Cohorting: Effective Management of Residents and Staff

June 11, 2020
4:00 – 5:00 PM ET
Introduction and Welcome

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Meet Your Speaker

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Cohorting: Effective Management of Residents and Staff

June 11, 2020
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
Health Quality Innovation Network
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

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

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
Staffing the COVID-19 Care Unit

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

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

• Residents with symptoms of COVID-19
  • Place in single room pending test results
  • Symptomatic cohorting only if single room not available
  • Intensified interventions for infection prevention and control
  • If COVID-19 confirmed, transfer to COVID unit or cohort with resident who has confirmed COVID-19

• Roommates of residents with COVID-19
  • Consider exposed and potentially infected
  • Single room preferred
  • Cohort with other exposed residents if single room not available
Cohorting Admissions and Readmissions

• All residents with confirmed COVID-19 not meeting transmission precaution discontinuation criteria should be cohorted or admitted to the COVID-19 unit
• Residents who meet transmission precaution discontinuation criteria can be admitted to regular units
• Residents with status unknown – Place in single room or observation area and monitor for evidence of COVID-19 for 14 days
  • All COVID-19 recommended PPE should be worn during resident care
  • Consider admission testing* to identify asymptomatic carriers

*Influenced by capacity for testing (access to swabs and PPE)
Discontinuing COVID-19 Cohorting

Continue transmission precautions and cohorting until criteria for discontinuation are met

• Symptomatic resident
  • Symptom-based: 10 days* since onset of symptoms, afebrile 72 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

"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 infectious agents, including COVID-19

- Enhance environmental cleaning during pandemics 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
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.”
Simple Strategies Series Email

Terminal Room Cleaning
Terminal cleaning occurs once a resident is discharged or transferred. All surfaces that came in contact with the resident or might have been contaminated during resident care must be cleaned and disinfected. Terminal room cleaning includes not only high-touch surfaces, but also mattresses, headboards, furniture, and privacy curtains. The following points are important in routine terminal cleaning procedures:

- Unused items, such as toilet paper and towels, are considered contaminated and should be discarded if disposable, or cleaned if reusable.
- All linens in the resident’s room, both used and unused, is considered contaminated and must be sent to the laundry.
- Pillows and mattresses should be inspected. If holes are found, the items must be replaced.
- A hospital-grade, EPA-approved disinfectant or combination cleaner/disinfec tant should be used during all steps of the terminal cleaning process.
- EVS staff must use personal protective equipment (PPE), including a gown, when performing terminal cleaning. All PPE must be removed and discarded upon exiting the cleaned room.

**IMPORTANT!**

- Clean from the least soiled areas to the most soiled.
- Clean from high surfaces to low surfaces.
- Always wear appropriate PPE when cleaning.

Use this Daily Cleaning Inspection Checklist from the Association for Professionals in Infection Control and Epidemiology (APIC) to ensure all areas of resident rooms meet the inspection standard.
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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Announcement

National Healthcare Safety Network (NHSN) Webinar

**Topic:** Long Term Care (LTC) COVID-19 Data Quality Webinar

**When:** Tuesday, June 16, 2020

**Time:** 1:00 PM Eastern Time (US and Canada)

**Register in advance for this webinar:**
https://cdc.zoomgov.com/webinar/register/WN_eoG2MEVNSKC0XNmyvPdI5A

After registering, you will receive a confirmation email containing information about joining the webinar.
Open Discussion and Questions
Join us for the next Nursing Home Training Call on Thursday, June 18, 2020 from 4:00 - 5:00 pm ET

Details forthcoming!
Thank You

Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/LTZ8LYM

We will use the information you provide to improve future events.