



# Infection Prevention and Control Inpatient Placement and Cohorting Guideline

## 1. Purpose

This guideline is intended to support decision-making related to appropriate bed allocation within WA Country Health Service (WACHS) facilities and related services. Bed allocation is a two-step process informed by a risk assessment, followed by prioritisation of the seriousness of any transmissible disease and any competing needs. Collaboration with the local Infection Prevention and Control (IPC) service should be sought, where necessary, as soon as possible.

## 2. Guideline

Transmission-based precautions should be applied in addition to standard precautions, in accordance with the National Health and Medical Research Council (NHMRC) [Australian Guidelines for the Prevention and Control of Infections in Healthcare \(2019\)](#) – Appendix 2: Supplementary information 6.4 - Type and duration of precautions for specific infections and conditions and jurisdictional guidance.

Depending on the infectious organism and the mode of transmission, one or more types of transmission-based precautions may be required. For additional information regarding type and duration of precautions, refer to the [WACHS Infection Prevention and Control - Patient management and healthcare worker exclusion periods Policy](#).

Current versions of the following guidance documents should be referred to as necessary, in conjunction with the information provided in this guideline:

- the Communicable Diseases Network Australia [Series of National Guidelines \(SoNGs\)](#)
- the [Australian Centre for Disease Control \(ACDC\)](#) topics on communicable diseases
- the Australian Commission on Safety and Quality in Healthcare (ACSQHC) [Patient Placement Guide – Infection Prevention and Control](#)
- [WA Health IPC policies and guidelines](#).

### 2.1 Risk assessment

From an IPC perspective, placement in any clinical area should be risk assessed according to several factors, including, but not limited to:

- whether a person is suspected or known to be colonised or infected with a highly transmissible or epidemiologically significant pathogen (such as a novel virus or a multidrug-resistant organism)
- whether they have signs and symptoms that raise suspicion of the presence of an infectious condition
- how the known or suspected infectious organism is transmitted, and the period transmission-based precautions should be used.

Refer to the risk assessment guidance outlined in the following document:  
[IPC risk assessment and room prioritisation to inform bed placement](#).

## 2.2 Single room prioritisation

Prioritisation of standard isolation rooms / single rooms with an ensuite, for isolation of transmissible diseases and consideration for alternative arrangements when a single room is not available, is not just dependent on the mode of transmission and infectivity of the organism, but also on the seriousness of the infection to other individuals.

If a high-consequence respiratory infection is suspected in a patient, such as severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome Coronavirus (MERS-CoV) or avian influenza, place patient into a NPIR and urgently escalate to infectious diseases / clinical microbiology and public health to discuss patient management.

Key points to consider regarding cohorting include:

- decisions regarding priority for isolation when demand for single rooms exceeds availability, should be made in conjunction with an IPC team member / healthcare facility management based on the person's acuity and the suspected or confirmed transmissible disease
- single rooms with ensuite bathroom facilities are preferred for those requiring isolation for communicable diseases
- when airborne precautions are required, the patient should be isolated in a negative pressure isolation room (NPIR) - priority should always be given to those requiring airborne precautions.
- when a NPIR is required and unavailable, a discussion with an IPC team member / healthcare facility management / executive, should be undertaken to discuss options for appropriate isolation
- if a NPIR is unavailable a standard isolation room with a portable air purifier and ensuite is required or where not available, a single room with a portable air purifier and dedicated bathroom should be used
- review of competing needs should be undertaken also for those requiring a single room for other purposes, such as:
  - end-of-life care
  - a higher need for privacy and dignity
  - reduction of harm afforded by a single room
  - isolation due to immunosuppression.

Prior to placing a person in a NPIR, ensure the Negative airflow is functioning effectively. Refer to [Negative Pressure Isolation Room Procedure](#).

## 2.3 Inpatient placement

Staff providing care to people with transmissible diseases must adhere to current recommended guidelines that include the use of a NPIR where available, for those with probable or confirmed airborne transmissible diseases, or the use of a standard single room with adjoining ensuite, a negative air flow from the corridor and adjacent areas, and a portable air purifier.

Additional key points to consider include:

- where droplet and airborne precautions are implemented, the door should be kept closed when possible
- when there are insufficient isolation facilities available, consultation with an IPC team member / healthcare facility management is recommended to assess the various risks associated with other placement options (e.g., cohorting)

- all HCWs should have completed a practical assessment for donning and doffing PPE
- when isolating a person for a transmissible disease, the person should be informed of the reason for the isolation and any precautions that they or their visitors are required to take.

