Introduction

This document summarizes approaches and options for how congregate living and congregate care settings, such as shelters, group homes, retirement homes and long-term care facilities can cohort residents to help prevent the spread of COVID-19 during an outbreak. The document is intended to assist public health units to support congregate living settings with COVID-19 outbreaks, and is specific to COVID-19. Some of the principles in this document may also be applicable in other situations when cohorting may be instituted. This is an evergreen document that will be updated as new information becomes available.

This document provides the options for possible cohorts, considerations regarding the cohorts, and summarizes what personal protective equipment (PPE) staff should wear while providing direct care (e.g., assisting with feeding, dressing, washing, bathing, shaving, toileting, turning and managing wounds) within each cohort. The document also describes what pieces of equipment must be changed or can be left on when moving from resident to resident within each cohort during times of PPE shortage.

This document provides additional details to accompany the How to Cohort during an Outbreak of COVID-19 in a Congregate Living Setting fact sheet.¹ It should be noted that the principles and ideas outlined in this document may not be applicable, appropriate or possible in some outbreaks and facilities. They are presented as concepts and options for local public health units to consider and tailor for the specific congregate living settings and outbreak circumstances.
Summary of Revisions

This document is current to July 31, 2020. New material in this revision is highlighted in the table below.

<table>
<thead>
<tr>
<th>Page</th>
<th>Revision</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3, 4, 5</td>
<td>Expanded on use of private room with bathroom</td>
<td>July 31</td>
</tr>
<tr>
<td>4</td>
<td>Added link to considerations regarding meals and bathrooms</td>
<td>July 31</td>
</tr>
<tr>
<td>5</td>
<td>Reinforced that residents should have meals in their rooms</td>
<td>July 31</td>
</tr>
<tr>
<td>10, 11</td>
<td>Expanded on use of private room with bathroom</td>
<td>July 31</td>
</tr>
</tbody>
</table>

Publication History

Published: June 15, 2020
1st Revision: July 31, 2020
Glossary

**Congregate living settings**: Living situations where people, most or all of whom are not related, live together in a single facility with shared living space (e.g., bedrooms, bathrooms, kitchens, living rooms and/or dining rooms). Congregate living facilities include a wide range of settings, such as long-term care facilities, retirement homes, group homes, correctional and youth justice facilities, shelters, rooming and boarding houses, and dormitories.

**Cohort**: In this document, we refer to a cohort as a group of people who have or may have COVID-19 or are at similar risk of developing COVID-19.

**Cohorting**: Group residents based on their COVID-19 status or risk of COVID-19 during an outbreak. Cohorting is a way to help prevent the spread of infection within the facility. Where possible, and in accordance with other requirements of the facility, cohorting should be done by moving residents in each cohort to separate areas of the facility.

**Staff cohorting**: Having a staff member look after only one cohort of residents and not moving from one cohort to another. It is preferable to move residents from the same cohort to the same area of the building to make it easier for staff to look after only one cohort. However, if it is not possible to move residents, staff cohorting can still be implemented with a staff member looking after only the residents in one cohort and not moving from one cohort to another during a shift.

**Outbreak and non-outbreak areas**: The outbreak area has cases of COVID-19 or may have cases in the near future, such as floors/units where there are residents or staff with COVID-19 or who may have been exposed to COVID-19. The non-outbreak area is the remainder of the facility. In some outbreaks, the whole facility is considered the outbreak area.
Key Features of Cohorting

Defining the cohorts: Determine if the whole facility will be considered the outbreak area or if there is also a non-outbreak area. Within each area, a number of cohorts may be defined. See Appendix 1. Cohorting may look different in every outbreak and across different types of facilities. The local public health unit can help determine the cohorts.

Keeping cohorts separate: Residents within each cohort should be separated from residents from other cohorts.

The priority in cohorting is to:
- Separate the outbreak area from the non-outbreak area (if there is a non-outbreak area).
- Within the outbreak area, separate the:
  - exposed, well, and not known to have COVID-19 cohort,
  - exposed, ill but not known to have COVID-19 cohort, and
  - COVID-19 positive and infectious cohort.

If possible:
- The exposed, well and not known to have COVID-19 cohort can be further divided into the following sub-cohorts: those who had close contact with someone with COVID-19 and those who did not.
- The exposed, ill but not known to have COVID-19 cohort can be further divided into the following sub-cohorts: those who are COVID-19 negative and those with unknown status.

