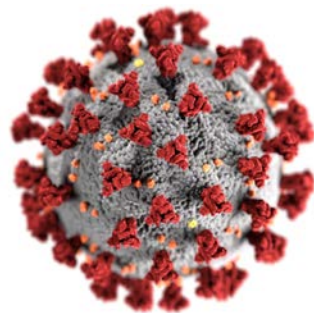


COVID-19 in Nursing Homes: Cohorting and Critical Infection Prevention Strategies

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Nursing Home COVID-19 Action Network
Conversation Series



For more information: www.cdc.gov/COVID19

Financial Disclosures

- No disclosures to report.

Learning Topics

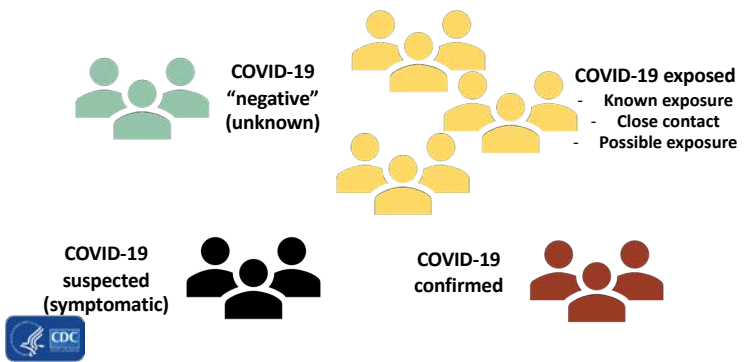
- Understand the goals of cohorting
- Discuss challenges when creating resident cohorts
- Describe dedicated COVID-19 care units
- Considerations for cohorting residents with potential exposures
- Describe monitoring new admissions/re-admissions and creating an observation unit

The screenshot shows the CDC website page for 'Preparing for COVID-19 in Nursing Homes'. The page features a navigation menu with categories like 'Your Health', 'Community, Work & School', 'Healthcare Workers & Labs', 'Health Dept.', 'Cases & Data', and 'More'. A search bar is located in the top right corner. The main content area is titled 'Preparing for COVID-19 in Nursing Homes' and includes a 'Summary of Changes to the Guidance' section with bullet points: 'Tiered recommendations to address nursing homes in different phases of COVID-19 response', 'Added a recommendation to assign an individual to manage the facility's infection control program', 'Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)', and 'Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2'. Below this is a 'Background' section. The URL <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> is displayed at the bottom of the page.

Considerations for Creating Resident Cohorts



Goal of resident cohorting: Minimize risk of exposure and prevent additional spread



Scenario #1

- Mrs. Davis, a resident on unit 4 South recently tested positive for SARS-CoV-2 and was moved to the dedicated COVID-19 care unit
- She spent most of her time in her room but did walk up and down the hall with assistance at least once each day
- She had a history of COPD and could not tolerate wearing a cloth face covering
- She had 2 roommates and 18 additional residents residing on the unit

**Questions: How should we approach the rest of the residents on unit 4 South?
Should we consider cohorting? Why or why not? How?**



Challenges with defining cohorts

- Extent of exposure and risk of developing infection vary significantly
 - Residents with direct exposure to known COVID-19 cases have higher risk, but not all will develop infection
 - Exposure risk among newly admitted or re-admitted residents and those regularly leaving the facility (e.g., for outpatient dialysis) depends on several factors
 - Adherence to IPC practices during transportation and care, prevalence of COVID-19 in other healthcare facilities and the community
- Symptoms are not reliable to detect COVID-19
 - Early COVID-19 outbreak experiences found ~30% of residents with symptoms consistent with COVID-19 tested negative for SARS-CoV-2
 - Pre-symptomatic and asymptomatic residents with COVID-19 infection can spread COVID-19 to others with minimal to no symptoms at all



Prioritize a separate area for confirmed COVID-19 cases

- Space designated for COVID care only
 - Physically separate from other rooms/units
 - Dedicate staff with clinical expertise and training
 - Dedicate equipment and plan for medical needs of residents
- Develop a plan for managing units when new cases of COVID-19 are detected
 - When one case is detected, there are often others
 - Use Transmission-Based Precautions for all residents on unit, perform testing, and shelter-in-place pending test-results
 - Move residents with confirmed COVID-19 to dedicated unit



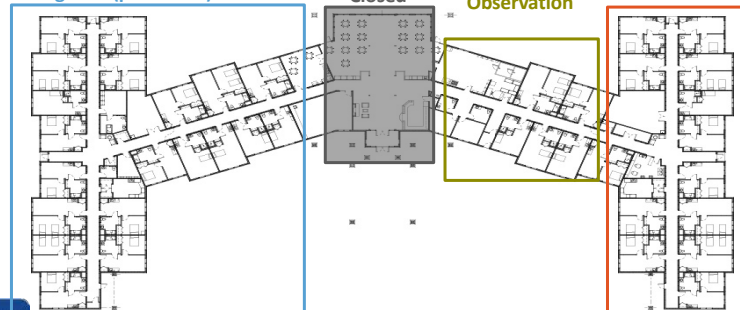
Using Facility Layout for Cohorting

Asymptomatic, COVID
negative (presumed)

