POLICY & PROCEDURE NUMBER: 1.36
DEPARTMENT: *Administration* **SUBJECT:** ***Operational/Scheduling Cohorting Plan***
APPROVAL DATE: February 2021 **REVISION DATE: March 2022; Dec. 2023; Dec. 2024**

POLICY

Resident and staff cohorting is used to prevent the spread of infectious disease/virus (e.g. COVID-19) within congregate settings including Long-Term Care Homes (LTCHs).

The Fixing Long-Term Care Act, Directive #3 states:

> "*Staff and Resident Cohorting: LTCHs must have a plan for and use to the extent possible staff and resident cohorting as part of their approach to* ***preparedness as well as to prevent the spread of COVID-19 once identified in the LTCH*****".**
> **Effective March 14, 2022 – "Resident cohorting will no longer be required for social activities although this practice must be maintained for dining".**
> It is recognized that the measures within Directive #3 may fluctuate and/or not be applicable; as such, staff will implement required changes as directed by the Ministry of Long-Term Care.

Cohorting is accomplished by assigning a geographic area such as a room or residential care area (RCA) to two or more residents who are suspected or confirmed to have COVID-19/other infectious disease. Staff are to be assigned to work with cohorts of residents by their status.

GLOSSARY

1. Cohort: a group of people who have or may have an infectious disease/virus or are at similar risk of developing the infectious disease/virus.

2. Cohorting: Grouping residents based on their risk of infection or whether they have tested positive for an infectious disease/virus during an outbreak

3. Staff cohorting: Having a staff member look after only one cohort of residents and not moving from one cohort to another

4. Resident cohorting: Group residents based on their status or risk of getting an infectious disease/virus during an outbreak

5. Outbreak: declaration of an outbreak is determined by public health and/or Ministry of Health and Long-Term Care. For COVID-19, LTCH's must consider a single, lab confirmed case of COVID-19 in a resident or staff member as a suspect/confirmed COVID-19 outbreak

6. Outbreak & non-outbreak areas: The outbreak area has cases of an infectious disease/virus or may have cases in the near future, such as units where there are residents or staff with an infectious disease/virus or who may have been exposed. The non-outbreak area is the remainder of the LTCH. In some outbreaks, the whole facility is considered the outbreak area

7. Daily Assignment (complement): a daily assignment from the Scheduling System showing employees scheduled for the day

8. Department Staffing Guidelines (DSG): guidelines created for each unit to communicate unit-specific scheduling details to allow the Scheduling Service to assist the Manager in conducting specific scheduling tasks. Including the order in which shifts will be filled

9. Covid/Outbreak Shifts (CV): consists of additional shifts of permanent full time or part time employees. These shifts are used for relief coverage

10. Covid/Outbreak Upstaff (CU): consists of permanent full time or part time employees. These shifts are part of the compliment and are not used for relief coverage

12. Core Baseline: The approved staffing levels by unit as required during normal operation.

13. Upstaffing: The increase to core baseline which can change based on staffing requirements during a pandemic or an outbreak

PROCEDURE

Staff Cohorting Key Concepts

1. In collaboration with local Public Health, LTC Homes must determine if the whole facility will be considered the outbreak area or if there is a non-outbreak area (specific unit(s))

2. For outbreak and dining only; residents from each cohort should be separated from residents in another cohort, for example: a. All residents of one unit considered a separate cohort and
b. All residents in one unit cohorted according to infectious (e.g. COVID) status

3. Within an outbreak area, separate the:
a. Exposed, well and not known to have infection cohort

b. Exposed, ill but not known to have infection cohort
c. COVID-19 positive and infectious cohort

4. Staff members should be assigned to care for only one resident home area/cohort unit and one cohort resident during the course of the outbreak if at all possible

5. Over the course of an outbreak, if possible, staff members should work with only one cohort, and not switch between cohorts

