



Cohorting and Physical Distancing

Northern Central Hub– IPAC Community of Practice for Long-term Care and Retirement Homes

Rohit Garg

Public Health Ontario

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Objectives

- Participants will be able to describe evidence-based principles and application of cohorting and physical distancing to prevent the transmission of COVID-19 in LTCH and RH



Cohorting



Outbreak area

Exposed and well

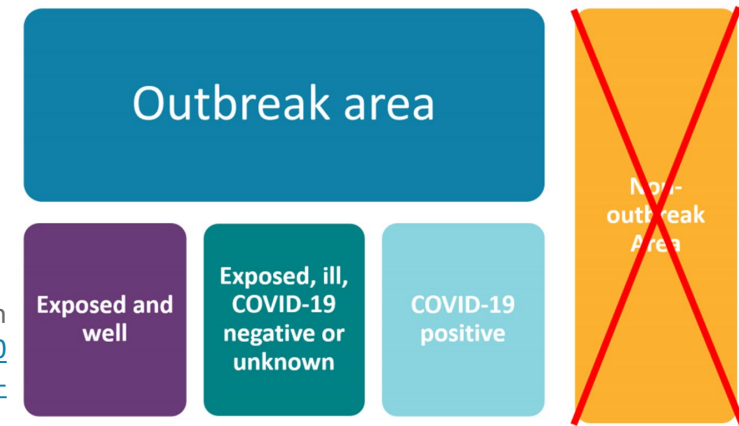
Exposed, ill, COVID-19 negative or unknown

COVID-19 positive

~~**Non-outbreak Area**~~

Cohorting

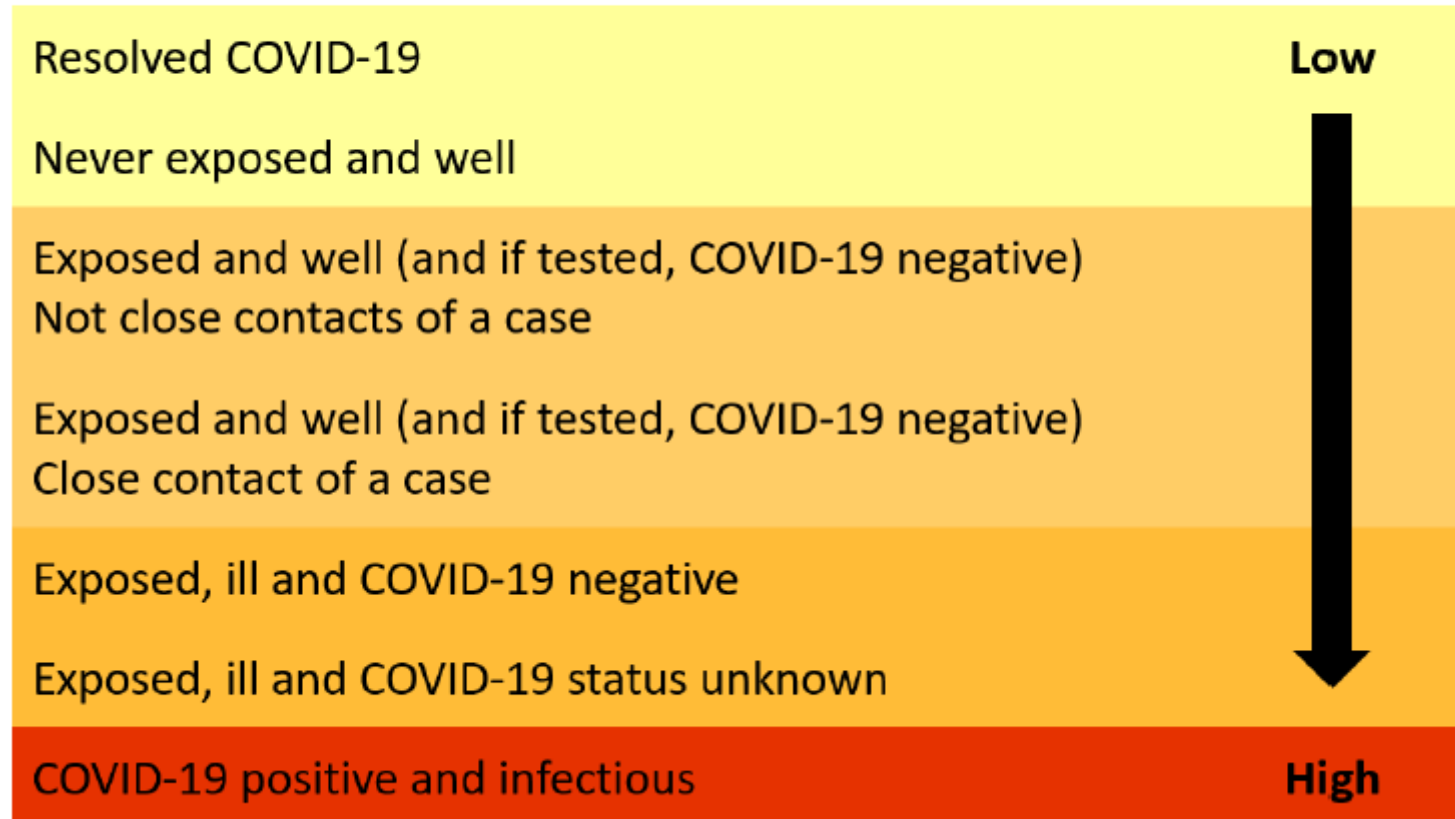
- LTCHs must use staff and resident cohorting to prevent the spread of COVID19
- *Resident cohorting* includes grouping residents based on their risk of infection or whether they have tested positive for COVID-19 during an outbreak
- *Staff Cohorting* involves having staff members look after only one cohort of clients and not moving from one cohort to another.