Common Areas

Observation

COVID
positive



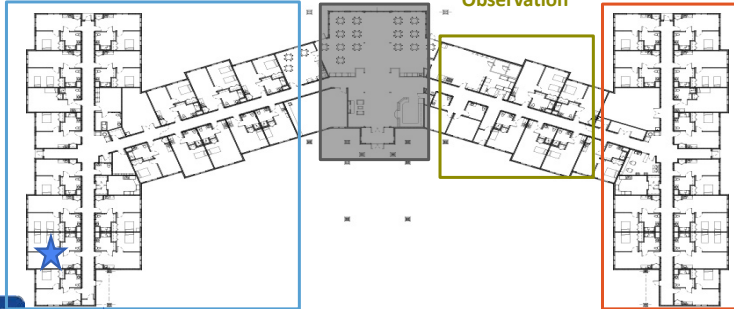
Using Facility Layout for Cohorting

Asymptomatic, COVID negative (presumed)

Common Areas Closed

Observation

COVID positive



★ Suspect or confirmed COVID-19



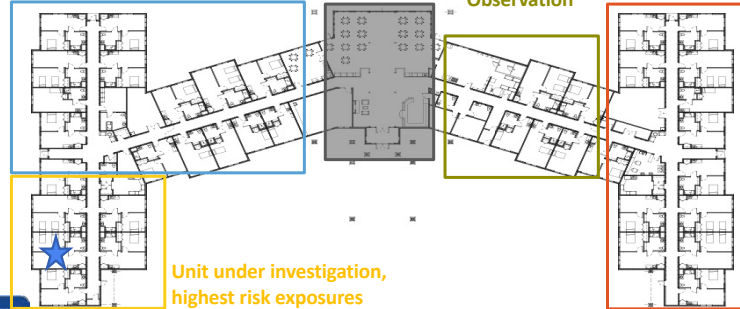
Using Facility Layout for Cohorting

Asymptomatic, COVID negative (presumed)

Common Areas Closed

Observation

COVID positive



Unit under investigation, highest risk exposures

★ Suspect or confirmed COVID-19



Considerations when creating an observation unit

- Residents are admitted to this unit for monitoring during the 14-day period when COVID could be incubating; ideally in single rooms
 - Avoid placing residents with different types of exposures and risk in a shared room
- Given unknown COVID-19 status, implement all recommended PPE and Transmission-Based Precautions during resident care
 - Extended use of gowns (i.e., shared between residents) is NOT an appropriate strategy on observation units
- Testing at the end of the 14-day period can be considered to increase certainty that the resident is not infected
 - Testing upon admission or within the quarantine period should NOT be used to discontinue Precautions early



Key Points

- Goal of cohorting = minimize exposures and prevent additional spread of SARS-CoV-2
- When creating cohorts, prioritize space for care of residents with COVID-19 cases; consider exposure and risk when placing residents into observation unit
- The extent of exposure and risk of developing infection may vary widely; use caution in cohorting this broad group of residents
- Instead of moving residents to a “Yellow Zone” consider turning an area of the building with possible exposures into an area under investigation while the outbreak is being investigated



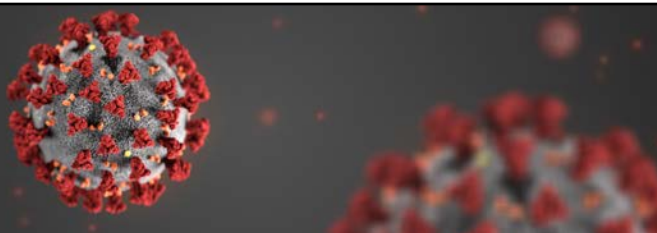
Examples of COVID care areas



The screenshot shows the CDC website page for 'Nursing Homes and Long-Term Care Facilities'. The page is dated 'Updated Aug 12, 2020'. It features a navigation menu on the left with categories like 'Healthcare Workers', 'Testing', 'Clinical Care', 'Infection Control', 'Nursing Homes & Long-Term Care Facilities', 'Pharmacies', and 'Videos for Training Front Line Long-Term Care Staff'. The main content area includes sections for 'Infection Control Guidance', 'SARS-CoV-2 Testing Guidance', 'Infection Control Assessment Tool', and 'Videos for Training Front Line Long-Term Care Staff'. The CDC logo is visible in the bottom left corner of the page.

- CDC COVID-19 Resource Page
 - Infection Control Guidance
 - Testing guidance
 - Assessment tools
 - Training materials

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

