Cohorting Residents to Prevent the Spread of COVID-19

Cohorting Basics

Cohorting refers to the grouping of individuals with the same condition in the same location (e.g. room, wing or building). For the purposes of this document, the term cohorting refers to keeping residents who are COVID-19 positive or are suspected to have COVID-19 in the same space (wing, floor, etc.) that is separate from those who are COVID-19 negative or do not have exposure to COVID-19.

The **goal of cohorting** is to minimize interaction of infectious individuals from non-infected individuals as much as possible. Every interaction is a risk because it is how the COVID-19 virus spreads.

Cohorting in Long Term Care

All nursing homes and assisted living communities should make plans for cohorting residents now, even before COVID-19 enters the building per CMS guidance. Cohorting is imperative to increase the change of controlling the spread of the virus. If possible, nursing homes and assisted living facilities should also begin preparing wings, units or floors as "isolation units". Isolation unit should be a separate, well-ventilated area, ideally with a separate entrance.

In preparing, nursing homes and assisted living communities should refer to CDC guidelines on Preparing for COVID-19 in Nursing Homes and procedures for droplet precautions among residents and staff.

To ensure transparency and comfort, it is absolutely necessary to have clear communication with residents and families explaining the rationale for cohorting (minimizing exposure risk) and need for transfer or a move to another location in the building.

Cohorting residents within an assisted living community:

- ALs should consider accepting less acute, non COVID-19 patients from other medical facilities (skilled nursing centers, LTACHs, etc.) in order to create more room at higher acuity facilities currently better equipped to assist COVID-19 positive individuals being discharged from the hospital.
- Lower acuity residents who do not test positive for COVID-19 and have an option to receive care in the home could be discharged to the community to create space for COVID-19 positive cases. AL communities need to work with family members to ensure proper in-home care and consult current state regulations to see if this is feasible.

- Single occupancy rooms could become double occupancy rooms for cohorting purposes, depending on the layout and size of the room (this also may require emergency requests to your state licensing agency to increase bed capacity).
- Acuity levels may be considered if moving residents to different wings or hallways. AL residents without multiple, underlying health conditions will likely be safer to move first.

Cohorting residents within a nursing home:

- Options for cohorting in nursing homes include:
    - Creating separate wings, units or floors that can serve as isolation units. This will likely require moving residents throughout the building which CMS allows per its recent national blanket 1135 waiver.
    - Consolidating and cohorting residents into separate dedicated COVID-19 and non-COVID-19 buildings, if the opportunity exists among licensed nursing homes.
    - Opening up non-licensed buildings or spaces, which will require state approval and rapid certification allowed under CMS national blanket 1135 waiver.
    - Creating alternate care sites that are not licenses but done through collaboration with FEMA and the state.
- Providers seeking to create separate buildings for COVID-19 residents should consider the following:
    - Facilities with low occupancy and/or no known cases of COVID-19 among residents or staff may be good opportunities for COVID-19 dedicated buildings.
    - This will require the transfer of residents between buildings with no known COVID-19 cases among residents or staff in order to empty existing buildings to dedicate to the care of COVID-19 positive residents.
    - This will require close collaboration among existing nursing home providers, the state, and hospital partners to facilitate the transfer of residents into the appropriate buildings and to ensure needed staff and resources are allocated to these facilities to meet the intensive care needs of COVID-19 positive residents.
- Any cohorting plans must follow both state and federal regulations.
    - Options for cohorting must be coordinated with states to potentially waive any conflicting state regulations.
    - CMS issued several blanket emergency 1135 waivers effective March 1 to provide regulatory flexibilities and help skilled nursing homes contain the spread of COVID-19. This includes regulations related to resident activities, physical environment and resident transfer and discharges. For more information, please review the AHCA/NCAL summary and the CMS announcement.

Considerations for Cohorting

Staff and Competencies

- Adequate staff (clinical and non-clinical) with training, skills, and competencies for COVID-19 care, including an onsite (as well as remote support) physician and nurse practitioner for COVID treatment management.
- Where staffing is an issue:
    - Make a public call for people who are unemployed to pursue Temporary Nurse Aide trainings (if allowed in your state) that make them eligible for hire in nursing homes under the recent federal blanket waiver.
    - Make a public call for health care professionals and clinicians including nurses, nursing assistants, social workers and other professionals to seek employment at their local nursing homes who are in dire need of help.
    - Some states have waived various licensing requirements to allow students, health professionals with expired licenses, etc. to help.
- Critical pay rates due to the staffing needs and skills required for this care and/or hazard pay for staff caring for COVID-19 residents.
- Assign specific staff to serve the COVID-19 unit. This includes nursing, dietary, housekeeping, maintenance and other support staff. These staff should NOT work in any other facilities. To the best of your ability, adopt consistent assignment for staff caring for these residents.

Supplies and Equipment

- Adequate PPE for COVID-19 precautions.
    - Consider CDC Strategies for Optimizing PPE as well as a PPE burn rate calculator.
    - Work with your local hospital and state to help secure any additional PPE that is needed.
- Adequate supplies and equipment solely dedicated to COVID-19 unit including lifts, oxygen, thermometers, blood pressure cuffs, oxygen saturation machines, IVs, etc.

Space

- As many meal service operations performed on dedicated unit as possible, including food prep, cooking, dining, cleanup, to minimize interaction between dedicated unit and rest of facility.
- Dedicated rooms on the COVID-19 unit for staff breaks, supplies, medications including emergency kits.
- If possible, dedicated entry/exit point to minimize exposure to other parts of the nursing home.
- Minimize traffic in and out of the COVID-19 unit.

Supports

- Limit visitors only to end of life visitors or other essential services.
- Accommodations for families who will want to be in the nursing home or assisted living while their loved one is dying from COVID-19.
- Scheduled video conferencing for residents to be able to speak with their loved ones.
- Onsite grief support for residents, families and staff.
- Availability of mortuary services who can respond timely to deaths from COVID-19.

Financial

- CMS has waived the 3-day rule for all residents who may need skilled care regardless of COVID status (long stay residents, new admissions from the community or emergency room as well as the hospital). Residents in isolation single rooms should be coded as such on the MDS.
- Some states are exploring Special Medicaid rates. Check with your state.
- See FAQs on Alignment of Isolation Waivers, MDS, and Payment Policies.

CMS Guidance Related to Cohorting

On April 2, CMS released new guidance to help mitigate the spread of COVID-19 in long-term care facilities. This guidance contained several recommendations, such as following CMS and CDC guidance on infection control, implement symptom screening for all individuals and recommendations on the use and conservation of PPE. The guidance also contained specific recommendations related to cohorting, which are reflective of the recommendations above. Specifically, CMS guidance states:

- Work with state and local leaders to designate separate facilities or units within a facility to separate COVID-19 positive residents.
- COVID-19 positive units or buildings must be able to maintain strict infection control practices and testing protocols, as required by regulation.
- COVID-19 positive facilities may need to have capacity, staffing and infrastructure to manage higher intensity patients, including ventilator management.
- State agencies including health departments, hospitals, and nursing home associations are encouraged to help coordinate designated COVID-19 positive buildings and to provide adequate staff supplies and PPE.
- Use separate staff teams for COVID-19 positive residents and exercise consistent assignment for all residents, regardless of symptom status.
- Ensure staff are familiar with signs and symptoms related to COVID-19.
- Facilities should inform residents and their families of limitations of their access to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative facilities for COVID-19-positive or unknown status.