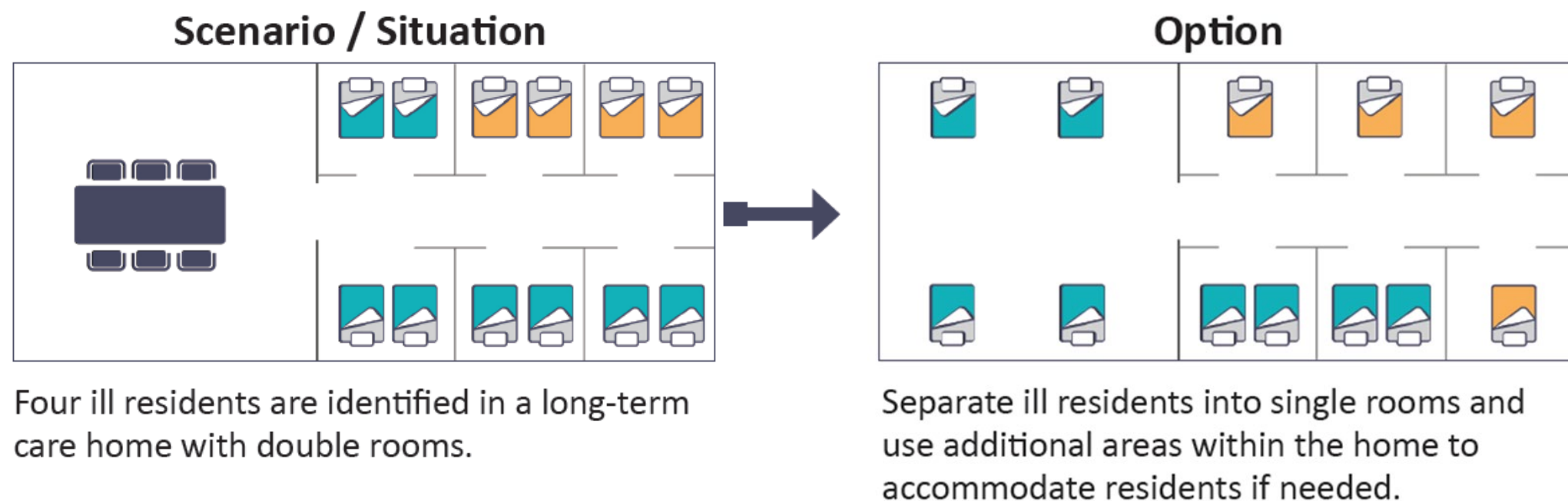
Ontario Agency for Health Protection and Promotion (Public Health Ontario). Focus on: cohorting in outbreaks in congregate living settings [Internet]. 1st revision. Toronto, ON: Queen's Printer for [Ontario; 2020 \[modified 2020 Jul 31; cited 2020 Oct 27\]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/focus-on-cohorting-outbreaks-congregate-living-settings.pdf?la=en>](https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/focus-on-cohorting-outbreaks-congregate-living-settings.pdf?la=en)

