', 'Table 4', 'PPE', 'Considerations When Evaluating...', 'Language Assistance', and 'Schedules and Recommendation...'. To the right of the main result is a 'Wikipedia' snippet for 'Infection prevention and control - Wikipedia', which states: 'Subdiscipline of epidemiology. Infection prevention and control is the discipline concerned with preventing healthcare-associated infections; a practical rather than academic sub-...'. Below the main result and Wikipedia snippet are three social media cards: 'CDC - Facebook' (4,146,692 likes), 'Transmission-Based Precautions | Infection Control | CDC', and 'Centers for Disease Control...'. At the bottom of the search results, there are three filter buttons: 'CDC Appendix A diseases list', 'Transmission precautions by disease', and 'Duration of CDC isolation precautions'. On the right side, there is a 'Deep dive into cdc appendix a' section with four search suggestions: 'cdc appendix a pdf', 'cdc appendix a precautions', 'cdc appendix a isolation guidelines', and 'cdc appendix a printable'.



# Let's Practice



CDC Infection Control

EXPLORE THIS TOPIC ▾

SEARCH

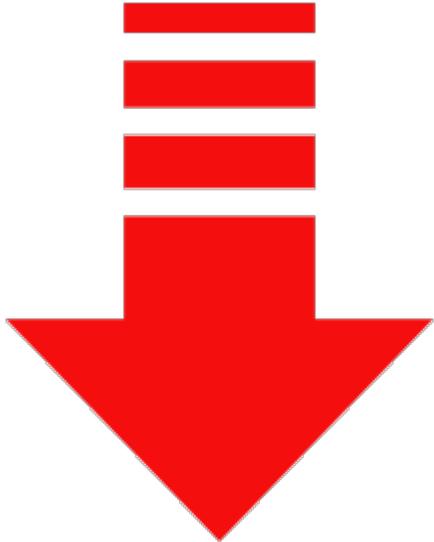
## Appendix A

ISOLATION PRECAUTIONS GUIDELINE | PAGE 12 OF 19 | ALL PAGES ▾

**AT A GLANCE**

Appendix A from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007).

Scroll down



# Let's Practice



## Appendices

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Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions

Appendix A of Isolation Precautions: Type and Duration of Precautions

NOV. 27, 2023

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# Let's Practice



Infection Control

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SEARCH

## Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions

Guideline for Isolation Precautions: Appendix A

ISOLATION PRECAUTIONS GUIDELINE | PAGE 13 OF 19 | ALL PAGES ▾

For Health Care Providers  
FEBRUARY 7, 2025

### WHAT TO KNOW

Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions from the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007).

## Types and Duration of Precautions

### Appendix A Updates

- **Recommendation updates for Viral hemorrhagic fevers, Andes virus, and Nipah virus: Appendix A [September 2024]** Changes: Appendix A precaution recommendation updates for Viral hemorrhagic fevers and new Appendix A precaution recommendations for Andes virus and Nipah virus
- **Appendix A, Table 5 updates [June 2023]** Changes: Updates and clarifications to Appendix A, Table 5

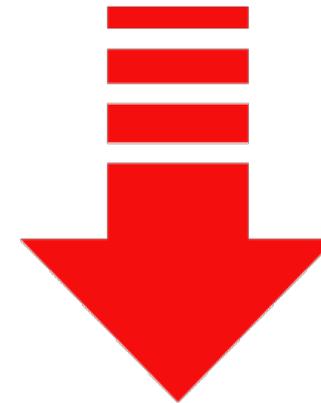
### ON THIS PAGE

#### Types and Duration of Precautions

- A
- B
- C
- D
- E
- F



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Healthcare  
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# Scenarios



## Scenario #1:

Your admissions team received a referral for a patient diagnosed with pneumonia due to Streptococcus. What information do you need to determine the type of precautions required?

# Let's Look at CDC Appendix A

- The lab determined this is group A strep
- Treatment was initiated 6 hours ago
- There are no skin lesions present

**Droplet + Standard** until 24 hours after initiation of effective therapy

Pneumonia <i>Staphylococcus aureus</i>	Standard		For MRSA, see <a href="#">MDROs</a> .
Pneumonia <i>Streptococcus</i> , group A Adults	Droplet + Standard	Until 24 hours after initiation of effective therapy	See <a href="#">Streptococcal Disease (group A <i>Streptococcus</i>)</a> below  Contact Precautions if skin lesions present.
Pneumonia <i>Streptococcus</i> , group A Infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	Contact Precautions if skin lesions present.
Pneumonia Varicella-Zoster (See <a href="#">Varicella-Zoster</a> )			
Pneumonia Viral Adults	Standard		



# Scenarios

## Scenario #2:

A resident went to the hospital and is due to be readmitted. The hospital communicates that he tested positive for Sars-CoV2. What information do you need to determine the type of precautions required?

