

Leamington Mennonite Home
Long Term Care

**INFECTION CONTROL
POLICY AND PROCEDURE**

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| CATEGORY: Outbreak Management | SUBJECT: Cohorting Staff & Residents | SECTION: F POLICY: 5 |
| DATE: July 12, 2022 | Administrator's Signature: <u></u> | |
| REVISION DATES: November 2023 | IPAC Lead's Signature: <u></u> | |

COHORTING STAFF & RESIDENTS

POLICY:

Cohorting shall be implemented upon the recommendation of the Infection Prevention & Control Lead/public health to reduce the spread of infectious disease.

DEFINITIONS:

Cohorting refers to the assignment of a geographic area such as a room or a resident care area to two or more residents who are either colonized or infected with the same microorganism, with staffing assignments restricted to the cohorted group of residents. Cohorting is a way to help prevent the spread of infection within the Home.

Resident Cohorting refers to the placement and care of residents who are infected or colonized with the same microorganism in the same room; OR placing those residents who have been exposed together to limit risk of further transmission.

Geographical cohorting refers to restricting residents who are infected or colonized with the same microorganism to several rooms along a corridor or an entire unit. Use of this practice can limit transmission by segregating those who are infected or colonized to a specified area away from those who are not.

Staff Cohorting refers to the practice of assigning specified staff to care only for residents known to be colonized or infected with the same microorganism. These cohorts of staff should not participate in the care of residents who are not colonized or infected with that microorganism.

Cohorting practices are not required unless the Home is in an outbreak.

PROCEDURE:

The DNPC and Infection Prevention & Control Lead or designate will:

- 1) Develop a cohorting plan, considering the following:
 - Minimum staffing required for each home area, for both prevention and outbreak
 - Staff availability and skills

- Cohort area (recommended by floor ends, though if not possible, can be by floor or other sections)
 - Changes to cohorting based on case growth
 - Building layout and ability to maintain cohorts (e.g., temporary break room on resident care floor)
 - Call bell access
 - Shared rooms and rooms available to separate residents, if applicable.
 - Status of residents in the area to be cohorted (e.g., wandering, very frail, etc.)
 - Dining room layout and potential changes to mealtimes to maintain cohorts
- 2) Ensure cohorting plan clearly outlines:
 - Cohort areas in the location
 - Triggers for cohorting plan implementation (e.g., first case in the Home, first probable case, positive case on a resident floor, etc.)
 - Process for communicating cohorting plan implementation and changes to all staff
 - 3) Identify roles that cannot be cohorted (e.g., RN/RPN) and provide training on proper precautions to take when working across multiple floors.
 - 4) Use building floor plans to identify cohorts and include any reassigned areas (e.g., additional break rooms).
 - 5) Inform the Ward Clerk of cohorting plans and provide training on how to cohort staff.
 - 6) Inform and train staff on cohorting plans for residents and staff.
 - 7) Ensure plans include communication to residents/families for residents who have moved.

The DNPC or Ward Clerk will:

- 1) Make every attempt to assign the same staff within the identified home area or group of infected residents during an outbreak.

The Nurse will:

- 1) Ensure staff attempt to provide care for non-infected residents first (if care must be provided to both non-infected and infected residents).
- 2) Ensure that residents with a communicable disease are cared for by the same staff whenever possible.

Note: Unless otherwise notified, recreation therapy may continue working on a resident floor with non-infected residents. If a group activity is planned, those residents identified as symptom free shall be allowed to participate in the event. Group activity is not recommended on the outbreak unit; however, individual activity may continue.