



Advice for care providers on cohort care

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Lancashire

County
Council



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Introduction

Single room isolation is the ideal way to prevent the spread of many infections, but this may not always be the safest method.

Cohort care refers to the grouping of patients/residents with the same infection within an isolated area. It is a form of isolation and is an effective infection prevention and control strategy used for the care of infected or potentially infected people where it is not possible, or safe, to use single room isolation. Extremely vulnerable residents should always be encouraged to stay in a single room and not share bathrooms with other residents.

Cohort care during COVID-19 pandemic

For social care providers this approach will keep residents who are asymptomatic and have had no contact with a symptomatic case housed separately in another unit, floor, or corridor within the home away from the cases and contacts. During the COVID-19 pandemic this will include all confirmed cases, or people with COVID-19 symptoms. Contacts of the same confirmed case may be housed in the same room or unit.

The aim is to have units, floors or corridors with infected residents leaving the rest of the home COVID-19 free. Some buildings are easier to implement cohort care than others, especially those with independent units or where access between units can be safely restricted to prevent transit from one area to another. Where the building layout and the people living there are unable to be isolated for a variety of reasons a risk assessment for each individual or scenario will have to be undertaken.

The restrictions should apply to all people in the building; the services users and the employees supporting them.

For the majority of cases where single room isolation is problematic this is often due to residents suffering with dementia, especially those who walk with purpose. Social distancing needs to be maintained and guidance on social distancing measures and non-compliance advice for Safeguarding, Deprivation of Liberties, Mental Capacity Act, Best Interest and dementia advice is available [here](#).

Some homes have been very successful in managing these residents by implementing a variety of standards such as:

- Suspected or confirmed residents not being cohorted next to immunocompromised residents.
- Separate staff must be allocated to manage the residents who are not able to be isolated in single rooms.
- Care staff being allocated to work in specific areas of the home either supporting COVID-19 positive residents, or those that are COVID-19 free.
- IPC and PPE guidance being strictly adhered to.
- Residents being encouraged to clean their hands frequently by using hand gel or wipes if not able to go to a sink.
- Chairs have been removed from lounge areas to allow social distancing when residents are resting.
- Chairs have been removed from dining areas to reduce the seating to one diner at each table.

- Meals are served at different times / sittings to reduce the number of people in the dining area at one time
- All staff should be responsible for increased cleaning, especially the surfaces that are touched frequently
- Residents should be encouraged to use their own toilet facilities and these should be cleaned after use

Conclusion

For people who have increased additional risks of being cared for in a single room cohort care should be considered. Each provider / building will need to complete a risk assessment and may need to adapt their working arrangements to ensure that the system is safe and practical.