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