

# Cohorting in LTC

## Employee Worksite Preference Form

For Employees co-employed at two or more Facilities covered by the Public Health Order

As per the Public Health Order, employers must restrict the movement of Staff Members among Facilities by ensuring that each Staff Member works in only one Facility. To implement this order, employees in the following situation can provide their order of preference to identify the site they would prefer to be cohorted to:

- Part-time employees who work at another site as part-time will be asked to rank their preference within those worksites. In this scenario, the employee should be cohorted to a particular worksite if their work history or guaranteed FTE clearly points to a particular site (i.e. 75% of their work occurs at Site A and only 25% occurs at Site B).
- Part-time employees who work at another worksite as a casual will be asked to rank their preference; however, such employees will usually be assigned to the worksite where they are employed part-time.
- Casual/Relief employees who work at multiple worksites will be asked to rank their worksite preference.
- Submitting preferences does not mean that employee preference will be granted in every case. Operational and epidemiological factors will take precedence.

The Public Health Order further identifies ***“a Staff Member who is employed to provide services in more than one Facility must as soon as reasonably possible disclose that fact to their supervisor at each Facility”*** where they work. To comply with the Order and provide employees with an opportunity to identify their preferred worksite, employees (as outlined above) working at more than one worksite, are to submit their worksite preference(s) no later than **5:00 pm on Tuesday, April 21, 2020.**

To register your worksite preference(s) including both long term care and personal care homes, please identify the worksite you would like to be cohorted to in order of preference, date, sign and submit this form to all of your current Managers:

	Facility Name	Position Status (FT, PT, Relief/Casual)
First Preference		
Second Preference		
Third Preference		
Fourth Preference		

Date Submitted: \_\_\_\_\_

Employee Name & Employee Number (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_