The WACHS [Why am I in isolation brochure?](#) should be provided to all persons placed in isolation for IPC related reasons and the [Healthy WA website](#) has a variety of information sheets that can be readily accessed.

### 2.4 Cohorting

In some circumstances where single room availability has been depleted, it may be determined that those with the same confirmed transmissible disease can share a multi-bed area, which is known as cohorting. A cohort care area may be a bay/room/area/ward or unit in which a group of people with the same confirmed transmissible disease, are placed together within the same physical space, due to lack of isolation facilities. NB: only those with the same single confirmed transmissible disease and without other suspected or confirmed transmissible diseases, should be considered for cohorting.

During outbreaks or when large numbers of admissions with the same illness are identified, a designated isolation area may assist in supporting the provision of safe and efficient care, whilst adhering to IPC guidelines, by reducing traffic flow through the area and dedicating staff. The use of a dedicated team of experienced healthcare staff should be utilised to care for those within a cohort care area.

The decision to create cohort rooms and wards must be undertaken in discussion with the healthcare facilities' IPC team / healthcare facility management / executive / infectious diseases physicians and/or clinical microbiologists.

The following general principles / considerations should be applied when cohorting:

- only patients testing positive to the same single laboratory confirmed pathogen are to be cohorted e.g., patients with both an ARI and another suspected or confirmed infectious condition are not to be cohorted
- do not cohort those that are immunocompromised and at greater risk of severe disease and at increased risk of acquiring a secondary infection
- consider reducing bed numbers in shared rooms e.g. reducing a four-bed room to two beds to reduce transmission risk during cohorting
- ensure signage clearly indicating the appropriate transmission-based precautions and required personal protective equipment (PPE) is placed at the entrance to the cohort area
- the use of portable air purifiers is recommended in cohort rooms. Where four or more patients are to be cohorted the use of at least two air purifiers are recommended
- cohorting must always be utilised in combination with all other standard IPC measures
- all patients with confirmed ARI, should be encouraged to wear a surgical mask if their clinical condition allows, when able to do so
- medical equipment should be single person use or dedicated to the cohort care area and cleaned and disinfected after each use
- increased frequency of environmental cleaning and disinfection of cohort rooms and bathrooms must be undertaken. It is recommended a minimum of twice daily high touch surface cleaning is undertaken in a cohort room and bathroom and that the shared bathroom is cleaned and disinfected after each patient has showered

- patients cohorted for IPC purposes may be removed from the cohort room when their period of infectivity is completed
- there may be issues around compliance when dealing with specific groups such as paediatrics, or those with dementia or claustrophobia. In these cases, other IPC measures should be considered
- in long-term care facilities, isolation and cohorting may not be possible, so hand hygiene with appropriate use of relevant PPE for individual resident and environmental contact may be preferred
- transport should be limited where possible. e.g., consider the use of portable X-rays
- specific outbreak management may support cessation of admissions to a particular area/ward/unit/facility as recommended by the outbreak management team
- exclusion policies may also be implemented to restrict the spread of disease throughout a HCF such as excluding persons from participating in specific activities.

When determining the location of the cohort care area, the following should be considered:

- a review of HVAC systems, air flows and air exchanges are recommended to be undertaken before an area is designated as an isolation or cohort care area
- the ability to limit entry/access i.e., the number of persons entering the cohort care area should be limited to the minimum number necessary to deliver care and support and cohort care areas are not to be used as a thoroughfare
- the ability to ensure contact, droplet and airborne precautions can be maintained
- availability of necessary equipment
- spatial separation of at least 1.5 metres between bed spaces (e.g., curtains, privacy screens or barriers may be used to define separate areas)
- cohort care areas should be physically separated from other persons who are potentially at greater risk of complications from transmissible diseases (e.g., haematology, oncology and transplant services, severely immunosuppressed persons)

This document provides guidance to support appropriate single room prioritisation and cohorting based on disease transmission risk and includes common transmissible diseases, however, is not exhaustive. A review of the resources highlighted and/or discussions with IPC team members may be required.

### 2.5 Use of PPE in a cohort care area

HCWs are required to follow the recommended IPC interventions and measures for the management of inpatients noting that adherence to the '5 Moments' for Hand Hygiene is required at all times.