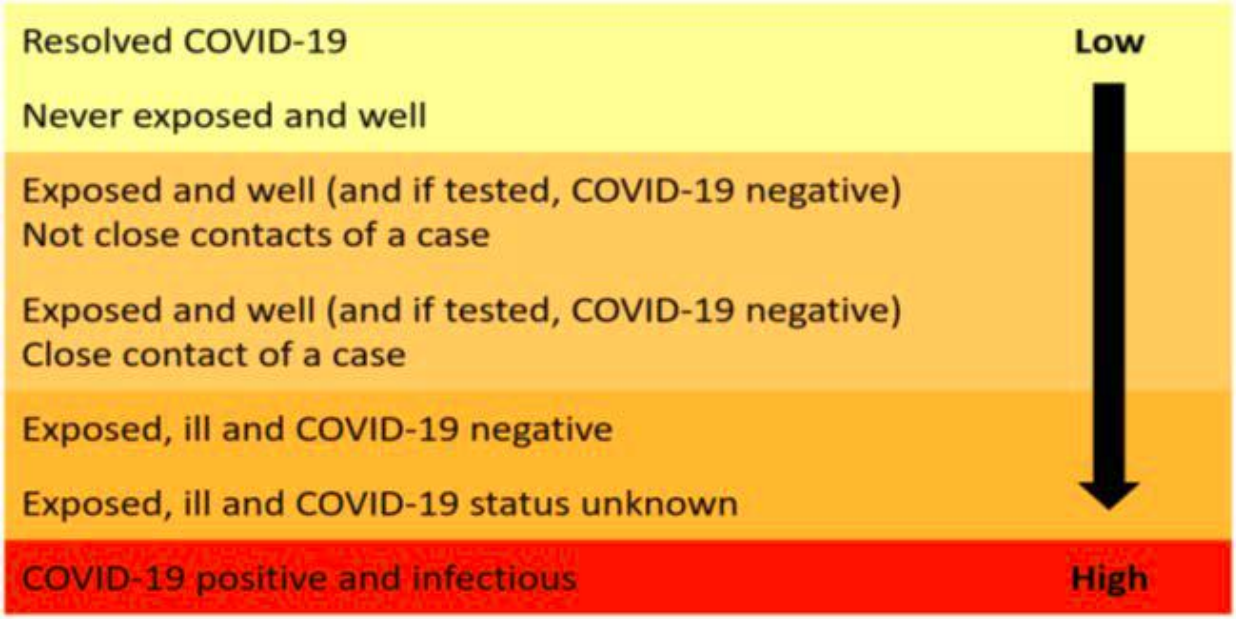
6. Staff working with one cohort should remain separate from staff members working with other cohorts if possible. It is recommended for staff to stay at least two metres from each other during breaks and meals

7. Cohorted staff should use the staff room designated to them at separate times from other cohorted staff if possible. If not possible, frequently touched staff room surfaces like table tops and chair arm rests should be cleaned between cohorts

8. Workflow should be organized so care to the cohorts are grouped together, to minimize repeated visits to another cohort

9. While in an outbreak, if a cohort is below regular baseline numbers, there must be approval from the home Infection Prevention and Control Manager or Manager of Resident Care to Scheduling Services to facilitate a cohort to cohort movement of staff
a. The Scheduler and home designate will discuss options and potential movement of staff between cohorts
b. Written/verbal confirmation of approval will be sent from the home Infection Prevention and Control Manager or Manager of Resident Care to the Scheduler to proceed with staff movement between cohorts

10. If staff must move between the cohorts, they should only go from the lowest risk cohort to the highest risk cohorts and not from high risk to low risk as per infectious/COVID outbreak example chart below:



Resident Cohorting

1. When a resident in a shared room becomes symptomatic with infectious/COVID-19 symptoms, both residents may be required to be placed on Droplet Contact precautions and tested as per IPAC guidance e.g. for COVID-19

2. If the resident roommate tests negative, the symptomatic resident's roommate will be moved to a private room on the unit if available, an unoccupied respite room, or to an appropriate unconventional space if available.

3. All rooms vacated by movement will receive a terminal clean

4. If no private rooms or unconventional spaces are left available, residents of the same cohort will be moved together (i.e. both residents test positive or both negative but symptomatic)

5. Case by case considerations are made to move symptomatic residents in consultation with the home's IPAC lead, and in consultation with the Outbreak Management Team.

6. Ensure resident families are kept informed of changes to resident locations, including rationale for moves

Staff Cohorting

1. Staff in direct contact with cohorted residents will be dedicated to one unit only.

2. RN staff will direct and track any staff re-assignment mid shift if staff are required to move from one care area to another. Any changes will be communicated to the departmental Manager.

3. Staff should remain cohorted to the unit and sub cohort groups during breaks/meals and IPAC (e.g. COVID -19) precautions to continue in staff areas (i.e. physical distancing in break rooms).

4. Staff caring for infectious (e.g. COVID-19 positive or suspected positive) residents using droplet/contact precautions will be dedicated to care for those residents only wherever possible.

