

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](#) 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.

<p>Cohorting Location & Physical Space:</p>	<ul style="list-style-type: none"> ● 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.
<p>For Assisted Living:</p>	<ul style="list-style-type: none"> ● 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.
<p>Staffing Considerations:</p>	<ul style="list-style-type: none"> ● 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.
<p>PPE, Supplies, and Equipment:</p>	<ul style="list-style-type: none"> ● 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.
<p>End of Life Support:</p>	<ul style="list-style-type: none"> ● 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.
<p>Communication Considerations:</p>	<ul style="list-style-type: none"> ● 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.