Resident Cohorts

Figure 1: Risk Levels

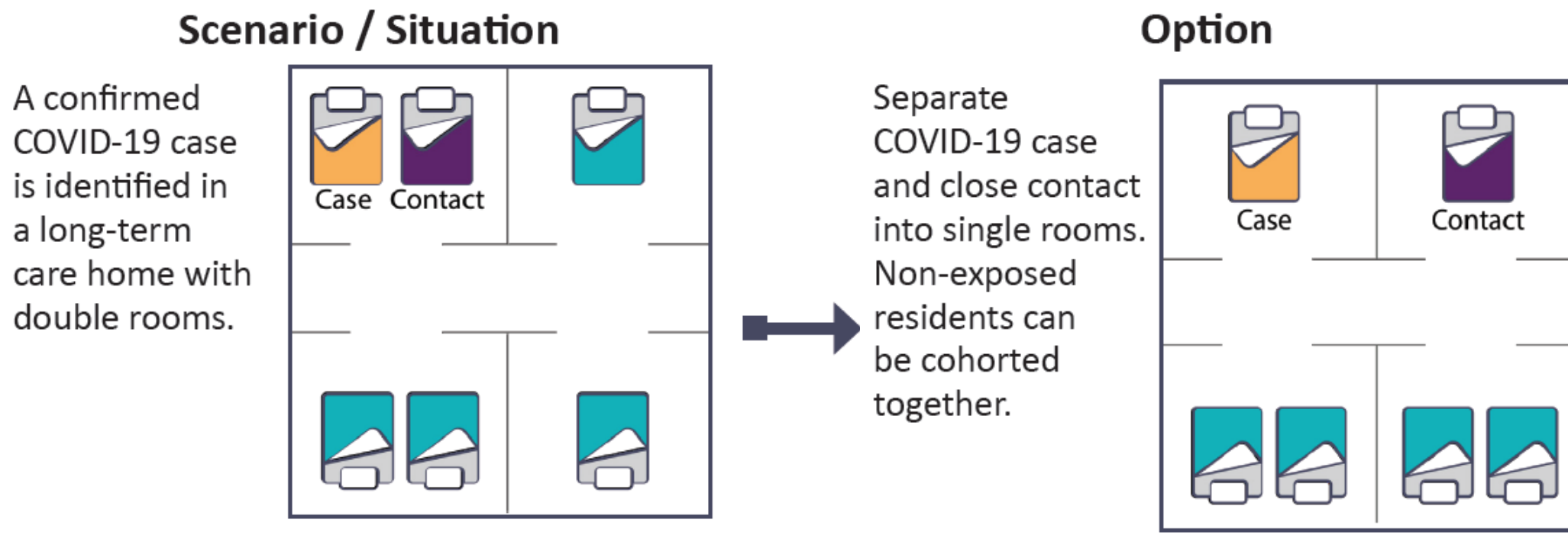


Cohorting Scenarios- 1



Public Health Ontario: [IPAC Infographic - Cohorting options in outbreak facilities \(publichealthontario.ca\)](https://publichealthontario.ca/ipac-infographic-cohorting-options-outbreak-facilities)