5. Staff movement (e.g. daily complement/assignment sheet) will be maintained by administrative clerks and departmental managers to facilitate tracking and reporting of staff movements within the Home.

6. Environmental cleaning staff will be dedicated to either outbreak (e.g. COVID) or non-outbreak RHA's whenever possible.

7. Staff will declare their unit assignment on entry into the Home at the beginning of the shift.

8. If staff must move between cohorts during a shift, they should only move from the lowest risk cohort to the highest risk cohort. Where possible, uniforms should be changed in addition to all PPE and proper hand hygiene is performed.

Note: Safety overrides cohorting in emergency situations (i.e.: Fire, Code White) at the direction of the RN and/or Manager. Staff should inform the RN and/or Manager of their response to the code to ensure that contacts are logged on the code response document.

Master Rotations

The Master rotation is kept current to reflect the consistent daily staffing needs for each job group, including relief. Employees are mapped to specific lines on their roster that reflect their FTE, including, where possible, part time staff. The master rotation remains constant and workload increases, and decreases are managed through scheduling practices. During a pandemic or an outbreak, colour coded assignments and rotations may be implemented that reflect upstaffing and cohorting needs. The administrative clerks work to design, change and maintain the Master Rotations based on requirements dictated by the management leads from the home.

Upstaffing During a Pandemic/Outbreak

Upstaffing requirements may be required while in a pandemic or an outbreak. Identified upstaffing needs will be built per unit and ensure that all shifts are assigned to a specific unit. Operations will determine upstaff unit requirements which will need to be filled in priority order and by position. Part-time, Casual, external hiring and then use of agency (if required) will be utilized to work on filling the upstaffing requirements while attempting to ensure these rotations are filled with County staff before moving to agency staff whenever possible.

Staffing Contingency

In order to meet staffing requirements of a home during an outbreak, needs may not be met with internal County of Elgin employees alone and additional resources may be required. The following strategies may be undertaken to ensure adequate staffing levels as defined by the Home Operations Management team are achieved:

1. Recruitment campaigns facilitated by Human Resources
2. Utilization of redeployed County of Elgin Staff as available/appropriate
3. Engagement of contracted agency staff with signed contracts and all necessary documentation
4. Increase agency contracts as applicable
5. Reach out to local Hospitals (i.e. MEST – Mobile Enhancement Support Teams) & community agencies (i.e. LHIN, Ontario Health, Family Health Teams, Red Cross, etc.) as available/appropriate

See Administration policy 1.33 “Staffing Plan – Nursing and Personal Support Services”

Screener Process During an Outbreak – if screener required/applicable

1. A daily assignment (complement) of all home staff (and agency staff if applicable) with their cohort assignment will be provided to the screeners daily at the home during an outbreak
a. The daily complement will be updated when there is a change to the assignment

2. When an individual enters or exits the home, the screener will: a. Fill out the Screening Tool form in its entirety which at minimum will include the following:
i. Name of individual being screened
ii. Phone Number of individuals being screened (resident or external visitors only)
iii. Date
iv. Location
v. Screener Name
vi. Temperature
vii. Time Temperature taken
viii.List of symptoms
ix. Ask for unit individual is working in and log on individuals screening tool on top left corner
x. As needed, ask for unit(s) the individual worked in and log on individuals screening tool when exiting the building on top left corner

Reassignment of Cohort

The daily assignment/complement should be prepared by 4 p.m. for the next day

1. If relief is not found in the short call process, reassign employees across cohorts as per operational requirements

2. Update the daily assignment/complement and highlight changes in cohort

3. Send the approved daily assignment/complement to each RHA and provide the screener with a copy, if applicable

4. The Registered Staff will communicate to Management any afterhours staff movement between cohorts noting the employee's name, original cohort assignment, cohort reassignment, and the reason for the cohort reassignment. Administrative clerks and/or management will log the particulars on the daily assignment/complement

Reporting

While in outbreak, daily the administrative clerks will provide departmental managers with an update that outlines the following staffing requirements:

a. Baseline & upstaff requirements for up to a 5-day forecast and 24-hour baseline forecast
b. Number of County staff scheduled per position and cohort (if unfilled)
c. Number of Agency staff scheduled per position and cohort (as applicable)
d. Previous day actuals (if reassignment occurred)
e. List of redeployed staff (as applicable)
f. Agency updates including if they have staff available or not (as applicable)

Schedule Build Process

Occurs every 6 weeks or as per collective agreement(s)

1. The scheduler will assign all employees to their home units' cohort only.
a. All efforts will be made to fill all shifts while adhering to the cohorting plan to prevent outbreak within the home at large.