**TRANSMISSION BASED PRECAUTIONS**  
PRECAUCIONES BASADAS EN LA TRANSMISIÓN

Before entry:  
Antes de entrar:

1 Clean Hands  
Manos Limpias

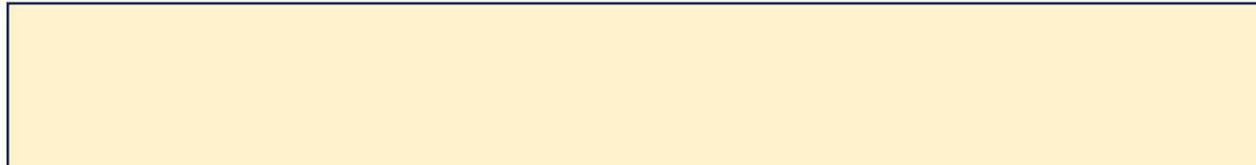
2 Wear Gown  
Use Bata

3 Wear N95 Respirator  
Use una mascarilla N95

4 Wear Eye Protection  
Use protección para sus ojos

5 Wear Gloves  
Use Guantes

**Keep the Door Closed**  
Mantenga la puerta cerrada



# Let's Look at CDC Appendix A

Where do we find COVID-19?

			1058-1060].	
Corona virus associated with SARS (SARS-CoV) (see <a href="#">Severe Acute Respiratory Syndrome</a> )				



# CDC Appendix A

- Symptom onset was 3 days ago

## Transmission based precautions appropriate for COVID:

- N95, eye protection, gown, gloves and door closed

Severe acute respiratory syndrome (SARS)	Airborne + Droplet + Contact + Standard	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne preferred; Droplet if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets [93, 94, 96].  Vigilant environmental disinfection (see [This link is no longer active: <a href="http://www.cdc.gov/ncidod/sars">www.cdc.gov/ncidod/sars</a> . Similar information may be found at CDC <a href="#">Severe Acute Respiratory Syndrome (SARS)</a> (accessed September 2018).])
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# Cohorting Benefits

## Why consider cohorting?

- Known to prevent exposure and transmission
- Assists with developing workflow from no known history to known history
- Makes dedicating equipment and staff less burdensome
- Does not depend on staff compliance with hand hygiene and appropriate PPE use







# Cohorting



## General Considerations For Cohorting:

1. Look at the whole picture: short term infectious conditions and long term MDRO history
2. Keep Track: Maintain a running log of residents and the details of their situation
3. Reach out to the HAI team when you have questions



# Cohorting



California Department of Public Health  
Healthcare-Associated Infections Program

Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections  
in California Skilled Nursing Facilities – 2025-26

## AFL 25-28

### Updated recommendations for preventing spread of Respiratory Virus Infections in SNFs

#### Includes strategies for:

- vaccination
- Masking
- Ventilation
- Exposures/Testing
- Isolation
- Precautions
- Cohorting
- Prophylaxis/Treatment



<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROcohortingSNF.pdf>



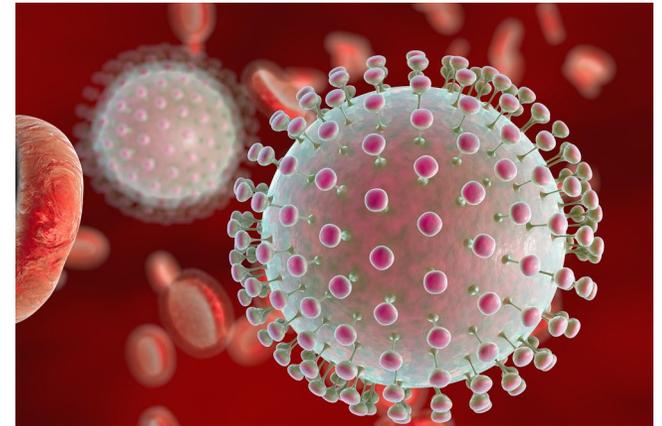
# Cohorting Respiratory Virus Cases

## Residents with confirmed COVID-19 should be:

- Placed in a single room if available
- Placed in a designated COVID19 isolation area or cohort. This area may be a designated floor, unit, or wing, or a group of rooms at the end of a unit that is physically separate and ideally includes ventilation measures to prevent transmission to other residents outside the isolation area.