Additional key points include:

- when providing care in a cohort area, PPE should be changed when moving between each person in the area
- "Extended use" of PPE (e.g., continued use of masks/eye/face wear) can increase the risk of cross transmission of infection for both those in the cohort area and for HCWs, and increase the risk of environmental contamination. Any decision to allow extended use of PPE must be made in consultation with an IPC team member
- when extended use of PPE is permitted, masks and eye/face wear are to be changed when they become visibly soiled, damaged or inadvertently touched. HCWs should remove themselves from the cohort area before replacing PPE
- as per standard precautions, a risk assessment should be undertaken in relation to PPE requirements

- gloves, when worn, must be changed between each different task/procedure performed on a person e.g., catheter care and administration of intravenous therapy
- upon leaving the cohort area HCWs must remove and discard all PPE.

### 3. Roles and Responsibilities

**WACHS Executive and District Directors** are responsible for ensuring the processes outlined in the relevant National Safety and Quality Health Service Standards are in place.

**WACHS Managers and supervisors** are responsible for monitoring compliance of relevant staff to this procedure.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

### 4. Monitoring and Evaluation

Monitoring and evaluation of IPC systems and risk management strategies includes:

- auditing to monitor adherence to standard precaution practices such as hand hygiene practices, hand hygiene product placement, bare below the elbow practices, aseptic technique practices, waste management processes and cleaning practices, PPE practices and transmission-based precautions
- outcome measures related to transmission of infectious diseases such as:
  - decreased infection transmission rates
  - decreased number of outbreaks
  - decreased hospitalisation rates
  - decreased morbidity and mortality rates.

Outcomes should be escalated as applicable, with actions implemented, documented and monitored via the regional IPC Committees and other relevant committees.

The WACHS Infection Control Advisory Forum (ICAF) is to review this policy every five years, or earlier if required.

### 5. References

Communicable Diseases Network Australia (CDNA). Series of National Guidelines (SoNGs). Australian Government Department of Health and Aged Care, 2024. [accessed 15 June 2026]. <https://www.health.gov.au/resources/collections/cdna-series-of-national-guidelines-songs#a>

National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2019. [accessed 15 June 2026]. <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

National Safety and Quality Health Service (NSQHS), preventing and controlling infections standard. Australian Commission on Safety and Quality in Health Care, 2021. [accessed 15 June 2026]. <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard>

Communicable Diseases for Health Professionals. WA Department of Health, 2023. [accessed 15 June 2026]. <https://www.health.wa.gov.au/Health-for/Health-professionals/Communicable-Diseases>

Control of communicable diseases manual. WA Department of Health. 2023. [accessed 15 June 2026]. <https://www.health.wa.gov.au/~media/Files/Corporate/general-documents/communicable-diseases/PDF/2101-communicable-disease-guidelines.pdf>

Optimising ventilation for infection prevention and control in healthcare settings. Australian Commission on Safety and Quality in Health Care, 2022. [accessed 15 June 2026]. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/optimising-ventilation-infection-prevention-and-control-healthcare-settings>

Respiratory Personal Protective Equipment Policy. WA Department of Health, 2022. [accessed 15 June 2026]. <https://www.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Communicable-Disease-Control/Infection-Prevention-and-Control/Respiratory-Personal-Protective-Equipment-Policy>

## 6. Definitions

Term	Definition
<b>Acute Respiratory Infection</b>	An Acute respiratory infection (ARI) is a recent onset of new or worsening acute respiratory symptoms, such as cough, breathing difficulty, sore throat, or rhinorrhoea/nasal congestion, with or without other symptoms.
<b>Aerosols</b>	Microscopic particles and respiratory droplets that are produced when a person coughs, sneezes, shouts or sings. These particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents within a room or beyond to adjacent spaces or areas.
<b>Aerosol generating behaviours</b>	Behaviours that are likely to generate higher volumes of respiratory secretions and increase the risk of transmission via aerosols. Examples include persistent and/or severe coughing, screaming and shouting, women in active labour who exhibit heavy breathing and panting.
<b>Aerosol generating procedures</b>	Procedures that promote the generation of fine airborne particles that may result in the risk of airborne transmission of disease. A list of aerosol generating procedures is provided in the <a href="#">Respiratory Protection Guidelines for Western Australian Healthcare Facilities</a> .