2. The scheduler will assign all regular relief staff in open baseline/upstaffing requirements.

3. Casual employees who do not have a unit cohort assignment will be assigned a home unit cohort for the duration of an outbreak.

4. Once the schedule build process is completed, the schedule is moved over to the designated manager in charge of maintaining the schedule for approval.

5. The departmental manager will verify the schedule to ensure that all staff are scheduled within the appropriate home unit cohort (assignment) and will adjust as necessary

6. The schedule will be posted per process

Advanced Booking – 10 days while in outbreak

1. The administrative clerk will award open shifts to interested employees (through cohort call-in process) from each of the home unit cohort only.

a. All efforts will be made to fill all shifts while adhering to the cohorting plan to prevent outbreak within the home at large.

2. The administrative clerk will prioritize filling baseline shifts prior to filling open outbreak upstaffing requirements.

3. The administrative clerk and home level managers will meet weekly to review unfilled shifts for the posted schedule to plan for relief needs and cohort planning

Short Call Booking – 0 -7 days while in outbreak

1. The administrative clerk will fill shifts per the Department Staffing Guidelines (DSG) prioritizing baseline shifts over unit upstaffing requirements

a. All efforts will be made to fill all shifts while adhering to the cohorting plan to prevent outbreak within the home at large
b. Identify all upstaffed/extra employees. Adjust and offer moves to overstaffed employees on different days/times while ensuring cohorting to their assigned unit

2. If applicable, agency Staff will be scheduled only after it is determined that there is no County staff available, and, as per the DSG and the Agency process. Agency staff will be assigned to a specific unit using a rotation and will remain on that unit whenever the individual is utilized

3. If relief is not found, the scheduler will communicate to the manager to review shift filling strategies or reassignment options

Reassignment

Administrative clerks to receive the daily assignment/complement from the registered staff daily for the previous day and will update the scheduling system and master complement with any applicable changes as required

Agency Onboarding Process

After Human Resources has secured a contract and reference checks for any new agencies, administrative clerks and management will identify the unfilled shifts that agency staff needs to fill. Management will work with the administrative clerks to provide that information to the respective agencies.
General guidelines:
1. Agency notifies the administrative clerks and management of available staff

2. Human Resources and management ensure the following documentation is collected and provides the pre-orientation package to agency staff:
a. Negative COVID-19 swab or current testing requirements as may be required per ministry directive/public health direction
b. Tuberculosis testing information
c. Pre-orientation package declaration – including mandatory education per legislation
d. Confidentiality form
e. Vulnerable sector criminal reference check
f. Mask fit testing information if known including mask type

3. Documentation is saved and stored electronically

4. Administrative clerks and management assign agency staff into a specific unit cohort and advises the agency of the unit cohort assignment of the individual(s)

5. Administrative clerks and management assign agency staff member into an orientation session

6. Administrative clerks will update the agency spreadsheet

7. Administrative clerks will assign agency staff the respective shifts as well as indicate in the notes name of agency and the agency employee name

8. Administrative clerks/manager will submit I.T. request to ensure individual has login access to PCC

9. Administrative clerks enrolls agency members into the orientation file, identifying their role and assigned floor. Orientation takes place at times designated by the home

10. Upon starting their first scheduled orientation shift, the agency staff member will report to the home and meet with the designated trainer and receive the following:
a. Change/staff room orientation
b. Donning & doffing appropriate PPE
c. Health and Safety Orientation
d. Mask fit testing status
e. Tour of the home

11. Education/departmental manager also includes role specific education:
a. Direct care: Lift and transfer module, shadowing checklist to be completed by end of day and submitted to the administrative office
b. Environmental Support Services: cleaning modules
c. Health and safety: as required related to their job focus: screening, dietary, housekeeping, recreation

12. Training declaration collected for all staff

13. Attendance of individual is rostered

References

1. Citation Ontario Agency for Health Protection and Promotion (Public Health Ontario). Focus on: cohorting in outbreaks in congregate living settings. Toronto, ON: Queen's Printer for Ontario; 2020.
https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/focus-on-cohorting-outbreaks-congregate-living-settings.pdf?la=en

2. Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf

3.Provincial Long-Term Care Home COVID-19 Outbreak Standard Operating Procedures, December 17, 2020

4.County of Elgin - Administration policy 1.33 "Staffing Plan – Nursing and Personal Support Services"