Keeping residents separate from each other within cohorts: Within most cohorts, it is very important for residents to stay as separate from each other as possible (in private rooms with private bathrooms if at all possible). If a private room is not available, residents should stay as far apart as possible (at least 2 metres apart) at all times. This is because some residents may be infected without having symptoms and therefore can spread infection to others they are near. The exception is within the COVID-19 positive cohort, where individuals known to have COVID-19 may be within two metres of one another if this is safe and appropriate. See Appendix 2 for considerations regarding cohorting.

Staff cohorting: Staff members should ideally work only with one cohort of residents on each shift and over the course of the outbreak if possible. If staff are required to work with multiple cohorts on a shift, they should move from the lowest risk to the highest risk cohorts (see Figure 1).

Personal protective equipment (PPE): Although not routinely recommended, when working within a cohort when there is a shortage of PPE, some of the PPE can be left on when moving between residents. Wearing the same PPE for repeated patient encounters is referred to as extended use. Appendix 3 outlines how to use PPE within each cohort, including what should be worn, what can be left on and what must be changed when moving from resident to resident within each cohort when PPE is in short supply.

Resident Cohorting

Outbreak and Non-outbreak Areas
The local public health unit will help define the outbreak area and non-outbreak area. The outbreak area could be the whole facility or only certain parts of the facility depending on: the number of COVID-19
cases and where they are located in the facility; the movement of staff and residents within the facility; and the layout of the facility. **It is best to define the outbreak area broadly to ensure maximum protection of residents and staff.** Non-outbreak areas should only be those areas which have clearly had no cases of COVID-19, and no exposed staff or residents, and no mixing of residents or staff with floors/units that have confirmed cases or exposed staff or residents (e.g., the non-outbreak area is a completely separate building or wing with no mixing of residents or staff with the outbreak area).

**When in doubt, it is best to declare the whole facility in outbreak. If there is a non-outbreak area, residents and staff in that area should be monitored closely for signs and symptoms of COVID-19.**

### Separating Cohorts

Residents from one cohort should not mix with residents from other cohorts. It is possible to move a resident from one cohort to another if they receive test results or symptoms develop or improve, prompting a move between cohorts. See [Appendix 1](#) for a list of possible cohorts. Only those who have **cleared their COVID-19 infection** can move from the outbreak area to the non-outbreak area.²

When residents are cohorted, it is important for each cohort to be as far apart as possible, such as in separate wings, floors, units or sections of the facility or using an offsite space (e.g., motel, separate building). The appropriate staffing and supports must be available for residents in each cohort.

### Spacing Resident Sleeping Areas within Cohorts

In most cohorts it is not known who has or does not have the infection and residents can be infectious without having symptoms, therefore residents in most cohorts need to stay as far apart as possible from each other (in private rooms with private bathrooms if at all possible). If a private room is not available, residents should be kept as far apart as possible (at least 2 metres apart) at all times. The exception to remaining far apart within the cohort is for the cohort with confirmed COVID-19, who can be closer together since everyone is known to be infected. See [Appendix 2](#).

For residents who should stay as far apart as possible (at least two meters apart) but cannot be in a private room, consider solid or cloth partitions, pylons, stanchions or markings on the floor to support separation. Beds can be arranged head to foot or foot to foot to increase the distance between residents’ heads. Bunk beds should be avoided. See below for considerations regarding **meals** and **bathrooms**.
Moving Residents

It is preferable to move residents so that each cohort can be in the same part of the facility. Any resident moves should be in accordance with the policies and procedures of the setting and the rights of the residents. Determine with the resident the items they need to take with them and ensure safe storage for any remaining items. Ensure that the rooms that the residents are moving into have been cleaned and disinfected, including the mattress if possible, and that clean bedding is provided. Ensure the staff doing the cleaning and moving use appropriate PPE (see Appendix 3).

Relocation of residents may be traumatic or disconcerting and consideration should be given to providing additional mental health or emotional supports for residents, as required. Consider opportunities to maintain social interactions between cohorts and between residents and others outside of the facility while maintaining physical distancing (e.g., telephone, video chat).

Meals

If at all possible, all residents should have their meals in their rooms. If residents must eat in a group, it should only be with their cohort if possible. Using more than one dining room space can be considered. The scheduled order of using a shared dining room should be from the lowest risk cohort to the highest risk cohort, if possible. See Figure 1.