<p><b>Airborne precautions</b></p>	<p>Practices used to prevent the transmission of pathogens spread by the airborne route. Airborne precautions require the use of a particulate filter respirator and protective eyewear and are worn in addition to any other personal protective equipment required as per standard precautions. The patient is accommodated in a negative pressure isolation room where possible. Airborne precautions are used in addition to standard precautions.</p>
<p><b>Avian influenza</b></p>	<p>A zoonotic influenza A virus that normally spreads in birds but can also infect mammals including humans and are subtyped by the antigenicity of their haemagglutinin (H) and 4 Acute Respiratory Infections Uncontrolled if printed Definition neuraminidase (N) surface proteins. Five avian influenza subtypes (H5, H6, H7, H9 and H10 viruses) are known to rarely cause infections in humans, with H5, H7 and H9 the most frequently identified.</p>
<p><b>Cohort Care Area</b></p>	<p>A bay/room/area/ward/unit in which a group of people with the same confirmed infection are placed together if required, usually within the same physical space.</p>
<p><b>Cohorting</b></p>	<p>The grouping of individuals with the same condition and or same laboratory confirmed organisms in the same location e.g. room, ward section, ward or building.</p>
<p><b>CDNA</b></p>	<p>Communicable Diseases Network Australia Provides national public health advice for the prevention and control of communicable diseases, including through the Series of National Guidelines (SoNGs).</p>
<p><b>Droplet precautions</b></p>	<p>A set of infection prevention practices used for patients suspected or known to be infected with agents transmitted primarily by larger respiratory droplets that do not remain suspended in the air and generally only travel short distances (i.e. require close contact). Droplet precautions include the use of a surgical mask at minimum and protective eyewear and other personal protective equipment as required for standard precautions Droplet precautions.</p>
<p><b>Healthcare Facility</b></p>	<p>A Healthcare facility (HCF) Includes all public hospitals and contracted health entities, nursing posts, satellite dialysis centres, child and mental health services The guidance provided in this document may also be adopted by private hospitals, and the same principles, where appropriate, applied in residential and primary care settings.</p>

<p><b>Healthcare workers</b></p>	<p>Healthcare workers (HCWs) Any person whose activities involve the provision of direct or indirect care to patients in a healthcare or laboratory setting, and includes those who are employed, honorary, contracted, on student placement or volunteering at the facility. The term is generally applied to all persons working in a healthcare facility.</p>
<p><b>Heating, ventilation and air conditioning systems</b></p>	<p>Heating, ventilation and air conditioning (HVAC) systems supply clean air by diluting and filtering air (from outdoor or recirculated air) and remove contaminated air by filtering and/or exhausting it to the outdoor environment or to adjacent spaces.</p>
<p><b>Negative pressure isolation room</b></p>	<p>A negative pressure isolation room (NPIR) is a single room with an ensuite and an anteroom, that is not shared and is used for patients who require isolation to reduce airborne transmission of disease e.g., varicella, measles or pulmonary tuberculosis. The air handling system operates at a lower pressure with respect to adjacent areas such as the anteroom and corridor and should provide at least twelve air changes per hour. Air in negative pressure rooms will be exhausted to the outside in accordance with AS 1668.2 or ASHRAE 170:2021 to prevent air recirculation. Refer to the <a href="#">Australasian Health Facility Guidelines – Part D</a>.</p>
<p><b>Outbreak</b></p>	<p>A greater number of cases than what is normally expected in a given population. In closed populations, such as a healthcare or residential care facility, health authorities may define an outbreak as two or more linked cases in a given time period.</p>
<p><b>Personal protective equipment</b></p>	<p>In this document refers to equipment worn by healthcare workers to protect themselves and minimise exposure to biological hazards by interrupting transmission pathways of pathogens. Clinical personal protective equipment (PPE) in healthcare includes surgical masks, particulate filter respirators (such as P2 or N95), gloves, goggles, glasses, face shields, gowns and aprons.</p>
<p><b>Standard precautions</b></p>	<p>Standard precautions are work practices that constitute the first-line approach to infection prevention and control in the healthcare environment. These are recommended for the treatment and care of all patients.</p>
<p><b>Transmission-based precautions</b></p>	<p>Practices used in addition to standard precautions to prevent transmission of infection and include contact, droplet and airborne precautions and are used for patients known or suspected to be infected or colonised with epidemiologically important or highly transmissible pathogens. They are implemented based upon the mode of transmission of the pathogen and level of identified transmission risk.</p>