Cohorting Scenarios- 2

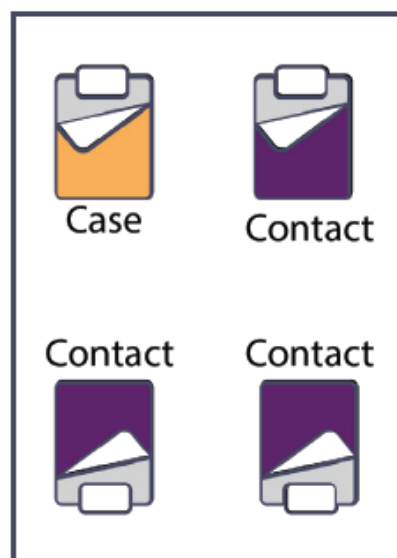


Public Health Ontario: [IPAC Infographic - Cohorting options in outbreak facilities \(publichealthontario.ca\)](https://publichealthontario.ca/ipac-infographic-cohorting-options-in-outbreak-facilities)

Cohorting Scenarios- 3

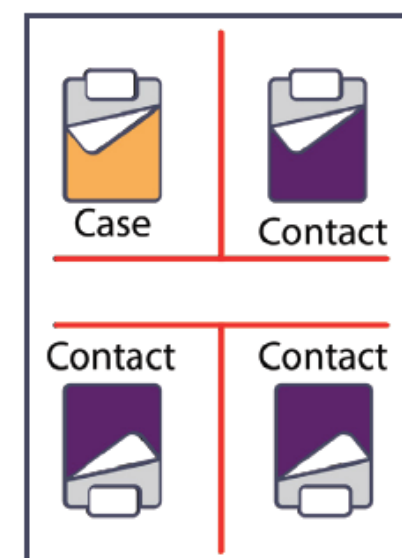
Scenario / Situation

A confirmed COVID-19 case is identified in a long-term care home with ward rooms.



Option

Ideally place the COVID-19 case and contacts in a single rooms. If not feasible, use physical barriers (e.g. curtains or cleanable barrier) to create separation between the case and roommates.



Public Health Ontario: [IPAC Infographic - Cohorting options in outbreak facilities \(publichealthontario.ca\)](https://publichealthontario.ca/ipac-infographic-cohorting-options-in-outbreak-facilities)



Cohorting Scenario- 4

- The two residents test positive for COVID-19. They are in separate semi-private rooms. What recommendations would you make?
- Move the two confirmed COVID-19 cases into the same room (i.e., confirmed cases)
- Consider cohorting staff
- What other cohorts should be considered?

Staff Cohorting

- Important! – have a plan for addressing cohorting when you have limited staff:
 - How can you assure complete staffing separation?
 - How can you decrease risk of transmission from ill to well if cohorting isn't perfect?
- Ensure staff are educated and trained on your contingency plans and what triggers the plan to come into effect
- [COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)

Ontario. Ministry of Health. COVID-19 guidance: congregate living for vulnerable populations [Internet]. Version 1. Toronto, ON: Queen's Printer for Ontario; 2020 May 28 [cited 2020 Nov 27].