Residents in the dining room should remain as far apart as possible and at least two metres apart. Physical distancing may be achieved via movement of furniture so that chairs are two metres apart and residents are not facing each other. Tables, arm rests on chairs and other frequently touched surfaces should be cleaned and disinfected between cohorts. Shared items like salt and pepper shakers and food containers (e.g., condiment bottles, water pitchers, coffee and cream dispensers) should be removed and replaced with single use items.

Bathrooms

Private bathrooms for each resident are preferred if at all possible for the cohorts not known to have COVID-19. If bathrooms must be shared, each cohort should have their own bathroom if possible. If different cohorts must share a bathroom, consider each cohort using it at different times for activities that require longer time in the bathroom, such as personal hygiene (e.g., for washing, showering, shaving). If the bathrooms must be shared between cohorts, the order of using the bathroom should be from the lowest risk cohort to the highest risk cohort, if possible. See Figure 1. If possible, clean and disinfect the bathroom in between cohorts. In the bathroom, residents should remain as far apart as possible at all times and at least two metres apart (except for the cohort that has COVID-19); consider only having one individual use the bathroom at a time, if possible and particularly if the bathroom is small.
Some principles of staff cohorting are as follows:

- Staff members should be assigned to care for only one cohort of residents during each shift if at all possible. If it is not possible to move residents, staff cohorting can still be implemented, with a staff member only looking after the residents in one cohort during a shift.

- Over the course of the outbreak, if possible, staff members should work with only one cohort, and not switch between cohorts.
  - Staff who were exposed to the outbreak area, particularly without the use of appropriate PPE (e.g., worked in the outbreak area before the outbreak was recognized) and have subsequently been cleared to return to work, should not work in the non-outbreak area.
  - Staff members who have previously had COVID-19 would be best to work with the COVID-19 positive cohort. Previously COVID-19 positive staff members must continue to comply with all PPE requirements.

- Staff working with one cohort should remain separate from each other and from staff members working with other cohorts. **It is very important for staff to stay at least two metres from each other at all times, including during breaks and meals.** Each staff cohort should use the staff room at separate times if possible. If possible, frequently-touched staff room surfaces like table tops and chair arm rests should be cleaned between cohorts.

- Work flow should be organized so care to the cohort is grouped together, to minimize repeated visits to the same cohort.

- When PPE is in short supply, not all PPE needs to be changed when working within a cohort; therefore staff cohorting helps reduce the use of PPE. See Appendix 3.

- If staff must move between the cohorts, they should only go from the lowest risk cohort to the highest risk cohorts if at all possible. See Figure 1.
PPE and Masking for Source Control

In the Non-Outbreak Area

Staff members should wear a surgical/procedure mask, with or without eye protection, at all times (except when eating – when they should stay two metres away from others – or when alone in a private space). At the discretion of the public health unit, eye protection may not be needed if it is determined that spread of the outbreak into the non-outbreak area is very unlikely (e.g., the non-outbreak areas is in a completely separate building from the outbreak area).

Other PPE will be dependent on the type of care being provided to the resident and the resident’s health status, as per usual practice (Routine and Additional Precautions).

In the Outbreak Area

- Staff members should wear a surgical/procedure mask, eye protection (e.g., face shield, goggles) and gown when in areas where resident interactions are possible.
- Masks and eye protection, but not gowns, should be worn in non-resident areas, such as staff-only areas or break rooms.
- Gloves should also be worn for direct care (e.g., assisting with feeding, dressing, washing, bathing, shaving, toileting, turning and managing wounds).
- Gloves must always be changed between residents and hands cleaned (i.e., washed with liquid soap and water or use of an alcohol-based hand rub) before putting on and taking off gloves.
- Gloves must be removed and hands cleaned before removing any facial protection and then hands should be cleaned again. See information on putting on and taking off PPE.

Appendix 3 outlines the PPE that is recommended in each cohort and what can be left on or must be changed when moving from resident to resident within each cohort when PPE is in short supply. It should be noted that leaving PPE on when moving between residents is not routinely recommended and is only being used as part of a strategy to conserve PPE during a shortage.

