Outbreak Cohorting Guidance for Congregate Living Settings

This document is intended as a planning guide and should be used in conjunction with current public health recommendations, applicable legislation, and organizational policies.

Purpose

This document supports outbreak preparedness and response by outlining cohorting practices that help reduce transmission between residents and health care workers. It is intended to guide the separation of residents based on infection or exposure status while supporting safe, practical outbreak management.

What is Cohorting?

Cohorting is the practice of grouping residents based on their infection or exposure status during an outbreak. This may include residents who are ill or symptomatic, residents who have been exposed but remain well, and residents who have not been exposed and remain well.

Cohorting generally includes two approaches:

1. Resident cohorting
2. Staff cohorting

Long-Term Care Homes (LTCHs), Retirement Homes (RHs), and other Congregate Living Settings (CLSs) may use cohorting as part of outbreak management. Decisions about moving residents for geographical cohorting should consider the physical layout of the setting and the potential for harm, such as disruption, anxiety, or disorientation.

Cohorting Zones

Cohorting zones are designated areas for residents during an outbreak and are used to support infection prevention and control measures. These zones help reduce the risk of transmission by physically separating individuals based on their infection and/or exposure status.

Recommendation for cohorting zones within an outbreak area:

1. **Green Zone**
    a. Never exposed and well
    b. Resolved case with outbreak organism
2. **Yellow Zone**
    a. Exposed and well (if tested, negative for outbreak organism)
3. **Red Zone**
    a. Ill and infectious with outbreak organism

Residents in the outbreak area should be cohorted according to outbreak status where physical layout permits.

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Whenever feasible, isolating residents should be accommodated in private rooms with private bathrooms. If residents cannot be in private rooms, separation can be achieved through measures such as:

- Maintaining maximum distance between residents
- Ensuring proper ventilation and air cleaning
- Promoting mask usage (particularly by cases)
- Privacy curtains
- Use of commodes
- Resident hand hygiene
- Increased frequency of cleaning and disinfection

Staff Cohorting

Staff should ideally work with only one cohort of residents during a shift and remain assigned to the same cohort throughout the outbreak.

Whenever possible, dedicate staff to affected units or outbreak areas and minimize staff movement between units. If staff are required to work with multiple cohorts during a shift, they should move from the lowest-risk cohort (e.g., never exposed/well) to the highest-risk cohort (ill or infectious).

Communication

Clear and timely communication is essential when cohorting is implemented during an outbreak. Communication should support consistent understanding of cohorting zones, resident placement, staff assignments, infection prevention and control measures, and any changes to movement within the home or setting.

Communication should include:

- Sharing cohorting plans, zone definitions, and workflow expectations with staff during shift report and huddles
- Clearly identifying cohorting zones through signage and ensuring staff, and essential visitors understand the designated areas and required precautions
- Encourage staff to promptly report changes in resident status or challenges related to cohorting
- Maintain regular communication with your Outbreak Management Team (OMT) and Public Health unit to ensure cohorting practices remain aligned with current outbreak recommendations
- Notify residents and substitute decision-makers of any impacts on care, visitation, or activities

Universal Masking

During outbreaks universal masking is recommended for staff, students, and volunteers in indoor resident/clinical areas. Masking for residents and visitors is strongly encouraged.

Medical/surgical masks are generally used for universal masking. Mask selection should be based on a Point-of-Care Risk Assessment (PCRA), and a fit-tested N95 respirator should be worn when indicated by the organism, mode of transmission, or risk of exposure.

Considerations

The Outbreak Management Team and the Public Health Unit will determine if the entire facility will be considered the outbreak area or whether it will be unit/area specific. This decision is based on factors such as the number and location of outbreak cases and exposed residents, the movement of staff and residents within the setting, and the physical layout of the facility.

A non-outbreak area should only be designated if there are no outbreak-related cases, no exposed staff or residents, and no interaction or shared movement between that area and affected floors or units (e.g., the non-outbreak area is a completely separate building or wing with no mixing of residents or staff with the outbreak area).

During an influenza outbreak, consider immunization status and antiviral initiation as part of your risk assessment when assigning staff and grouping residents.

When implementing cohorting practices, always refer to the most current and up-to-date best practice guidelines and public health recommendations.

To support cohorting practices, refer to the Lakelands Public Health *Home-Specific Contingency Planning Tool*.

Additional Resources

- Best Practices for Infection Prevention and Control in Long-Term Care
- Cohorting in Respiratory Virus Outbreaks
- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings
- Long-Term Care, Retirement Home and Elder Care Lodge Resources | Lakelands Public Health