



COVID-19 Cohorting Strategies for Long-Term Care Facilities

February 2021

Alaska Department of Health and Social Services

COVID-19 Cohorting Strategies for Long-Term Care Facilities (LTCFs), February 1, 2021

Introduction. The COVID-19 pandemic has shown to have high morbidity and mortality rates among residents and Health Care Personnel (HCP) working in LTCFs. COVID-19 transmission can be prevented by following recommended practices. This guidance is based on scientific recommendations in the prevention and transmission of COVID-19.

Establishing Cohorts (Groups) in LTCF based on COVID-19 Status. Based on the experience of infection prevention staff dealing with COVID-19, one simple but important tool which can be used effectively by facility managers and clinical staff to limit disease transmission during the pandemic is establishing “zones” to physically separate residents into groups (cohorts) based on their potential infectiousness to others. Zones should be clearly marked, and access limited to essential HCP. Signs or temporary barriers can be used to prevent unnecessary foot traffic in the areas.

I. ZONES DEFINED

Red Zone: For COVID-positive (confirmed) residents

- Room doors should be kept closed unless patient safety concerns require reopening
- Visitations should be restricted to compassionate/end of life visits only
- HCP working in this zone should ideally have a restroom, breakroom, and work area separate from HCP working in other areas (a clean space or room). Remove gown and gloves when moving to the clean space.
- Ideally, HCP should exit facility from an exit directly from red zone to the outside, to reduce risk of introduction of COVID into other zones when departing facility

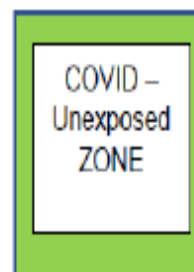
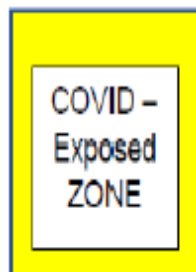
Yellow Zone: For new admissions, “exposed” residents, and symptomatic residents awaiting confirmation of test results.

- Room doors should be kept closed unless patient safety concerns require reopening
- New admissions should ideally be housed in single rooms (without roommates) for a 14-day quarantine period
- Exposed residents are those with a positive COVID roommate or exposure to positive staff member. Exposed residents should be kept separate from new admissions

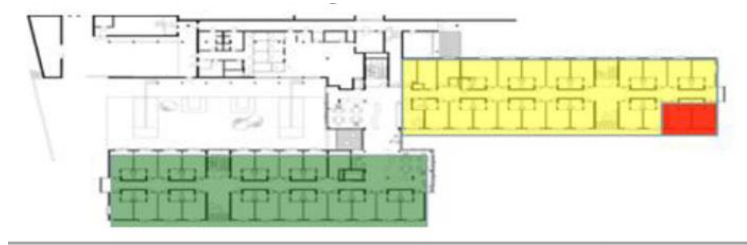
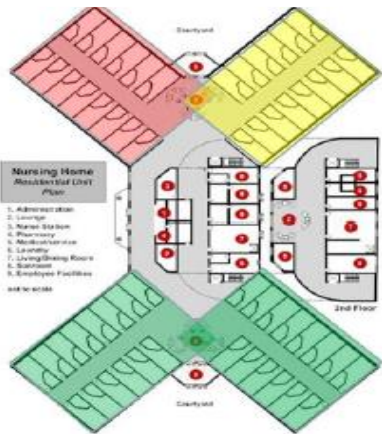
Green Zone: For unexposed residents, COVID-recovered residents

Red zones and green zones should be situated as far apart as possible within the facility

II. ZONE EXAMPLES



Using your Facility Map, color code zones according to your plan.



