Outbreak Preparedness: Cohorting

Introduction: The purpose of this activity is to help us become familiar with general concept of cohorting. The target audience will go through each of the scenarios provided and answer the questions by applying the principles of cohorting. The goal of the activity is to think about the application of cohorting in each scenario and how these principles are transferable and implemented during an outbreak. Let's get prepared!

Time required for activity: 20 min

Target Audience: Individuals responsible for creating the staff scheduling - the staff /resident assignments for a facility unit/area/floor affected by an outbreak.

Directions:

- Decide on who will be the facilitator. The facilitator will read through the questions to prompt discussion among the participants.
- There are facilitator prompts and additional resources listed below to be shared as appropriate.
- Choose a specific unit/area in your facility to use as an example to apply the scenarios to.

Staff Cohorting Questions:

1. **Your facility has an outbreak on (insert unit/area). How would you cohort the staff? Do the staff assignments from the outbreak area need to be cohorted as well?**
    a. Staff may be cohorted to work with the same assignment and on the same unit for the entirety of the course of the outbreak, when possible.
    b. Ideally, if possible, staff should be cohorted or exclusively assigned with positive residents or non-positive residents.
        - However, when this is not achievable, direct care staff should provide care beginning with low risk residents and to progressively higher risk residents. Work flow for individual residents should also be considered, such as bundling tasks to minimize multiple visits to the resident (e.g., organize bathing, bed linen change and medication into one visit).

    Resource: PHO Cohorting in Congregate Living Settings

2. **Your facility is facing staffing challenges, and unable to cohort some staff by floors. Can a cohort include staff from more than one unit?**
    a. Ideally, you want to cohort staff to only one unit. However, when this is not operationally feasible, staff can be cohorted into groups of units with similar outbreak status. Collaborate with Toronto Public Health and/or your Hospital Hub to create a cohort plan.
        - Example: Environmental Services can be cohorted by groups of units as long as the outbreak statuses are the same for the cohort.
            - One team of Environmental Service staff can be assigned to floors 1-3 (in a confirmed outbreak) and the second team can be assigned to floors 4-6 (non-outbreak area).

    Resource: PHO Cohorting in Congregate Living Settings

3. **What would be your suggestion to your staff from an outbreak unit sharing the common areas with staff from a non-outbreak area, such as the break room or locker room?**
    a. Ideally, you want to cohort staff from non-outbreak and outbreak units separately. If possible, staff from outbreak units should use the break room on the outbreak units, and locker rooms if available.
    b. If there are any difficulties or concerns with cohorting in common areas, consult with Toronto Public Health and/or your Hospital Hub.
    Resource: PHO Cohorting in Congregate Living Settings

4. **TPH has declared an outbreak on (insert unit/area) at your facility. However, some staff are unable to be cohorted at all. For example, your facility has only one physiotherapist per shift for the entire 4 floor facility. What guidelines or instruction should be provided to these staff?**
    a. Ideally, over the course of the outbreak, staff should work with only one cohort and not switch between cohorts if possible.
        - However, when unavoidable, if staff must move between the cohorts, they should go from the lowest risk cohort to the highest risk cohort if possible. For example, travelling to the non-outbreak floor and then to the outbreak floor. Then, visiting low risk residents to high risk residents.
        - Work flow should be organized so care to the cohort is grouped together in order to minimize repeated visits to the same cohort.
        - Ensure to remove all required PPE prior to leaving the room of each resident.

    Resource: PHO Cohorting in Congregate Living Settings

Resident Cohorting Questions:

1. **There is a confirmed COVID-19 outbreak occurring on (insert unit/area) at your facility which have been deemed the outbreak area(s). If the dining area is communal for residents of different units, e.g. includes residents from the outbreak area and residents from non-outbreak areas, what are your thoughts on proceeding with communal dining? What would be considered IPAC best practices related to cohorting?**
    a. In the event of a COVID-19 outbreak, residents should be cohorted for essential activities, such as communal dining. Best practice is to not mix different cohorts if possible.
    b. Residents in additional precautions should not attend communal dining.
    c. If there are any difficulties or concerns with cohorting in common areas, consult with Toronto Public Health and/or your Hospital Hub.
    Resource: COVID-19 guidance document for long-term care homes in Ontario

2. **Your facility is currently experiencing a confirmed COVID-19 outbreak and have cohorted the residents by floor. COVID-19 cases have only been identified on 2 floors of your home. You have identified the common areas located on the ground floor: the dining room and an activity room. Your facility needs to consider how to cohort resident groups with shared common areas. What would be considered IPAC best practices for using these common areas?**
    a. Residents should remain in their cohort when attending shared spaces. Using more than one room/space can be considered.

b. If the space needs to be shared with other cohorts, a schedule should be created to allow a single cohort to utilize the common area at one time. The schedule of using a shared dining room should be from the lowest risk cohort to the highest risk cohort, if possible.
Resource: PHO Cohorting in Congregate Living Settings

3. **A new resident is being admitted to your facility. This resident has been identified as being a high risk contact of a confirmed COVID-19 case in the community. The resident is currently asymptomatic and has a negative COVID-19 test result. The facility is currently experiencing a controlled outbreak on (insert unit/area), and the resident is compliant. The facility is short on single rooms and would like to place the resident with another resident who is also well but has not been exposed to COVID-19. Does this align with cohorting best practice?**
   a. No, this does not align with cohorting best practices. The newly admitted resident should either be placed in a single room, or in a cohort with other residents who have been exposed to COVID-19 but are not ill.
   Resource: COVID-19 guidance document for long-term care homes in Ontario

Additional Resources/References

- COVID-19 guidance document for long-term care homes in Ontario
- PHO Cohorting in Congregate Living Settings