**Before utilizing the grid below, first consider the following in cohorting patients:**

* When cohorting needs arise, Standard Precautions patients should be cohorted first.
* If there are no more eligible Standard Precautions patients to cohort, only then should you use these guidelines to determine appropriate cohorting for Combined-Droplet patients.
* Testing strongly recommended before cohorting.
* Any new onset of symptoms would require the patient to be placed in a single room. Re-testing for COVID-19 is recommended.

|  |  |  |
| --- | --- | --- |
| **Combined-Droplet Precautions Cohorting** | | |
| **Disease** | **When is it appropriate to cohort?** | **When is it NOT appropriate to cohort?** |
| **Respiratory symptoms, viral pathogen identified** | Okay to cohort like illnesses if within approximately 3-5 days of onset of illness (example: two Flu A patients, two RSV patients) – including patients on AGPs | * Do not cohort one patient who just developed a URI with another patient who developed symptoms >7 days prior. * Do not cohort immunocompromised   patients with viral URI\*   * Do not cohort patients with different species of Influenza (e.g. Influenza A and Influenza B) * Patient in Combined-Eyewear during their isolation/quarantine period ([reference Patient and Family Quarantine and Deisolation Reference Guide](https://chla.sharepoint.com/sites/Docs/COVID19/Forms/AllItems.aspx?id=%2Fsites%2FDocs%2FCOVID19%2FStaff%20Resources%2F12%2E0%20%2D%20Quarantine%20and%20De%2Disolation%20Reference%20Guide%2Epdf&parent=%2Fsites%2FDocs%2FCOVID19%2FStaff%20Resources) for details) * Patient with parent/visitor who is symptomatic or has known COVID-19 (reference [Patient and Family Quarantine and Deisolation Reference Guide](https://chla.sharepoint.com/sites/Docs/COVID19/Forms/AllItems.aspx?id=%2Fsites%2FDocs%2FCOVID19%2FStaff%20Resources%2F12%2E0%20%2D%20Quarantine%20and%20De%2Disolation%20Reference%20Guide%2Epdf&parent=%2Fsites%2FDocs%2FCOVID19%2FStaff%20Resources) for details) |

|  |  |  |
| --- | --- | --- |
| **Disease** | **When is it appropriate to cohort?** | **When is it NOT appropriate to cohort?** |
| **Bacterial respiratory infections (strep throat, pneumonia, etc.)** | Okay to cohort after 24 hours initiation of antibiotics – including patients on AGPs | * Do not cohort before infection successfully treated with antibiotics * No identified viral respiratory infection or URI symptoms that are specific to a viral infection (e.g. runny nose, red eyes). Testing for viral URI is recommended. |
| **Respiratory symptoms, no testing/no organism identified** | Okay to cohort like respiratory symptoms if within approximately 3-5 days of onset of illness (example: two bronchiolitic patients who developed symptoms close in time) - – including patients on AGPs | * Do not cohort if respiratory symptoms clearly reflect different diseases (i.e. one patient with a severe croupy cough and one patient with mild rhinorrhea) * Do not cohort immunocompromised patients with respiratory symptoms.\* * Patient in Combined-Eyewear during their isolation/quarantine period * Patient with parent/visitor who is symptomatic or has known COVID-19 |

\*Please consult with the medical team.

|  |  |  |
| --- | --- | --- |
| **Contact Precautions Cohorting** | | |
| **Disease** | **When is it appropriate to cohort?** | **When is it NOT appropriate to cohort?** |
| Any disease requiring Contact Precautions | N/a | Cohorting patients in Contact Precautions is not permitted |