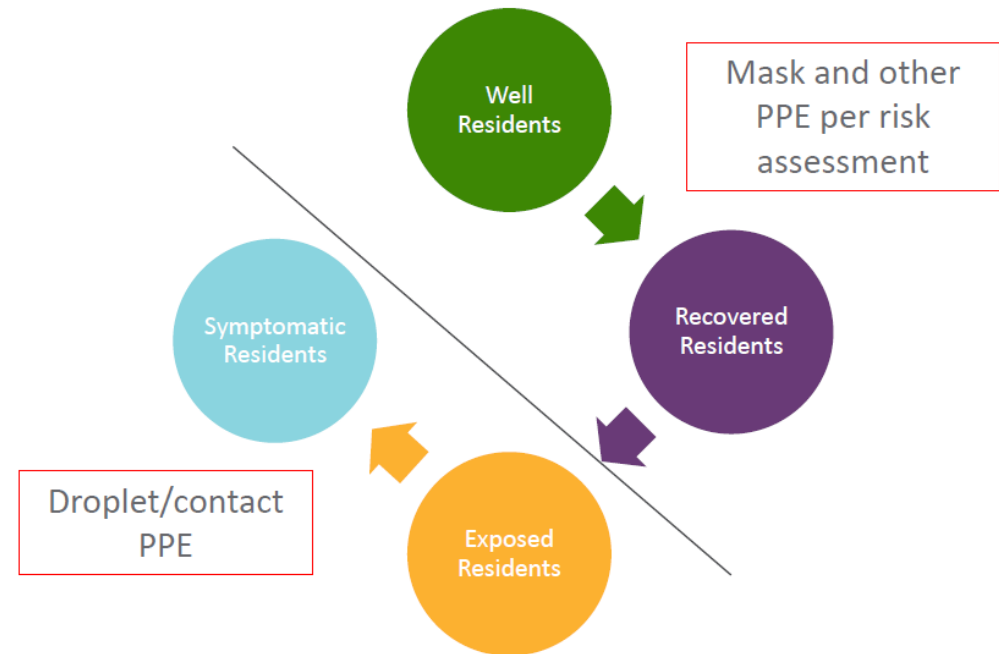
Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_congregate_living_guidance.pdf

Staff Cohorting – Plan (cont'd)

- If there is Adequate staffing:
 - Completely separate staff for each cohort
 - e.g., care staff, dietary staff and environmental cleaning staff
- If there is Limited staffing:
 - Try to keep care staff separate for ill and well, but environmental cleaning is done in the rooms of the well first, followed by the cleaning of the rooms of the ill
 - Have dietary staff deliver or provide meals to well first, then ensure they care for the ill clients and assist them as needed
- If cohorting of staff is very difficult or impossible
 - Maintain IPAC principles (e.g., hand hygiene, risk assessment, use of additional precautions and personal protective)

Limited Staffing Situation

- This [diagram](#) provides an example of how you can cohort residents when they cannot be moved
- This is also the order care is to be provided if staff can't be designated to a specific cohort
- Consolidate residents' care to minimize the number of times staff need to enter a resident's room





Essential Resources

COVID-19 Webinars:

- [Healthcare Worker Personal Protective Equipment \(PPE\) Use and Cohorting in Long-Term Care and Retirement Homes](#)
- [IPAC for Extenders Session 2 \(publichealthontario.ca\)](#)

FACT Sheet

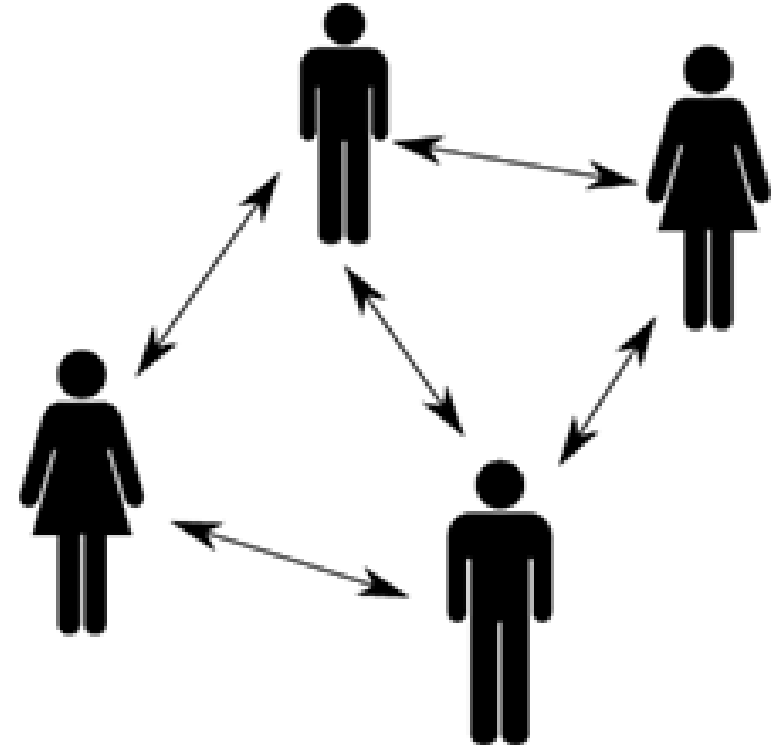
- [Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes \(publichealthontario.ca\)](#)

