COVID-19
Long Term Care/Transitional Care Cohorting Guidelines

Cohorting refers to the physical separation (e.g., in a separate room, ward, end of hallway) of two or more residents exposed to (COVID-19 Suspect) or infected with (COVID-19 Positive) COVID-19 from those residents who have not been exposed to or infected with COVID-19.

Each long term care (LTC)/transitional care (TC) facility should prepare plans for resident cohorting for use in the event of a situation where multiple residents are either infected with COVID-19 or considered COVID-19 Suspects. Cohort areas should be separate, well ventilated areas, ideally with separate entrances where possible. Cohorting may include the re-designation of other rooms in the facility as appropriate.

Resident Cohorting

Upon identification of a positive staff or resident case of COVID-19:

- Assess each resident and categorize them into one of three cohort groups (green, orange, or red).

Note the following when preparing to implement cohorting:

- Non-Suspect (Green Zone) Residents may share a room with other Green Zone residents. They must not share a room with Orange or Red Zone residents.
- Suspect (Orange Zone) Residents should be provided a private room wherever possible.
- Positive (Red Zone) Residents may share a room with other confirmed positive residents. They must not share a room with Green or Orange Zone residents.

- Symptom screening information is available by referring to https://manitoba.ca/asset_library/en/covid/screening_tool.pdf
- **Note:** direction to cohort residents will be provided by the designated individuals within each organization. This may include the Medical Officer of Health (MOH), in consultation with the LTC Medical Director and Infection Prevention and Control (IP&C)/designate.

Upon identification of the scope of exposure to a COVID-19 positive resident, note the following:

- MOH and IP&C/designate will determine the scope of exposure to a COVID-19 positive resident. This could include all residents in some situations. At a minimum, exposure would include roommates and bathroom mates of a COVID-19 positive resident as well as residents of any/all units in which physical distancing cannot be assured.
- All ***exposed*** residents are to be managed as COVID-19 Suspect (Orange Zone).

Cohorting Interventions

- Suspect (Orange Zone) Residents are the highest priority for single rooms with access to a dedicated toilet and sink for their use. If the number of Orange Zone residents exceeds the number of single rooms, priority should be given to those residents identified as the highest risk contacts of confirmed COVID-19 positive cases. Where this is not possible, a six feet/two metre separation between the bed spaces of the affected residents must be maintained and privacy curtains drawn. Residents should remain in the rooms as much as reasonable/possible.
- Where possible, place COVID-19 positive residents in a single room with a dedicated toilet and sink dedicated to their use. Where this is not possible, cohort with other COVID-19 positive residents.

- Residents should remain in their room. Obtain adequate supply of basins to accommodate sponge baths for all residents with no access to shower or tub rooms. Consider the use of disposable bathing products
- Utilize other rooms in the facility (e.g. respite and palliative care rooms/beds, recreation, lounge, storage, waiting rooms, staff rooms, etc.) as appropriate to help maintain isolation.
- Review the COVID-19 Physical Distancing and Restoring Services at Health Facilities guidelines. Consider the following when assessing alternate spaces that may not typically be used for resident accommodation:
  - Number of electrical outlets
  - Required equipment (e.g. basins, commodes, concentrator, lifts etc.)
  - Separation of bed space (e.g. curtains, dividers, screens)
  - Ability of beds to maneuver through doorway
  - Window coverings
  - Call bell access
  - Flooring (e.g. no carpet)
  - Access to hand hygiene sink or ABHR
- Do not share washrooms. If limited to a shared or alternate washroom space utilize alternate options such as:
  - A commode for one resident
  - Use of body fluid solidification system (e.g., Zorbi)
  - Where single rooms have a shared washroom, dedicate the washroom to the COVID-19 positive resident
- Designate a room/location in the cohort area for:
  - Medical equipment (e.g., lifts, blood pressure monitor, thermometers), PPE stock and clean supplies
  - Medication preparation and storage (plan for monitoring expiration date)
  - Resident nutrition/snack storage
  - Staff charting
  - Staff breaks away from resident care areas
  - Donning PPE
  - Doffing PPE
  - Soiled utility room
- Consider 1:1 supervision for residents who are unable to comply with IP&C measures. Staff will attempt to distract and redirect the resident as well as clean and disinfect surfaces the resident touches and frequently assist resident with safe alcohol-based hand rub (ABHR) application
- Cancel group activities
  - Consider the potential impact on resident's physical, social and emotional well-being
- Align with COVID-19 Long Term Care Resident Visitation Principles
- Cancel or reschedule non-urgent appointments where postponement will not risk the health or well-being of the resident
- Consider where and how resident belongings will be stored
- If the door to the unit cannot be locked and there are residents at risk of elopement, consider the need to hire security staff to monitor the door
- Ensure appropriate signage is visibly displayed in designated cohort areas

