

Resident Cohorting Interventions

In the event of an outbreak of COVID-19 in a skilled nursing facility, it may be necessary to move residents based on their infection status to protect residents and staff. It is the goal of these recommendations to provide the skilled nursing facility the best chance of successfully treating those residents in place.

Upon identification of a positive case of COVID-19, all residents should be assessed for the presence of COVID-19 for the purpose of separating them into cohort groups. Disposition/relocation of residents will be based on cohort group and medical status and needs, as determined by attending physician and/or facility medical director.

Cohort Group	Disposition(s)
COVID-positive (confirmed)	Acutely ill: transfer to acute care hospital Mildly ill: Remain if COVID-ready unit can be setup in facility; Relocate to COVID-ready facility or Alternate Care Site (ACS); Asymptomatic: Relocate to COVID-ready unit/facility or ACS
COVID-negative (confirmed)	Symptomatic: Relocate to isolation or transitional unit Asymptomatic : Remain or Relocate to COVID-free facility
Unknown	Isolation or transitional unit

SNF facilities must determine if they are able to establish separate and distinct sections for COVID-positive residents and COVID-negative patients, as well as a transitional space for unknown or suspect patients. Below is a checklist of requirements and protocols that can be used to create safe resident cohorting space.

Facilities that are not able to accommodate separate and distinct sections may consider:

- Relocate all COVID-positive residents to alternative COVID ready facilities. Retain COVID negative residents in facility. Establish transitional space for emergent cases and new admits.
- Relocate all COVID-negative residents out of the facility and convert to COVID care facility. COVID-negative residents may transition to another skilled nursing facility or alternative care site. Decisions regarding disposition should be made in concert with the resident's attending physician, and take into consideration their medical needs and functional status. Residents transferred to a COVID-negative facility should be isolated in a transition space for 14 days (or until a negative COVID-19 test result is returned) to minimize the risk of inter-facility COVID-19 spread.
- All interfacility transfers should be strongly discouraged, and if made, must be made in coordination with the facility medical directors, local health departments, and the county Medical Health Operational Area Coordinators.

SAMPLE REQUIREMENTS AND PROTOCOLS FOR COHORTING

INSERT NAME OF FACILITY _____

May utilize these protocols and processes in response to emergency events with the goal of providing essential care to COVID+ and suspected COVID+ patients while maximizing valuable resources and staff during a crisis.

Transitional space – 14 days

- Patient triage and intake through separate designated entrance
- Single room available or cohorted with other non-tested, asymptomatic admissions.
- Room or room(s) physically divided from remainder of the building – cannot compromise egress
- Beds are no closer than 6 ft apart with divider, curtain, physical barrier in between
- Separate bathroom(s) for patients
- Designated locations of equipment and supplies to be used for the unit.
- Trash can near exit for staff to discard PPE if moving out of designated area
- Resident rooms are staffed by consistently assigned HCWs, environmental services, not to be shared if at all possible
- Designated area for staff to chart and monitor patients
- Staff only respite area away from patient care area – staff storage, breaks, eat
- Area for staff to don and doff PPE
- Separate clean supply area
- Separate medication storage and preparation area
- Separate dirty utility area for purpose of cleaning medical equipment
- Develop schedule for regular cleaning and disinfection - Wipe-down of all floors and horizontal surfaces regularly, immediate clean-up of all spills of blood or body fluids, regular disinfection of high-touch surfaces such as doorknobs, at least daily cleaning of bathrooms

COVID treatment space –

- Patient triage and intake through separate designated entrance
- Single room available or cohorted with other COVID+ admissions.
- Room or room(s) physically divided from remainder of the building
- Beds no closer than 6 ft apart with divider, curtain, physical barrier in between
- Separate bathroom(s) for patients
- Trash can near exit for staff to discard PPE if moving out of designated area
- Resident rooms are staffed by consistently assigned HCWs, environmental services, not to be shared if at all possible
- Designated area for staff to chart and monitor patients

- Staff only respite area away from patient care area – staff storage, breaks, eat
- Area for staff to don and doff PPE
- Separate clean supply area
- Separate medication storage and preparation area
- Dirty utility area for purpose of cleaning medical equipment
- Develop schedule for regular cleaning and disinfection - Wipe-down of all floors and horizontal surfaces regularly, immediate clean-up of all spills of blood or body fluids, regular disinfection of high-touch surfaces such as doorknobs, at least daily cleaning of bathrooms

Additional Measures –

- Consistent assignment is key to preventing cross contamination
- Cancel all group activities
- Remind staff and residents about social distancing; frequent hand hygiene
- Source control for everyone entering the building – Staff, Patients, Visitors
- Signage designating spaces
- HVAC has air supply at one end of the space and air return at the other end of the space if possible
- Staff respite area would ideally be in a room separate from the patient care area; at a minimum it should not be in a location near the air return