Cohorting can help prevent the spread of COVID-19 in long-term care homes (LTCHs). Cohorting means grouping residents based on their risk of infection or whether they have tested positive for COVID-19 during an outbreak. Cohorting may also mean assigning staff to work with only ill or well residents.

For more information see the Cohorting in Outbreaks in Congregate Living Settings.

Overview of cohorting during a COVID-19 outbreak

- During a COVID-19 outbreak, residents may be separated into several cohorts (groups).
- Residents are to remain physically separate (i.e., at least 2m or 6 feet apart) from one another as much as possible, including those within the same cohort.
- Staff should work with only a single cohort per shift, if possible. If staff must work with more than one cohort during a single shift, then staff are ideally to work with well residents first and COVID positive residents last.
- Ideally, residents who are ill with COVID-19 are to be placed in single rooms.
- In discussion with the local public health unit, residents who are ill with COVID-19 may be placed together in a shared room/space.
- Partitions or barriers may be used to assist in physical separation of residents, where physical distancing of 2 metres is difficult to achieve in a shared room/space.

Personal Protective Equipment (PPE)

- Residents who are ill with COVID-19 are to be placed under Droplet and Contact Precautions. When working with ill residents, staff are to select any additional PPE based on a point of care risk assessment (PCRA).
- When there is a shortage of PPE as determined by the organization, some PPE can be left on when moving from resident to resident within a cohort, while other PPE must be changed. Gloves must always be changed after contact with residents or their environment.
- All PPE should be changed when moving from resident care to non-resident care activities. All PPE must be changed if it becomes wet or dirty.
Resident Placement Considerations

Single rooms
Ideally, residents who meet the following criteria are to be placed in single rooms:

- Residents who are ill with confirmed COVID-19.
- Residents who have been exposed to COVID-19 and are ill with respiratory symptoms, but are not known to have COVID-19 (i.e., residents have results pending or have tested negative).
- Residents who are co-infected with COVID-19 and another enteric or respiratory pathogen.

Shared rooms
If no single rooms are available, residents who are (a) ill with confirmed COVID-19 or (b) have recently resolved COVID-19 illness during the same outbreak may be cohorted together (i.e., in a shared sleeping area), with consideration given to the following:

- Residents are to be placed in the room such that there is 2 metres separation between residents wherever possible.
- Partitions or barriers may be used to assist in physical separation.
- If barriers or partitions are used, these are to be able to withstand regular cleaning and disinfection.
- Ideally, residents within a cohort are to have their own dedicated washroom that is not shared with other cohorts.

Dining

- Where possible, ill residents are to be provided with meals on trays in their rooms. Dining rooms may continue to be used within a cohort (e.g., residents who are ill with confirmed COVID-19).
- If dining rooms are used, these are to be reconfigured or dining times staggered to ensure that physical distancing is maintained. For dining rooms shared by more than one cohort, consider serving well resident cohorts first and COVID-19 positive cohorts last.
- Ensure cleaning and disinfection of high touch surfaces in hallways and dining rooms between groups if a dining space will be shared by different cohorts.

Learn about the virus
To learn more and access up-to-date information on COVID-19 visit the Ontario Ministry of Health’s website at ontario.ca/coronavirus.

For more information please contact: ______________________________________________________

The information in this document is current as of November 4, 2020

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