III. Infection Control Best Practices

- If a resident or staff becomes positive in a hallway of a unit, the entire hallway is considered “exposed” and is placed in a **Yellow** Zone and quarantined for 14 days.
 - Perform [outbreak testing](#) every 3-7 days on residents and staff until 2 rounds of testing show no positive results. Consult Alaska DHHS for guidance regarding a testing plan.
- Implement [transmission-based precautions](#) (at a minimum use: medical mask, eye protection, and gloves) for the individual living apartments. Place new admissions under quarantine for 14 days. Consider testing prior to removing residents from quarantine.
- Equipment should ideally be dedicated to each unit:
 - Any equipment that must be shared between different zones should be fully cleaned and disinfected between use.
- If no outbreak in the facility, shared spaces such as dining room, exercise and physical therapy (PT) area can be utilized by residents in the **Green** Zone maintaining social distancing and mask wearing.
- Residents in each zone are discouraged from interacting with residents of other zones.
- You can [discontinue isolation](#) and move resident from a **Red** Zone to a **Green** Zone once they are past the infectious period (recovered).
- As residents’ transition to post-COVID infection status (to **Green** Zone), try not to move them unnecessarily; instead, try to transition whole units to Green if possible as timing/necessary duration of isolation and PPE supply allows.
- Staffing considerations:
 - Assign dedicated HCP (including housekeeping) to work only in the **Red** Zone.
 - Staff always work on the same unit, and units do not include more than one zone. Staff **DO NOT** cross over to work or visit other units. Staff should **NOT** work in the **Red** Zone and then return to the **Yellow** Zone or **Green** Zone.
 - Staffing will need to be adjusted accordingly to acuity of the resident.
 - Bundle care activities to minimize the number of HCP entries into a room (e.g. having primary nursing staff clean and disinfect high-touch surfaces in the patient room in addition to providing patient care).
 - Occasionally staffing needs require that certain staff work in more than one zone during a single shift (e.g. wound care, physical therapy, etc.). That staff person must change all PPE and perform hand hygiene when going from one zone to another. *Exception: respirators or facemasks that have been worn with a face shield can be worn continuously.*
 - **Important:** These HCP should start their shift working with residents in **Green** Zones, then **Yellow** Zone, and finally **Red** Zone, not returning to a lower risk zone to work if at all possible.
 - Consider positive/recovered staff to care for residents who have tested COVID-19 positive and are in isolation in the **Red** Zone.
 - For staffing shortages, follow [CDC Contingency and Crisis mitigation strategies](#).

RED Zone	YELLOW Zone	GREEN Zone
<p>Full PPE*</p> <ul style="list-style-type: none"> • Gown • N95 Respirator or PAPR (Powered Air Purified Respirator) • Eye protection • Gloves <p>* PPE may be used as “extended use”, unless caring for a resident with COVID-19 <i>and</i> a Multidrug resistant organism (MDRO) or C. Difficile.</p> <ul style="list-style-type: none"> - Remove PPE for breaks - Change gloves between patients 	<p>Full PPE**</p> <ul style="list-style-type: none"> • Gown • N95 Respirator or PAPR (Powered Air Purified Respirator) • Eye protection • Gloves <ul style="list-style-type: none"> - Remove PPE (gown and gloves) after individual patient encounter. - Bundle care <p>**If gown shortage, consider limiting gown use to activity with prolonged contact. DO NOT reuse gown.</p>	<ul style="list-style-type: none"> • Surgical mask • Eye protection • Gloves/gowns as needed

Refer to [CDC guidelines](#) for more detailed information regarding optimizing PPE supplies.

IV. REFERENCES

CDC COVID-19 Infection Control for Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC COVID-19 SARS-CoV-2 Antigen Testing in Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>

CDC Strategies for Mitigating Staff Shortages. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

CDC Considerations for the Public Health Response to COVID-19 in Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

CDC Guidelines for Optimizing the Supply of PPE in Healthcare Facilities. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

CDC Discharging COVID-19 Patients. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

CDC COVID-19 Healthcare Workers FAQ. Found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

Kalp, E. Pennsylvania Department of Health. Bureau of Epidemiology. Covid-19 Cohorting Strategies for Long-Term Care Settings. Found at: <https://www.leadingagepa.org/LinkClick.aspx?fileticket=cIzZHvbSOEA%3D&portalid=0>

State of Hawaii Department of Health COVID-19 Cohorting Strategies for Long-Term Care Settings. October 28, 2020.

COVID-19 is considered a **NOTIFIABLE CONDITION**; providers are required to report any persons with COVID-19 positive test results and those strongly suspected to have COVID-19, to prevent the further spread of disease in our communities.

See: <http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/AKCOVIDTestingGuidance.pdf>

All results, positive or negative, must be reported through the standard infectious disease report form or via electronic means.

Call (907) 269-8000 or after hours (800) 478-0084

Email: infdisese@alaska.gov

If you have any questions or need to report a patient with confirmed/suspected COVID-19 or suspected Multisystem Inflammatory Syndrome in Children (MIS-C), **please contact us at (907) 269-8000 or after hours at (800) 478-0084.**