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	All Staff
<b>Records Management</b>	Non-Clinical: <a href="#">Corporate Recordkeeping Compliance Policy</a> Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Services Act 2016</a> (WA) <a href="#">Public Health Act 2016</a> (WA) <a href="#">Therapeutic Goods Act 1989</a> (Cth) <a href="#">Work Health and Safety Act 2020</a> (WA) <a href="#">Work Health and Safety Regulations 2022</a> (WA)
<b>Related Mandatory Policies/Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0122/19 <a href="#">Clinical Incident Management Policy</a></li> <li>• MP 0134/20 <a href="#">National Safety and Quality Health Service Standards Accreditation Policy</a></li> <li>• MP 0172/22 <a href="#">Respiratory Personal Protective Equipment Policy</a></li> <li>• MP 0177/23 <a href="#">Screening and Management of Multi-resistant Organisms in Healthcare Facilities Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> <li>• <a href="#">Public Health Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Engaging Consumer and Carer Representatives Policy</a></li> <li>• <a href="#">Environmental Cleaning Policy</a></li> <li>• <a href="#">Exposure and Outbreak Management Policy</a></li> <li>• <a href="#">Hand Hygiene Policy</a></li> <li>• <a href="#">Infection Prevention and Control - Patient management and healthcare worker exclusion periods Policy</a></li> <li>• <a href="#">Infection Prevention and Control Policy</a></li> <li>• <a href="#">Negative Pressure Isolation Room Procedure</a></li> <li>• <a href="#">Waste Management Policy</a></li> <li>• <a href="#">Work Health and Safety Policy</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• ACSQHC <a href="#">Patient Placement Guide – Infection Prevention and Control</a></li> <li>• <a href="#">CDNA Series of National Guidelines (SoNGs)</a></li> <li>• NHMRC <a href="#">Australian Guidelines for the Prevention and Control of Infections in Healthcare (2019)</a></li> <li>• <a href="#">WA Health infection prevention and control policies and guidelines</a></li> </ul>
<b>Related Forms</b>	Nil
<b>Related Training</b>	Available from <a href="#">MyLearning</a> : <ul style="list-style-type: none"> <li>• Basics of Infection Prevention and Control Orientation Module (CICB EL2)</li> <li>• Clean and Safe Healthcare Environment Practical Assessment (CSHE 003)</li> <li>• Clean and Safe Healthcare Environment Assessor/Trainer Declaration (CSHE EL5)</li> </ul>

	<ul style="list-style-type: none"> <li>• Correct Use of Personal Protective Equipment (PPE EL1)</li> <li>• Hand Hygiene Declaration (CICHH EL2)</li> <li>• Infection Prevention in Healthcare for Non-Clinical Staff (IPNC EL1)</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 4384
<b><u>National Safety and Quality Health Service (NSQHS) Standards</u></b>	1.09, 1.10, 1.15, 3.01, 3.02, 3.04, 3.05, 3.08, 3.09 3.12, 3.17, 5.07
<b><u>Aged Care Quality Standards</u></b>	1(1)(2a)(2b)(2c); 3(1)(2); 4(1)(2); 5(1)(2); 7(1)(2); 8(1)(2).
<b><u>Chief Psychiatrist's Standards for Clinical Care</u></b>	Nil
<b>Other Standards</b>	Nil

## 8. Document Control

Version	Published date	Current from	Summary of changes
1.00	28 July 2022	28 July 2022	<ul style="list-style-type: none"> <li>• The document has had the purpose expanded from being a COVID-19 specific document to having a broader purpose.</li> </ul>
2.00	28 April 2025	28 April 2025	<ul style="list-style-type: none"> <li>• updated guidance in relation to PPE use for cohorting persons in alignment to the most recent guidance from the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)</a></li> <li>• updated references.</li> </ul>
2.01	16 May 2025	28 April 2025	<ul style="list-style-type: none"> <li>• Aboriginal ISD number added</li> <li>• minor update to Appendix B</li> </ul>
2.02	22 June 2026	28 April 2025	<ul style="list-style-type: none"> <li>• Updated definitions</li> <li>• Updated <a href="#">IPC risk assessment and room prioritisation to inform bed placement</a></li> <li>• Updated references</li> </ul>

## 9. Approval

<b>Policy Owner</b>	Executive Director Nursing and Midwifery
<b>Co-approver</b>	Executive Director Clinical Excellence
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<b>Business Unit</b>	WACHS Nursing and Midwifery
<b>EDRMS #</b>	ED-CO-22-241698

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