Physical Distancing



Physical Distancing

- What is physical distancing?
 - Physical distancing means staying at least 2 metres (or 6 feet) away from other people whenever possible
- Why physically distance from others?
 - The purpose of physical distancing is to prevent droplets from an infected person from being dispersed into the environment and onto people within 2 metres (or 6 feet) distance

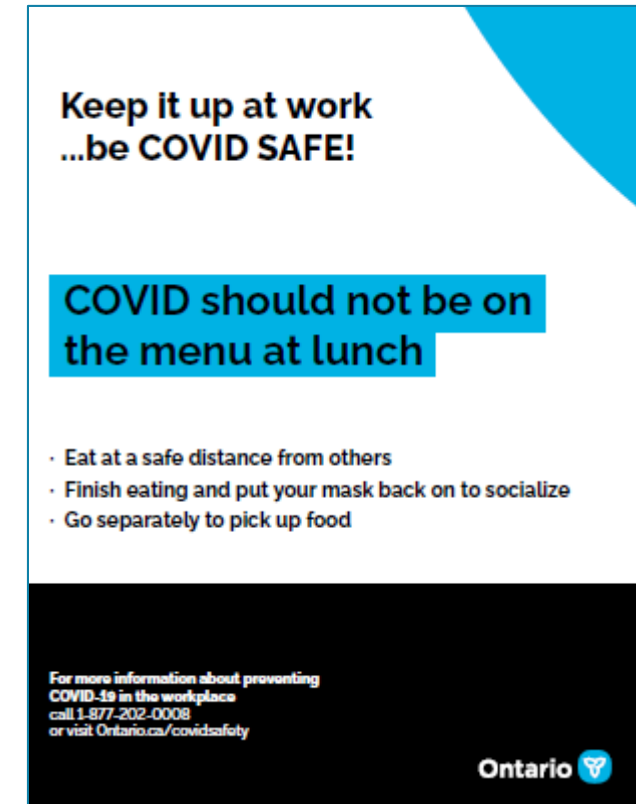


Polling Question 1

- Do you have any challenges with staff not maintaining physical distancing?
- Break rooms
- Nursing station
- Car pooling

Supporting Physical Distancing for Staff

- Screening at staff entrances
 - Maintain a one-way traffic flow
 - Ensure 2 metre distance between those waiting in line
 - Place markings on the floor indicating 2 metre spacing
- Staff common areas (e.g., break rooms, meeting rooms)
 - Stagger breaks
 - Limit the number of tables and chairs
 - Choose a meeting space that will allow 2 metre distance
 - Consider multiple meetings and limiting the number of attendees



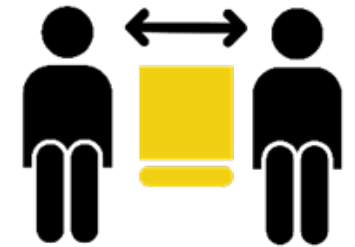
Source for image: Government of Ontario <https://www.ontario.ca/page/resources-prevent-covid-19-workplace#section-4>

Supporting Physical Distancing for Residents

- Resident rooms
 - One resident per room is preferred
 - For a shared room, arrange furniture to maintain a 2 metre distance between clients
- Resident common areas (e.g., dining/activity rooms, lounge areas)
 - Stagger meal, activity times, and other appointments
 - Maintain a one-way flow and 2 metre distance
 - Limit and arrange the number of tables and chairs in client common areas to maintain 2 metres distance