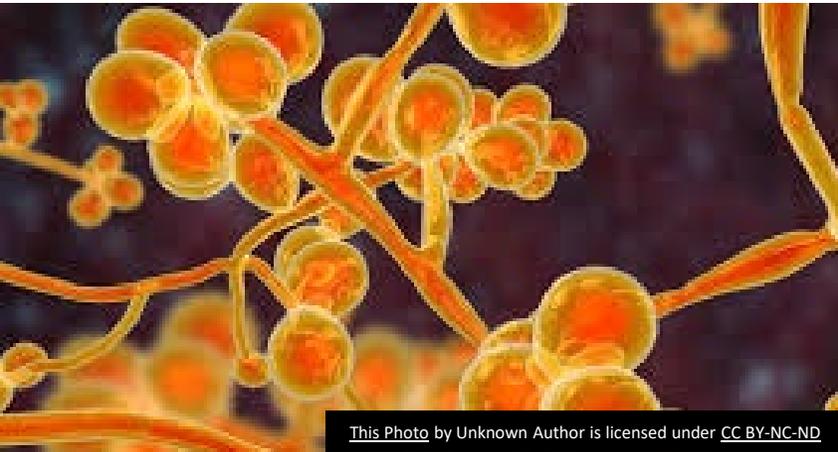
## Residents with confirmed influenza or other respiratory viruses (e.g., RSV):

- May be cohorted with other residents with the same confirmed viral infection if a single room is unavailable
- If not possible, keep in original room while mitigating risk of transmission to others.



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# Cohorting MDRO Cases

- **MDRO Cohorting Principles**
- Positive MDRO active infection history or colonization are for an indefinite duration
- MDRO cohorting should be in place for the duration of admission
- There are no clearance or test out recommendations for colonization with these MDROs
- Consider other communicable disease statuses
- Minimize room changes whenever possible
- Have clear priorities
  - Prioritize cohorting residents with rare, highly resistant or multiple CP gene mechanism or organism



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# Cohorting MDRO Cases

## MDRO Cohorting Principles Continued

- Dedicate equipment to resident or cohort when possible
- For staff who care for residents with and without an MDRO, should provide care to residents not known to be positive before positive residents whenever possible
- Place Like with Like
- If cohorting is not ideal on priority pathogens, circle back to reevaluate
- Request guidance from HAI team



# Cohorting MDRO Cases

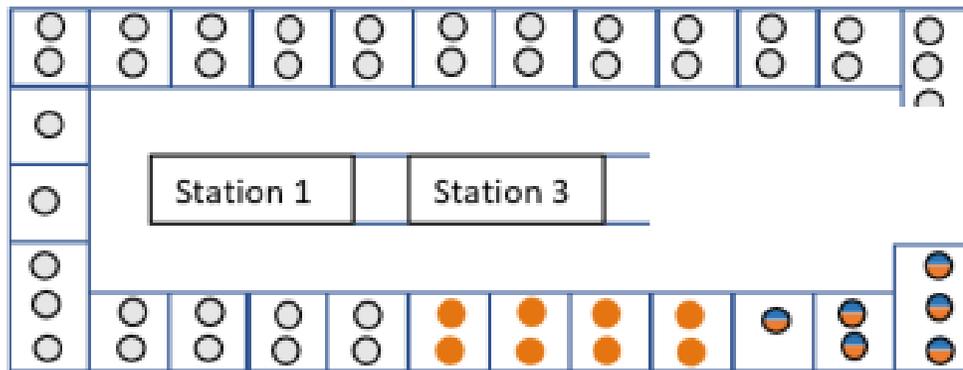
Organism	Examples	Cohorting Recommendations
Candidozyma auris (C. auris)	N/A	Cohort patients or residents with C. auris together with others that have C. auris, whenever possible
Carbapenemase-producing organism (CPO)	<p>Bacteria producing one or more carbapenemases, such as KPC, IMP, VIM, OXA, NDM, e.g.,</p> <ul style="list-style-type: none"> <li>• KPC-Escherichia coli</li> <li>• Oxa-23 Acinetobacter baumannii</li> <li>• VIM-Pseudomonas aeruginosa</li> </ul>	<ol style="list-style-type: none"> <li>1. Prioritize cohorting by the same Carbapenemase(s) and organism combination, e.g., <ul style="list-style-type: none"> <li>• KPC-E. coli with KPC-E. coli</li> <li>• NDM/KPC-E. coli with NDM/KPC-E. coli</li> </ul> </li> <li>2. If not possible, cohort by Carbapenemase(s), e.g., <ul style="list-style-type: none"> <li>• KPC with KPC</li> <li>• NDM/OXA-23 with NDM/OXA-23</li> <li>• Resident with KPC, OXA-48, and NDM carbapenemases with another resident that has KPC, OXA-48, and NDM carbapenemases</li> </ul> </li> </ol>



