# COVID-19 Cohorting Guide

## Purpose of Cohorting:
Separating COVID-19 positive residents from your non-COVID-19 resident population and caring for them in a designated area has proven to be an effective strategy to reduce virus transmission. This guide is based on [CDC recommendations](https://www.cdc.gov/coronavirus/2019-ncov/index.html) issued on April 2 about cohorting COVID-19 residents to reduce the spread of the virus. Even if you do not have COVID-19 in your building today, we encourage you to plan for your site now.

## Optimal Cohorting:
Designating a separate wing, unit or floor for COVID-19 only residents is the best option. Assign specific staff to this area and use designated equipment to treat residents in this space. Minimize entry and exit to the COVID-19 designated area.

### Cohorting Location & Physical Space:
- If 1 or 2 residents with the virus are on the same hallway, consider moving non-COVID-19 residents to open rooms in another hallway or wing.
- If you have a TCU unit, consider putting COVID-19 positive residents in those rooms.
- If you have an open or low-occupancy wing or floor, consider moving non-COVID-19 residents out and designating it a COVID-19 only wing or floor.
- If you have a dining area, activity room, or conference rooms, consider moving hospital beds into those areas and designating them COVID-19 only areas.
- If you can create a barrier like a temporary wall or add a separate door in an area, consider making this change.
- If the only option is to isolate residents in their rooms, utilize private rooms with private baths.
- Plan to do as much food preparation, dining, clean-up and related activities in the COVID-19 dedicated space as possible.

### For Assisted Living:
- If your organization operates both a care center and an assisted living center, consider cohorting COVID-19 positive residents from both settings in the same place.

### Staffing Considerations:
- Consider an onsite nurse practitioner or physician to guide COVID-19 treatment in the designated area.
- Assign specific staff to serve in the COVID-19 area including nurses, nursing assistants, housekeeping, dietary, maintenance, and other support staff.
- Consider pay rate changes and/or hazard pay for staff caring for COVID-19 residents.
- If possible, locate a staff break room in the COVID-19 designated space.

### PPE, Supplies, and Equipment:
- Secure dedicated supplies for COVID-19 unit, e.g., lifts, oxygen, thermometers, blood pressure cuffs, oxygen saturation machines, IVs, emergency kits, suction machines, etc. Store them in the COVID-19 designated space, if possible.
- Optimize use of PPE using CDC strategies.

### End of Life Support:
- Make arrangements for families to have the proper screening and PPE so they can be with their loved on at the end of life.
- Offer assistance with updating or writing an Advance Care Directive with residents and/or facilitate a discussion with families and residents about end of life wishes.
- Ensure a sufficient supply of palliative medications, morphine, etc.
- Make pre-arrangements with local mortuary services who can assist with COVID-19 deaths.
- Consider offering onsite grief support for residents, family and staff.

### Communication Considerations:
- Reassure COVID-19 positive residents that the move is to provide optimal care for them and minimize transmission.
- Alert staff to your COVID-19 cohorting strategy.
- Communicate with family of COVID-19 residents prior to moving them to COVID-19 designated spaces.