- If staff must move between cohorts, they should go from a lower risk to a higher risk cohort (see Figure 1) and should change their gloves and gown when moving between these cohorts.
- If it is necessary for staff to go from a higher risk to lower risk cohort (see Figure 1), all PPE must be changed between cohorts.
- All PPE should be changed when moving from resident care to non-resident care activities using appropriate technique for removing PPE.
- PPE must always be changed if it becomes wet or dirty.
Appendix 1: Possible Cohorts of Residents in Congregate Living Settings Outbreaks of COVID-19

Non-outbreak Area (If There Is One)

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Close contact with COVID-19 case(s)</th>
<th>COVID-19 Symptoms</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved COVID-19</td>
<td>Not applicable (no new, unrelated high risk exposure)</td>
<td>Now absent</td>
<td>Initially positive; cleared as per Ministry Guidance on testing and clearance²</td>
</tr>
<tr>
<td>Never exposed and well</td>
<td>No</td>
<td>Absent</td>
<td>No test results or negative</td>
</tr>
</tbody>
</table>

Outbreak Area

Exposed and Well Cohort

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Close contact with COVID-19 case(s)</th>
<th>COVID-19 Symptoms</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not close contact of a case*</td>
<td>No</td>
<td>Absent</td>
<td>No test result or negative</td>
</tr>
<tr>
<td>Close contact of a case*</td>
<td>Yes</td>
<td>Absent</td>
<td>No test result or negative</td>
</tr>
</tbody>
</table>

Exposed, Ill but Not Known to Have COVID-19 Cohort

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Close contact with COVID-19 case(s)</th>
<th>COVID-19 Symptoms</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed, ill and COVID-19 negative</td>
<td>Yes or no</td>
<td>Present</td>
<td>Negative</td>
</tr>
<tr>
<td>Exposed, ill and COVID-19 status unknown</td>
<td>Yes or no</td>
<td>Present</td>
<td>No test result or results pending</td>
</tr>
</tbody>
</table>
### COVID-19 Positive and Infectious Cohort

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Close contact with COVID-19 case(s)</th>
<th>COVID-19 Symptoms</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 positive and infectious</td>
<td>Yes or no</td>
<td>Present or absent</td>
<td>Positive</td>
</tr>
</tbody>
</table>

* Close contacts include roommates, dining table mates and others who have spent time within two metres of someone who has COVID-19 if the contact was not wearing appropriate PPE. See [Public Health Management of Cases and Contacts of COVID-19 in Ontario](https://www.ministryofhealthontario.ca/en/covid-19) for details on contact exposure assessment.\(^8\)
### Appendix 2: Cohort Considerations (Including Resident Bed Placement and Movement with the Cohort Area)

#### Non-outbreak Area (If There Is One)

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Considerations</th>
<th>Resident bed placement and movement within the cohort area</th>
</tr>
</thead>
</table>
| Resolved COVID-19    | Once a [resident is cleared](#) by public health, remove from COVID-19 positive cohort and place in the non-outbreak area, if possible. | • May share rooms if needed, safe and appropriate, including with residents in the never exposed and well sub-cohort  
• Should remain two metres apart, as recommended for all residents  
• May use common areas, but should remain two metres apart from other residents |
| Never exposed and well | Keep outbreak and non-outbreak areas totally separate, including staff | • May share rooms if needed and appropriate, including with resident with resolved COVID-19  
• Should remain two metres apart, as recommended for all residents  
• May use common areas, but should remain two metres apart from other residents |

#### Outbreak Area

**Exposed and Well Cohort**

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Considerations</th>
<th>Resident bed placement and movement within the cohort area</th>
</tr>
</thead>
</table>
| Not close contact of a case* | May not be able to identify these individuals or everyone in the cohort may have had close contact | • Private rooms with private bathrooms if at all possible. If not possible, as far apart as possible (at least 2 metres apart at all times)  
• If possible, should not leave their rooms, except for essential care |
| Close contacts of a case* | May not be able to identify these individuals | • Private rooms with private bathrooms if at all possible. If not possible, as far apart as possible (at least 2 metres apart at all times)  
• If possible, should not leave their rooms, except for essential care |
**Exposed, Ill but Not Known to Have COVID-19 Cohort**

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Considerations</th>
<th>Resident bed placement and movement within the cohort area</th>
</tr>
</thead>
</table>
| Exposed, ill and COVID-19 negative       | If symptoms persist or worsen, consider re-testing for COVID-19.² Consider testing for other causes of their illness | • Private rooms with private bathrooms if at all possible. If not possible, as far apart as possible (at least 2 metres apart at all times)  
  • If possible, should not leave their rooms, except for essential care |
| Exposed, ill and COVID-19 status unknown | Offer testing if not already offered                                            | • Remain in current room pending test results, with bed as far apart as possible and at least two metres from others  
  • Move to appropriate cohort based on test results  
  • Should not leave their rooms, except for essential care |

