Cohorting Strategies

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Introduction and Welcome

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Meet Your Speaker

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Objectives

1. Understand cohorting as a core intervention of effective infection prevention programs
2. Become familiar with COVID-19 cohorting recommendations
3. Describe a multidisciplinary approach to cohorting
4. Learn from the experience of other nursing homes

Cohorting

Goal: Minimize the risk of non-infected residents interacting with infected or colonized residents and limit exposure to staff

Residents: Confine to one area those infected or colonized with the same infectious agent

Staff: Assign to a specific cohort of residents

Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L., & the Healthcare Infection Control Practices Advisory Committee. (2007). 2007 Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings. https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

Cohorting, continued

- Part of an active surveillance program in conjunction with Standard and Transmission-Based Precautions to control the spread of disease

- Part of intensified interventions for an outbreak, novel or resistant pathogen, or highly transmissible disease

Creating a COVID-19 Care Unit

- Standard Precautions plus respirator, gown, gloves, eye protection
- Physically separate location if possible
- Dedicated nursing assistants and nurses
- Restrict ancillary staff whenever possible if unable to dedicate them to the COVID unit

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Creating a COVID-19 Care Unit, continued

- Post signage at the entrance, including PPE instructions
- Keep the door closed or create a barrier at the entrance
- Train unit personnel in infection prevention, including PPE use
- Monitor PPE and implement optimization strategies if needed
- Dedicate resident care equipment that does not leave the unit

Cohorting During COVID-19

- Identify a space in your facility for managing COVID-19 suspected and confirmed residents

Cohorting During COVID-19, continued

Considerations for other designated areas in your facility

- General population
  - COVID negative residents
- Observation areas
  - Admissions
  - Readmissions
- Special Consideration
  - Roommates of COVID positive residents
    - Single room preferred
    - May place with another exposed roommate if single room not available
  - Dialysis Residents
    - Dialysis puts the resident at greater risk of acquiring disease
    - Multiple transfers puts other residents at risk of acquiring disease from dialysis residents

Staffing the COVID-19 Care Unit

- Assess adequate availability of personnel
- Assign dedicated staff
  - Should not work in other areas of the nursing home or other facilities
  - Consider assigning dietary and housekeeping to nursing
- Enhance staff education
  - PPE use, COVID-19 signs and symptoms
- Consistent assignment
  - Bundle care, limit staff interaction
- Limit access to other areas of the facility
  - Provide dedicated break rooms, supplies, separate entrance

https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf

Best Practices for COVID-19 Care Units

“We put our COVID unit on a separate floor, with a separate staff entrance. Colored tape marks off hot, warm and cold zones. Staff change into hospital-provided scrubs and shoes that they leave here before entering the 'Hot Zone.’ We launder the scrubs here.”

“It’s important to set up a process for communication, supply and meal delivery with the Hot Zone as staff in this area can’t leave until the end of their shift and other staff can’t enter.”

“Once you think you have thought of everything – provide unit tours for the local health department and staff that did not participate in developing the unit. They may see things you forgot to include.”

Lessons Learned for COVID-19 Care Units

"You can get bed locked really quickly if you don't already have an unused wing. We had 11 rooms on our COVID unit but filled it in just a few days with people who went out to medical appointments, so we had to then isolate in place."

"The plastic separating the halls that you will see in the "How-To" guide needed disinfecting hourly, because everyone was touching it."

"It takes less to change a room to negative pressure than you might think."

Managing Residents with COVID Symptoms

- **Update the resident and family**
- Residents with symptoms of COVID-19
  - Place in single room pending test results
  - Intensified interventions for infection prevention and control
  - If COVID-19 confirmed, transfer to COVID unit or cohort with resident who has confirmed COVID-19 if single room is not available
- Roommates of residents with COVID-19
  - Consider exposed and potentially infected
  - Single room preferred
  - Cohort with other exposed residents only if single room is not available

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

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Cohorting Admissions and Readmissions

- All residents with confirmed COVID-19 not meeting Transmission-Based Precautions discontinuation criteria should be admitted to the COVID-19 unit
- Residents who meet Transmission-Based Precautions discontinuation criteria can be admitted to regular units
- Residents with status unknown – Place in single room or observation area and monitor for 14 days
  - Unknown status includes residents tested during hospitalization or at the time of admission who may still be at risk for developing disease
  - All COVID-19 recommended PPE should be worn during care
  - Consider COVID testing* to identify asymptomatic carriers

*Influenced by capacity for testing (access to swabs and PPE)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Discontinuing COVID-19 Cohorting

- Continue Transmission-Based Precautions and cohorting until criteria for discontinuation are met
- Symptomatic resident
  - Symptom-based: 10 days* since onset of symptoms, afebrile 24 hours, respiratory symptom improvement
  - Test-based**: Afebrile, respiratory improvement, two negative COVID-19 results collected ≥ 24 hours apart
- Asymptomatic resident
  - Time-based: 10 days* post COVID-19 testing is still asymptomatic
  - Test-based: Two negative COVID-19 results collected ≥ 24 hours apart, is still asymptomatic

*Refer to your state or local regulations, if longer

**Only recommended for specific residents in consultation with infectious disease experts. See Decision Memo 8.10.20.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

Best Practices for COVID-19 Testing

"We contracted with a commercial lab for baseline testing when our regular lab vendor or the health department does not provide the testing kits or if they cannot provide the number needed."

