

Coronavirus Disease 2019 (COVID-19)

Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes

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. It may also include 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 2 metres from one another) as much as possible, including those within the same cohort.
- Staff should remain in a single cohort per shift. If staff must work with more than one cohort during a single shift, staff are to work with well residents first.
- Residents ill with COVID-19 are to be placed in single rooms. Discuss with the local public health unit if residents ill with COVID-19 may be placed together in a shared room/space.
- When physical distancing of 2 metres is difficult to achieve in a shared room space, partitions or barriers* may be used to assist in physical separation.

Personal Protective Equipment (PPE)

- When caring for residents, staff are to select PPE based on a point of care risk assessment.
- Additional precautions are to be used when caring for residents with COVID-19.
- When there is an extreme shortage of PPE, organizations should discuss the extended use of PPE, within a cohort, with their IPAC lead and/or local public health unit.
- 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

- Residents who test positive for COVID-19.
- Residents who have been exposed to COVID-19.
- Residents who 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 with confirmed COVID-19 may cohort together (i.e., in a shared sleeping area), providing they do not have any other infections.
- Residents who have recently recovered from COVID-19 may share a room with:
 - Residents who test positive for COVID-19.
 - Residents who have been exposed to COVID-19.
 - Well residents who have not been exposed to COVID-19.
- Consideration should be given to the following when sharing a room:
 - Residents are to be placed in the room such that there is 2 metres of separation between residents and their environment wherever possible.
 - Partitions or barriers* may be used to assist in physical separation.
- 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.
- If dining rooms are used, they are to be reconfigured or dining times staggered to ensure that physical distancing is maintained. Consider serving well resident cohorts first and COVID-19 positive cohorts last.
- Clean and disinfect high touch surfaces in dining rooms between each sitting.

**Partitions or barriers are to be cleaned regularly. Ensure barriers are not blocking a supply/return vent.*

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.

The information in this document is current as of March 11, 2022