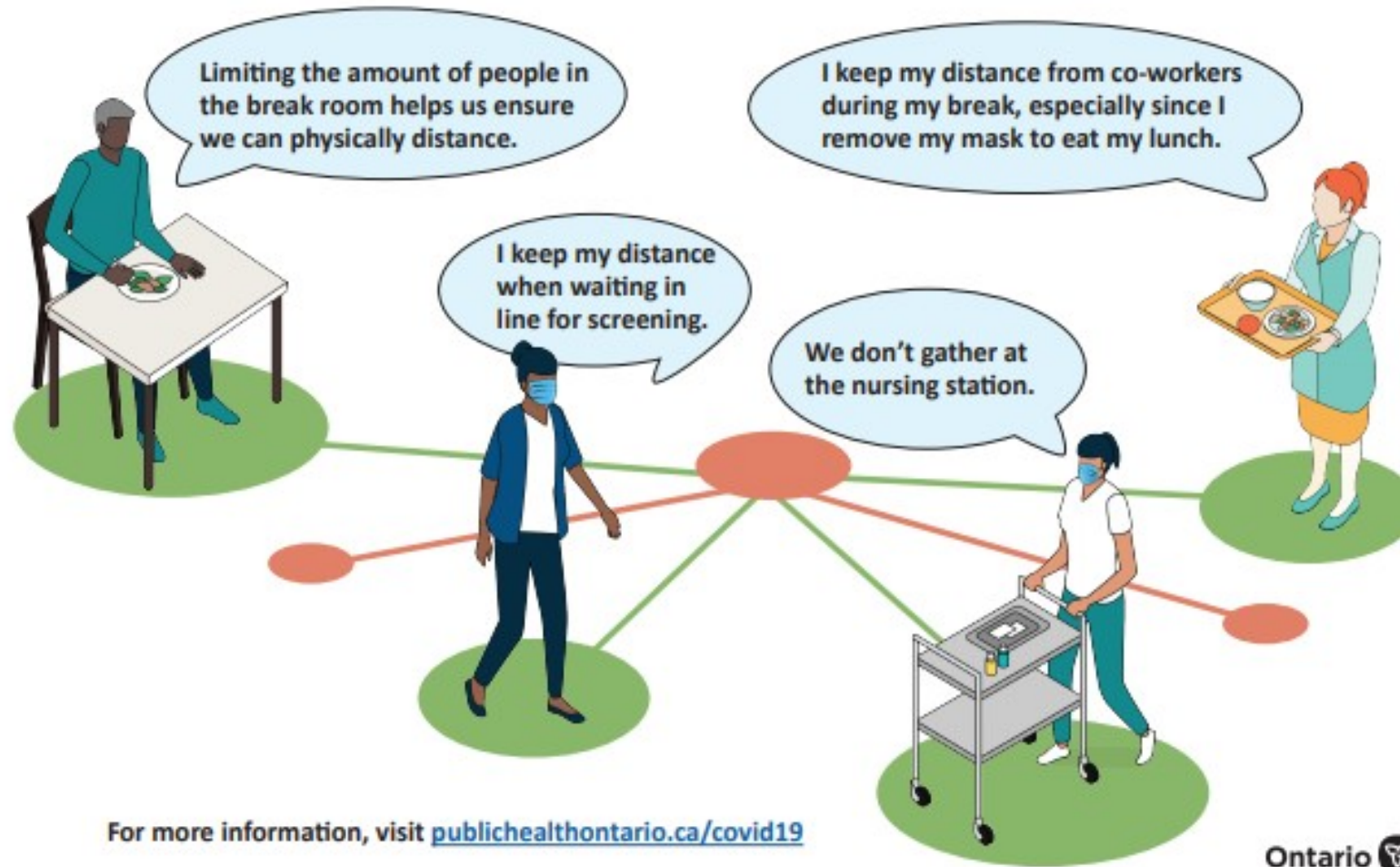
Supporting Physical Distancing for Residents

- Visiting with family and friends
 - Consider outdoor spaces and limiting the number of family/visitor at one time
- Places of worship (chapel, religious sanctuary, spiritual room)
 - Limit numbers attending at one time; consider extending hours
 - Ensure space between seating (2 metre distance)
 - Consider video broadcast



How to physically distance in long-term care

Physical distancing prevents droplets from an infected person from being spread into the environment and onto people within 2 metres (or 6 feet) distance.



