GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION

CDC Guidance Resident Cohorting

The information below provides insight on the response to COVID-19 in Nursing Homes and is intended to assist in cohorting decisions. All information was found through open source research and can be found on the CDC website.

**** New York State specific criteria***

Resident Cohorting

Considerations for Establishing a Designated COVID-19 Care Unit for Residents with Confirmed COVID-19

- Determine the location of the COVID-19 care unit and create a staffing plan before residents or health care professionals (HCP) with COVID-19 are identified in the facility. This allows time for residents to be relocated to create space for the unit and to identify HCP to work on this unit.
    - Facilities that have identified cases of COVID-19 among residents but have not developed a COVID-19 care unit, should work to create one (unless the proportion of residents with COVID-19 makes this impossible).
- Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19
    - Separate floor, wing, or cluster of rooms
- Assign HCP to work exclusively on the COVID-19 care unit. At a minimum, this could include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility.
    - To the extent possible, restrict access of additional personnel (e.g. dietary) to the unit
    - Assign environmental services (EVS) staff to work solely on the unit
        - If there are not a sufficient number of EVS staff to dedicate to this unit despite efforts to mitigate staffing shortages, restrict their access to the unit. Assign HCP dedicated to the COVID-19 care unit to perform cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant from List N into the room and wipe down high touch surfaces before leaving the room.
    - High touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected (e.g. each shift)
    - HCP practice source control measures and social distancing in the break room and other common areas (e.g. HCP wear facemask and sit more than 6 feet apart while on break)
- Place signage at the front of COVID-19 care unit instructing HCP they must wear eye protection and an N95 or higher-level respirator (or facemask if respirator is not available) at all times on the unit. Gowns and gloves to be added when entering resident rooms.
- Ensure HCP have been trained on infection prevention measures, including the use of and steps to properly put on / remove PPE
- If PPE shortages exist, implement strategies to optimize PPE on the unit:
    - Bundle care activities to minimize the number of HCP entries in a room
    - Consider extended use of respirators (or facemasks if respirators are not available), eye protection, and gowns. Limited reuse of PPE.
    - Consider prioritizing gown use for high-contact resident care and activities where splash or spray exposures are anticipated.
- Assign dedicated resident care equipment to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the unit.

Considerations for New Admissions or Readmissions to the Facility

- New admissions and readmissions with **confirmed COVID-19** who have not met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit.
- New admissions and readmissions with COVID-19 who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit.
    - If Transmission-Based Precautions have been discontinued, but the resident with COVID-19 remains symptomatic, they can be housed on a regular unit but should remain in a private room until symptoms return to baseline or resolve. These individuals should remain in their rooms and if they must leave, facilities should reinforce adherence to universal source control policies and social distancing.
- Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown and can be monitored. These individuals can be placed in a single room or in a sperate observation area.
    - All recommended COVID-19 PPE should be worn during care of residents under observation.
    - A single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.
    - * **In NYS, a negative test is required prior to transfer of a resident from an acute-care facility to a nursing home.**
- New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure. Testing at the end of this period could be considered to increase certainty.

Response to Newly Identified SARS-CoV-2 Infected HCP or Residents

HCP who work with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset

- Prioritize these HCP for SARS-CoV-2 testing. Exclude HCP with COVID-19 from work until they have met all return to work criteria.
- * **Facilities will follow NYS guidance for HCP returning to work**
- Determine which residents received direct care from and which HCP had unprotected exposure to HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset.
    - Residents who were cared for by these HCP should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of HCP COVID-19 testing are known. If the HCP is diagnosed with COVID-19, the residents should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.
    - Exposed HCP should be assessed for risk and need for work exclusion.
- If testing is available, asymptomatic residents and HCP who were exposed with COVID-19 should be considered for testing. If testing identifies infections among additional HCP, further evaluation for infections among residents and HCP exposed to those individuals should be performed (described below).

Resident with new-onset suspected or confirmed COVID-19

- Ensure resident isolation and is cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of SARS-CoV-2 testing.
    - Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents
    - If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease risk of cross-contamination
- If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the COVID-19 care unit.
- Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure
    - Exposed resident may be permitted to share a room with other exposed residents if space is not available for them to be in a single room
- Consider a temporary halt of admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented
- Monitoring of ill residents to be increased, including assessments of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infections.
    - To rapidly detect residents with new symptoms, consider increasing monitoring to every shift
- Advise all residents to restrict themselves to their room to the extent possible
- HCP to use all recommended COVID-19 PPE for the care of all residents on affected units (or facility wide depending on how widespread); including symptomatic and asymptomatic residents.
    - If HCP PPE is limited, implement strategies to optimize PPE supply
- Notify HCP, residents, and families and reinforce basic infection control practices within the facility
    - *** Promptly by 5pm the next day** – CMS Notification of Confirmed COVID-19 Among Residents and Staff in Nursing Homes
        - Provide educational sessions or handouts for HCP, residents, and families
        - Maintain ongoing, frequent communication
    - Monitor hand hygiene and PPE use in affected areas
- Maintain all interventions while assessing for new clinical cases (symptomatic residents):
    - Maintain Transmission-Based Precautions for all residents on the unit at least until there are no additional clinical cases for 14 days after implementation of all recommended interventions
    - If testing is available, asymptomatic residents and HCP who were exposed to the resident with COVID-19 (on the same unit) should be considered for testing
    - The incubation period for COVID-19 can be up to 14 days and identification of a new case within a week to 10 days of starting the interventions does not necessarily represent a failure of the interventions implemented to control transmission.

Use of Testing to Inform the Response to COVID-19 in Nursing Homes

Considerations for use of COVID testing to inform cohort decisions

- If testing supplies or capacity are limited, testing for symptomatic HCP and symptomatic residents should be prioritized.
    - If unit-wide or facility-wide testing is not available in response to newly identified SARS-CoV-2 infected residents or HCP, moving any residents other than those confirmed to have COVID-19 should be done with caution given the risk of

asymptomatic infection; in those situations, all recommended COVID-19 PPE should be used during acre of all residents on the affected unit or facility

- If testing capacity allows, use of facility-wide testing following identification of newly identified SARS-CoV-2 infected residents or HCP could be particularly important. Facility-wide testing can help identify asymptomatic or pre-symptomatic residents with COVID-19 to guide movement into COVID-19 designated spaces.