# Cohorting Example

## Example Figures

**Figure 1. Cohort within a cohort**



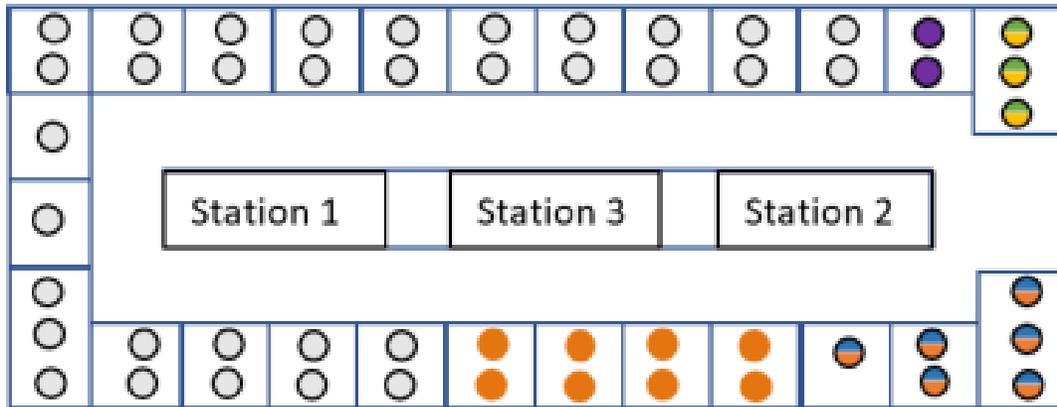
- *C. auris*
- *C. auris* + KPC
- VIM + IMP
- NDM

1

[ph.ca.gov/Programs/CHCQ/Healthcare Associated Infections Program/Document%20Library/MDROCohort](http://ph.ca.gov/Programs/CHCQ/Healthcare%20Associated%20Infections/Document%20Library/MDROCohort)

# Cohorting Example

Figure 2. Cohort by carbapenemase/organism combination



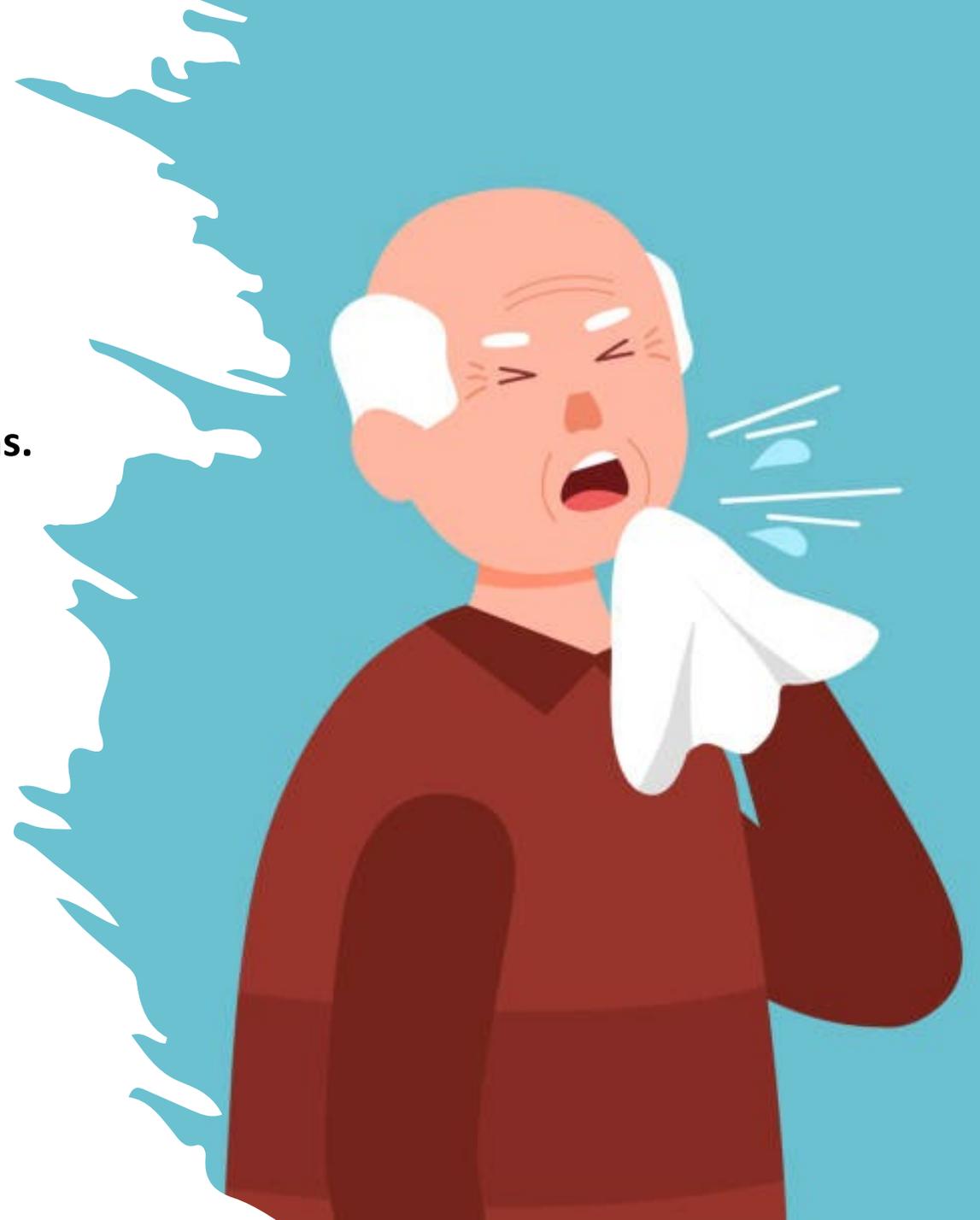
- *C. auris*
- *C. auris* + KPC
- VIM + IMP
- NDM