"Baseline testing needs to be accomplished on all patients and then on all staff (or vice-versa), at one time, for the results to effectively impact infection control practices."

Cleaning to Prevent Infection Transmission

- The nursing home environment is a reservoir for infection agents, including COVID-19
  - Enhance environmental cleaning during pandemic and outbreaks
  - Clean rooms daily and after residents move or are discharged ("terminal cleaning")
  - Clean high-touch areas more frequently
  - Use approved disinfectant: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

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Best Practices for Environmental Services

"Environmental cleaning and disinfection during COVID-19 takes place at a very high level – high touch surfaces (patient rooms and common areas) are at a minimum performed twice per shift."

"We use the electrostatic sprayer every other day after cleaning surfaces; this technique provides a 360-degree application of the disinfectant."

"In resident care areas, we disinfect prior to a resident's touching a surface and immediately after they have touched a surface like therapy equipment, iPads, phones, etc."

Cohorting takes a TEAM

- Administration and Leadership: Tracking local, state and national updates
- Infection Preventionist: Surveillance, precautions, education
- Nursing: Dedicated to the unit, may take on ancillary responsibilities
- Dietary Staff: Enhanced infection prevention during food service
- Central Supply: PPE supplies, patient care supplies
- Maintenance: Locations selection and isolation
- Housekeeping: Facility-wide enhanced cleaning
- Laboratory: Available, accurate, timely testing for placement
- Public Health: Recommendations, interpretation, surveillance and testing

Best Practices for Strong Teams

Communicate

- "Stay on top of the CDC/CMS/State guidelines daily, communicate frequently even if it is the same message. People are in different phases of mental alertness and will hear something different or finally get the message after hearing it multiple times."
- "Our corporation held conference calls 2-3 times a day to implement the CMS and CDC changes/recommendations and make any necessary policy changes. We shared any and all changes with staff, even when it meant communicating multiple times a day."

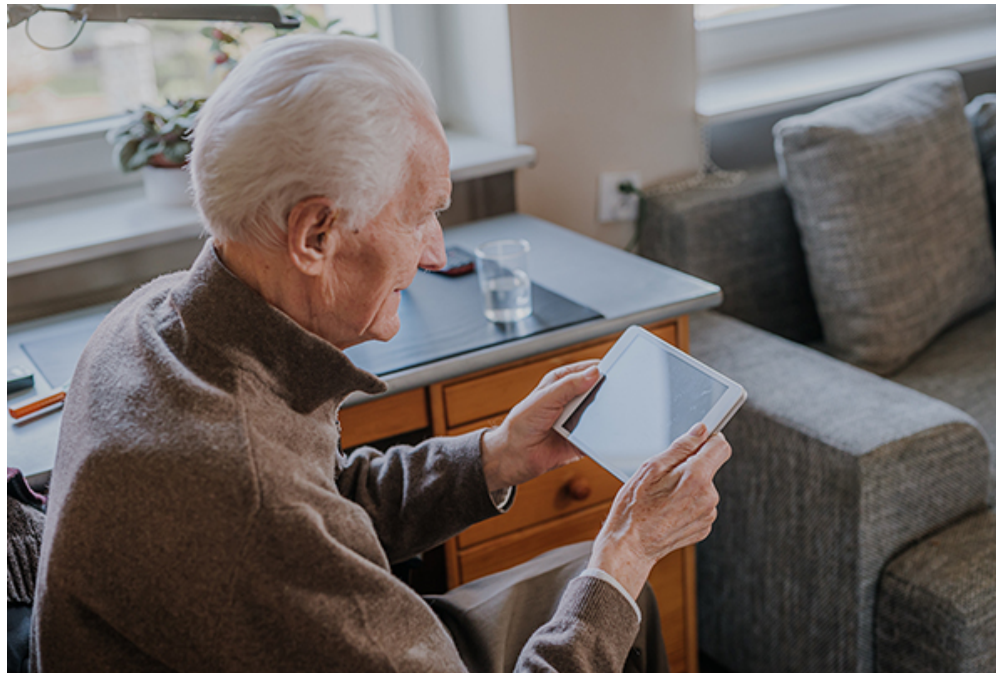
Best Practices for Strong Teams, continued

Educate

- Perform infection control compliance rounds/audits, that includes asking probing questions of staff
- Conduct in-service training on standard precautions from the perspective of respiratory hygiene, cough etiquette and hand hygiene
- Environmental Services staff must be included in education
  - PPE use, including putting on and removing PPE
  - Consistent adherence to disinfection procedures

Keep the Focus on the Resident

"It is very important to have ways for residents in isolation to connect to the outside world, such as window visits, Skype calls and one-on-one activities."



Thank You!

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