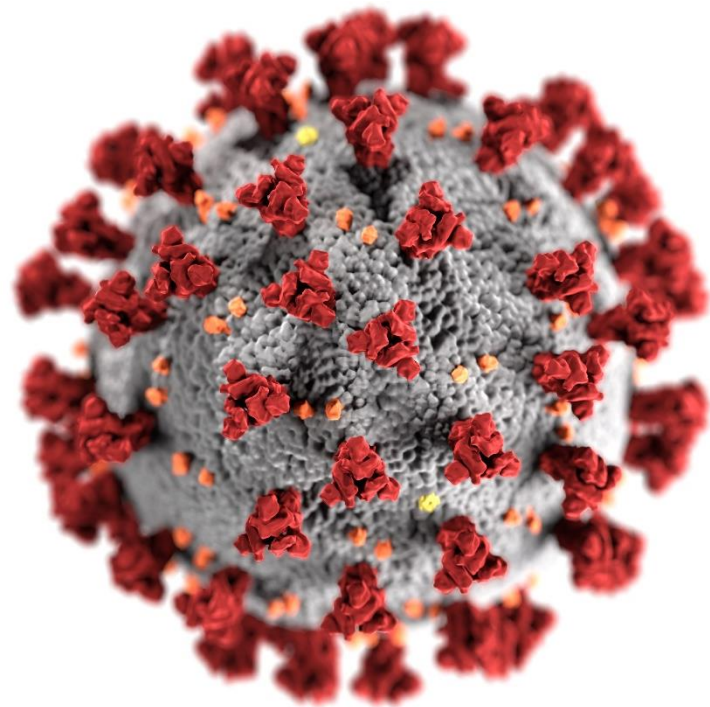


# COVID-19 in Nursing Homes: Cohorting and Critical Infection Prevention Strategies

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Nursing Home COVID-19 Action Network  
Conversation Series



For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# Financial Disclosures

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- No disclosures to report.

# Learning Topics

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- **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**

## Coronavirus Disease 2019 (COVID-19)



Your Health

Community, Work & School

Healthcare Workers & Labs

Health Depts

Cases & Data

More

### Healthcare Workers

Testing

+

Clinical Care

+

### Infection Control

-

Infection Control Guidance

Using PPE

Hand Hygiene

Alternate Care Sites

Assisted Living Facilities

Blood & Plasma Facilities

Dental Settings

Dialysis Facilities

+

### Nursing Homes & Long-Term Care Facilities

-

#### Infection Control for Nursing Homes

Responding to COVID-19

Testing Residents

Testing Facility-Wide

Medical Care Units

### HEALTHCARE WORKERS

## Preparing for COVID-19 in Nursing Homes

Updated June 25, 2020

Print



### Summary of Changes to the Guidance:

- 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)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

### On This Page

[Background](#)

[Core Practices](#)

[Additional Strategies](#)

## Background

Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including multidrug-resistant organisms (e.g., Carbapenemase-producing organisms, *Candida auris*). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).

**Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities** because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices.

The Centers for Medicare and Medicaid Services (CMS) recently issued [Nursing Home Reopening Guidance for State and Local Officials](#) that outlines criteria that could be used to determine when nursing homes could relax restrictions on



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

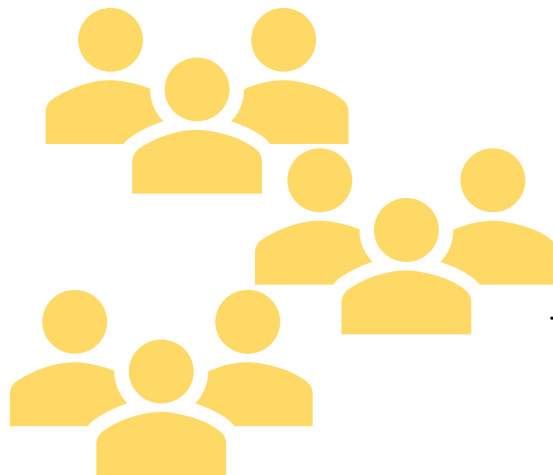
# Considerations for Creating Resident Cohorts