For more information, visit publichealthontario.ca/covid19



Ontario Agency for Health Protection and Promotion (Public Health Ontario). How to physically distance in long-term care [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2020 Nov 30]. Available from: <https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/10/covid-19-poster-physically-distance-long-term-care.pdf?la=en>

Essential Resources

Public Health Ontario

- [Physical Distancing Fact Sheet](#)
- Ministry [COVID-19 Outbreak Guidance for Long-Term Care Homes](#)
- Poster: [How to Physically Distance in LTCHs](#)

Coronavirus Disease 2019 (COVID-19)

Physical Distancing

What is physical distancing?

- Physical distancing means keeping our distance from one another and limiting activities outside the home.
- When outside your home, it means **staying at least 2 metres (or 6 feet) away from other people** whenever possible.



Staying connected from home

- Work from home, if possible.
- Stay in touch with friends and family through phone, instant messaging or video chat.
- Host virtual playdates or take your children on a virtual museum tour.
- Spend time reading, playing board games and watching movies.
- Support neighbours who may feel anxious or isolated at this time by connecting virtually or at a distance.



If you must leave your home

- Travel to the grocery store, pharmacy and bank only when essential and limit the frequency.
- Use delivery services where possible. When picking up food or a prescription, call ahead so it is ready when you arrive. Use tap to pay, if possible.
- Greet neighbours and friends with a smile, wave, bow or nod.
- If you are working, discuss any concerns about physical distancing with your employer or supervisor.
- Travel by car, bike or walk, where possible. If you need to take public transit, try to travel during non-peak hours and take shorter trips.
- Limit the number of people on an elevator.
- Exercise at home or outdoors, but not with a group.
- Go for an on-leash walk with your pet or take your child for a neighbourhood walk, while maintaining distance from other people.
- Always clean hands with alcohol-based hand sanitizer, or soap and water when you return home.



Discussion Question

Q. How can the transmission of infection be minimized in settings where residents cannot comply with physical distancing or self-isolation (e.g., physical or cognitive issues)?

- Other residents and staff should be encouraged to remain 2 metres (6 feet) apart from the resident who is unable to comply with physical distancing measures
- Staff should wear appropriate personal protective equipment (PPE) depending on whether the resident is ill or not and the type of care or service they are providing
- The resident should be encouraged to wear a mask, if tolerated, to lower the chances of spreading infection to others:
 - Non-medical mask if the resident is not ill, or in isolation as a new admission;
 - Surgical/medical mask if the resident is ill or in an outbreak area.

Discussion, continued

- The resident should be encouraged or assisted with frequently cleaning their hands using liquid soap and water or an alcohol-based hand rub (ABHR)
- If an ill resident refuses or is unable to self-isolate, places they sit and objects they touch should be cleaned and disinfected afterwards
- Ensure frequently-touched surfaces and objects are cleaned and disinfected at least twice a day and when they look dirty
 - Examples of frequently touched objects include: doorknobs, elevator buttons, light switches, counters, hand rails, touch screen surfaces, keypads and table tops.

Case Scenario



Physical Distancing - Observations

- The common area at the front entrance remains open for residents to gather
- There are two elevators in home
- There is an activity room being used for group activity
- There is one meal time sitting, with the residents usually sitting four to a table

Suggestions

- Remove couches, if limited storage, turn couches and face against a wall (limiting ability for residents to sit in area)
- Place marking on floors to indicate 2 meter distance (X) or (dot)
- Signage on/near elevators walls to identify 2 meter distance, marking on floor for visual cue for staff and residents
- Signage at elevators to limit numbers in elevator at one time
- Consider doorway dinning and activities (play bingo!)



For More Information About This Presentation, Contact:

lpaccentral@oahpp.ca

Public Health Ontario keeps Ontarians safe and healthy. Find out more at
PublicHealthOntario.ca