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDRICohortingSNF.pdf>

# Cohorting Scenarios

## Scenario # 1: A resident has respiratory virus symptoms.

- What type of precautions should you use while waiting for a diagnosis?
  - **Transmission based precautions for COVID**
- He has a roommate, should you move the symptomatic resident?
  - **No, wait for test results**
- Should you take any other actions while waiting a diagnosis?
  - **Keep the curtain closed if possible**
  - **Optimize ventilation, consider using a hepa filter portable air purifier**



# Cohorting Scenarios

## Scenario # 1 Continued:

- He tested positive for COVID. Now what should you do?
  - Move him to a single room if available.
  - Move him to the COVID isolation area/cohort
- What if he was positive for influenza instead?
  - Use droplet precautions
  - Move to a single room if available
  - Room with another resident who is positive for influenza if necessary (accounting for MDRO status)
  - If this is not possible, resident should remain in his original room using mitigation strategies to limit exposure of roommate



# Cohorting Scenarios

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**Scenario #2: Resident test positive for *Candidozyma auris* on admission to the hospital from your facility. On her return, should you:**

- Continue to cohort her with the previous roommate who has no known history of *Candidozyma auris* and who tested negative during exposure testing?
- Place in a single room?
- Place with another resident who has the same MDRO history?



# Cohorting Scenarios

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Scenario #2 Continued:

- What if you don't have a single room or another resident with the same MDRO history?



# Cohorting Scenarios



**Scenario #3: Resident is admitted to your facility with a history of CRAB oxa-23 colonization from 2 years ago. How should you cohort this person?**

- Place him in the first available bed. The history is distant enough that no current cohorting consideration is necessary.
- Place him with another resident who has a history of CRAB oxa-24/40, CRAB is CRAB.
- Place him in a single room
- Cohort with another resident with only a CRAB oxa-23 history

Do you need to consider colonization versus active infection when cohorting like with like?

# Cohorting Scenarios

Scenario #4: A resident being readmitted has a new history of MRSA. What should you consider when cohorting this person?

- Is this an active infection or colonization?
- What does your facility policy state regarding MRSA precautions and cohorting?



# Precautions Communication

## Strategies for Effective **Internal** Communication

- Consistent and accurate signage
- Education for staff, vendors, and visitors
- Collaboration with all leadership
- Ask staff for feedback to improve the system
- Regularly conducted adherence monitoring



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<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx>



# Interfacility Communication

## Strategies for Effective **Interfacility** Communication

- Establish relationships with frequent receiving/discharging facilities
- Revise transfer process to improve effective communication
  - Use the CDPH interfacility transfer form
  - For admissions, request MDRO history and isolation status prior to transfer
  - When a miscommunication happens, review the situation and discuss with leadership to continually improve the system
- Create a partnership between the admission team and the Infection Preventionist
  - Provide education on relevant organisms and types of precautions needed



# Reach out to the HAI Team



# Don't Forget To Breathe



Healthcare  
Associated  
Infections  
Program

# Questions?

For more information, contact the HAI Program at  
**[p hs.hai.hhsa@sdcounty.ca.gov](mailto:p hs.hai.hhsa@sdcounty.ca.gov)**

Thank you!



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