**COVID-19 Positive and Infectious Cohort**

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Considerations</th>
<th>Resident bed placement and movement within the cohort area</th>
</tr>
</thead>
</table>
| COVID-19 positive and infectious      | Infectious until cleared as per Ministry guidance² | • May share rooms if needed, safe and appropriate  
  • Should not leave their rooms, except for essential care |

* Close contacts include roommates, dining table mates and others who have spent time within two metres of someone who has COVID-19 if the contact was not wearing appropriate PPE. See Public Health Management of Cases and Contacts of COVID-19 in Ontario for details on contact exposure assessment.⁸
Appendix 3: PPE When Staff Are Moving Between Residents in the Same Cohort and PPE Is in Short Supply

Notes

- Gloves must always be changed between residents. Hands must be cleaned before putting on and after removing gloves.

- If it is necessary for staff to move between cohorts, they should go from a lower risk to a higher risk cohort (see Figure 1) and change gloves and gown when moving between these cohorts.

- If staff must go from a higher risk to lower risk cohort (see Figure 1), all PPE must be changed between cohorts.

- All PPE should be changed when moving from resident care to non-resident care activities using appropriate technique for removing PPE.

Non-outbreak Area (If There Is One)

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Usual PPE for any potential resident interaction</th>
<th>What to leave on and change if moving between residents in the cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved COVID-19</td>
<td>Surgical/procedure mask with or without eye protection^</td>
<td>Can leave mask and eye protection on; change if wet or dirty</td>
</tr>
<tr>
<td>Never exposed and well</td>
<td>Surgical/procedure mask with or without eye protection^</td>
<td>Can leave mask and eye protection on; change if wet or dirty</td>
</tr>
</tbody>
</table>

Outbreak Area

Exposed and Well Cohort

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Usual PPE for any potential resident interaction</th>
<th>What to leave on and change if moving between residents in the cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not close contact of a case*</td>
<td>Surgical/procedure mask, eye protection and gowns. Gloves for direct care.</td>
<td>• Can leave mask and eye protection on; change if wet or dirty • Change gloves and gown</td>
</tr>
<tr>
<td>Close contact of a case*</td>
<td>Surgical/procedure mask, eye protection and gowns. Gloves for direct care.</td>
<td>• Can leave mask and eye protection on; change if wet or dirty • Change gloves and gown</td>
</tr>
</tbody>
</table>
### Exposed, Ill but Not Known to Have COVID-19 Cohort

<table>
<thead>
<tr>
<th>Possible sub-cohorts</th>
<th>Usual PPE for any potential resident interaction</th>
<th>What to leave on and change if moving between residents in the cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed, ill and COVID-19 negative</td>
<td>Surgical/procedure mask, eye protection and gowns. Gloves for direct care.</td>
<td>• Can leave mask and eye protection on; change if wet or dirty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Change gloves and gown</td>
</tr>
<tr>
<td>Exposed, ill and COVID-19 status unknown</td>
<td>Surgical/procedure mask, eye protection and gowns. Gloves for direct care.</td>
<td>• Can leave mask and eye protection on; change if wet or dirty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Change gloves and gown</td>
</tr>
</tbody>
</table>

### COVID-19 Positive and Infectious Cohort

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Usual PPE for any potential resident interaction</th>
<th>What to leave on and change if moving between residents in the cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 positive and infectious</td>
<td>Surgical/procedure mask, eye protection and gowns. Gloves for direct care.</td>
<td>• Can leave mask, eye protection and gown on; change if wet or dirty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If residents in the cohort are physically distant, must change gown when moving between rooms that are not in the same area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Change gloves between each resident</td>
</tr>
</tbody>
</table>

* Close contacts include roommates, dining table mates and others who have spent time within two metres of someone who has COVID-19 if the contact was not wearing appropriate PPE. See [Public Health Management of Cases and Contacts of COVID-19 in Ontario](https://www.ministryofhealthontario.ca/en/public-health-management-cases-and-contacts-covid-19-ontario) for details on contact exposure assessment.³

³ At the discretion of the public health unit, eye protection may not be needed if it is determined that spread of the outbreak into the non-outbreak area is very unlikely. Other PPE will be dependent on the type of care being provided to the resident and the resident’s health status, as per usual practice ([Routine and Additional Precautions](https)).⁵
References


Resources