Traffic Flow

- Separate Suspect and Positive COVID-19 resident rooms (Orange and Red Zone) from Non-suspects (Green Zone)
  - Restrict contact between residents on affected floors/units/wards with unaffected

areas
    - Wherever possible, locate the red zone and/or orange zone at the furthest point away from high traffic areas where staff congregate (e.g., away from the main floor of a multi-floor facility)
- Consider the ability to lock the door to the entry of the cohort area or the need for security/staff at the door to monitor for residents who wander or unauthorized entry
    - Note: If the door to the cohort area is not normally closed, the fire inspector may need to be consulted

Staff Cohorting

- Continue with the principles of single-site staffing (staff to work in only one PCH location); avoid/limit staff working on multiple units
- Restrict or minimize movement of staff, students or volunteers between units/floors, including staff common areas
- Designate staff to work with either ill residents or well residents. When the number of confirmed or suspected COVID-19 cases is increased, consider having dedicated teams of staff (e.g., Nursing, Housekeeping/Environmental Services) specific to residents with suspected/confirmed COVID-19
- Consider availability or access to communication devices such as hand-held radios between zones, or for runners
- Wherever possible, staff assigned to specific areas do not interact with residents outside of their assigned area

Dining Considerations

- Cancel congregate meals, serve meals in doorway of resident rooms
    - Cohort areas should consider use of a dedicated meal cart and develop a process for safe, coordinated meal delivery, including snacks and food ward stock.

Environmental Cleaning

- Assign Housekeeping/Environmental Services (HSKG/ES) staff to specific zones
- Units to declutter the area by removing all but essential items especially in specialized dementia care units or on units with a high prevalence of dementia
    - Consider where items will be stored (e.g., totes)
- Increase frequency of cleaning and disinfection of high-touch surfaces in resident rooms and any central areas using only facility-approved disinfectants
- Clean and disinfect all resident room and central area surfaces considered 'high touch' (e.g., telephone, bedside table, over-bed table, chair arms, call bell cords or buttons, door handles, light switches, bedrails, handwashing sink, bathroom sink, toilet and toilet handles and shower handles, faucets or shower chairs, grab bars, outside of paper towel dispenser) **minimally twice daily and when soiled**
- Use facility approved disinfectant with the recommended wet contact time to disinfect resident care equipment (e.g., BP cuffs, electronic thermometers, oximeters, stethoscope) after each use
- For specialized dementia care units and/or units with high prevalence of ambulatory residents with dementia, extend high frequency cleaning to low touch surfaces and include "staff only" areas in high frequency cleaning and disinfection

Alternate Accommodations

- If a facility is not able to accommodate separate and distinct cohort areas, alternate cohorting strategies outside of the facility may need to be considered in collaboration with the respective RHA, including:
    - Relocate all COVID-19 positive residents to alternative COVID ready facility/location
    - Relocate residents without COVID-19 out of the facility
- Prior to the implementation of an alternate accommodation plan, consultation with the Primary Care Provider, MOH, LTC Medical Director, Care Team Manager, IP&C/designate, and Incident Command Team needs to occur
- In the event of an alternate accommodation plan, refer to client wing occupancy list or alternate resident tracking method to ensure residents are all accounted for

References

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