

### Purpose

This document provides direction for long-term care facilities to implement staff and resident cohorting during outbreaks in Fraser Health owned and operated, and affiliated long-term care (LTC) facilities. All LTC facilities should develop a proactive cohorting plan to cohort staff and residents as part of their outbreak response to prevent and contain transmission throughout the facility.

### Scope

This document is applicable to all Fraser Health owned and operated, and affiliated LTC providers. Staff include care staff (e.g. RN, LPN, care aides, allied health, and activity workers) and support services staff (e.g. environmental services and dietary/food services). Outbreaks may include COVID-19, respiratory illness (RI), gastrointestinal illness (GI), carbapenemase-producing organisms (CPO), and *Candida auris*.

### Background

LTC facilities have been particularly vulnerable to the transmission of RI, GI, CPO and COVID-19 across Fraser Health. Infection Prevention and Control (IPC) best practices require that staff and residents be cared for in a cohort model to reduce the risk of transmission to other residents and staff. The cohort concept encourages individuals in group settings to interact with the same people within their own cohort group rather than switching daily contacts or interacting with others outside of that cohort group. Cohorting at the time of index case identification can prevent and contain transmission within LTC facilities in Fraser Health. The separation of well and unwell residents, and staff and support services only working with a specific cohort are effective strategies for outbreak management.

### Cohorting Requirements for an Outbreak

The cohorting requirements outlined below apply to settings in an active outbreak to prevent further transmission once a case is identified. Recognizing that each facility faces unique challenges in implementing the requirements outlined below, facilities are encouraged to contact their site IPC specialist for assistance in developing facility-specific cohorting strategies and solutions.

Cohorting Requirements	
<b>Residents</b>	<ul style="list-style-type: none"> <li>▪ Cohort residents to specific unit areas or room assignments (e.g. specific neighbourhoods/floors/wings in the LTC facility)</li> <li>▪ Separate symptomatic and non-symptomatic residents in multi-bed rooms</li> <li>▪ Cohort residents according to their test result status (positive or negative for various organisms), with MHO and IPC consultation               <ul style="list-style-type: none"> <li>○ Temporarily relocate positive residents to a single occupancy room, whenever possible</li> <li>○ If a single occupancy room is not available, a maximum of two positive residents can be placed in a multi-bed room with the remaining resident space closed</li> </ul> </li> <li>▪ Identify alternative accommodation or temporarily relocate residents to other unit areas within the facility to maintain two-metres spatial separation</li> </ul>

	<ul style="list-style-type: none"> <li>○ Utilize respite areas and/or end-of-life space to provide additional accommodation</li> <li>○ Utilize other rooms in the facility as appropriate to maintain isolation of affected residents (e.g. community and recreation rooms with call bells)</li> <li>▪ For residents from specialized populations (e.g. BSTN), contact IPC for guidance on cohorting as required</li> </ul>
<b>Staff (care providers and support services)</b>	<ul style="list-style-type: none"> <li>▪ <b>Dedicated Staff</b> <ul style="list-style-type: none"> <li>○ Designate staff to work in specific unit areas (e.g. specific neighbourhoods/floors/wings) in the facility or with a single resident cohort</li> <li>○ Staff working within a single resident cohort should remain separate from staff working in different resident cohorts</li> <li>○ Staff must not switch between cohorts, unless for break relief if necessary</li> <li>○ Staff should remain separate from other staff cohorts at all times</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ <b>Unidirectional Workflows</b> <ul style="list-style-type: none"> <li>○ If staff must move between cohorts, workflow should be unidirectional so care is provided to the lowest risk cohorts (e.g. negative residents) prior to the higher risk cohorts (e.g. positive residents)</li> <li>○ Staff must not return to a lower risk cohort during the same shift</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>▪ <b>Dedicated Work Spaces</b> <ul style="list-style-type: none"> <li>○ Dedicate work spaces for each staff cohort, whenever possible (e.g. care stations, medication rooms, clean supply rooms, break room, bathrooms, etc.); consult IPC to adjust for facility layout</li> <li>○ Utilize other rooms as appropriate to provide alternate “clean” spaces for staff (e.g. dining room reconfigured to a staff break room, to store staff belongings, or as an alternate charting area)</li> <li>○ Ensure staff break rooms are not in an open area near positive residents</li> </ul> </li> </ul>
<b>Dining Services</b>	<ul style="list-style-type: none"> <li>▪ Communal dining services are not recommended during an outbreak</li> <li>▪ Facilities should implement tray service delivery of meals to resident cohorts or rooms</li> </ul>
<b>Social Activities</b>	<ul style="list-style-type: none"> <li>▪ Group social or recreational activities, even in cohorts, must not be conducted during an outbreak</li> </ul>