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



COVID-19  
"negative"  
(unknown)



COVID-19 exposed

- Known exposure
- Close contact
- Possible exposure

COVID-19  
suspected  
(symptomatic)



COVID-19  
confirmed



# 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





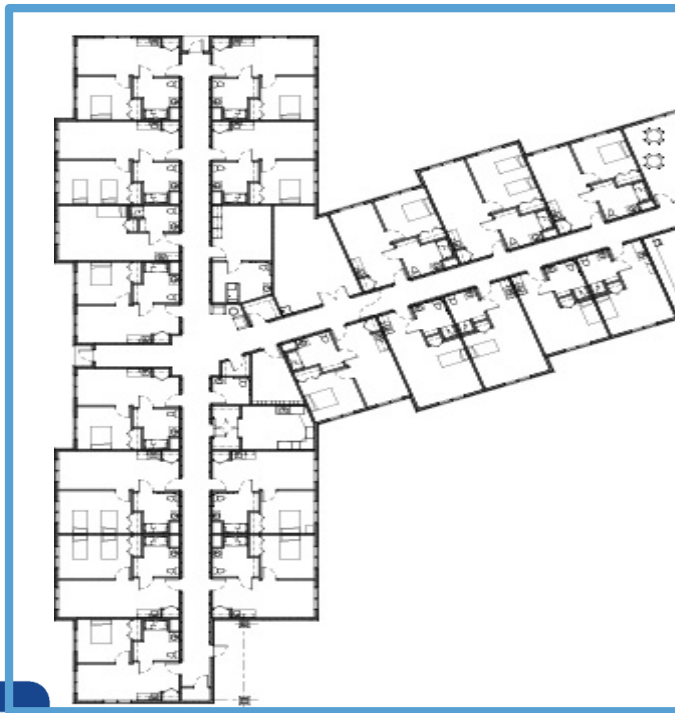
# Prioritize a separate area for confirmed COVID-19 cases

- 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

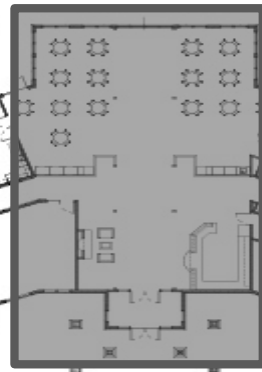


# Using Facility Layout for Cohorting

Asymptomatic, COVID  
negative (presumed)



Common Areas  
Closed



Observation



COVID  
positive

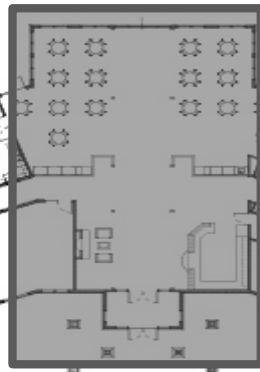


# Using Facility Layout for Cohorting

Asymptomatic, COVID  
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Common Areas  
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COVID  
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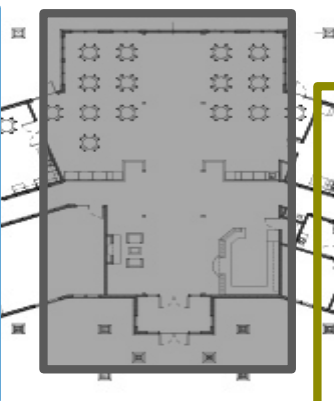
Suspect or confirmed COVID-19

# 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





- Healthcare Workers
- Testing +
- Clinical Care +
- Infection Control** -
- Infection Control Guidance
- Using PPE
- Hand Hygiene
- Alternate Care Sites
- Assisted Living Facilities
- Blood & Plasma Facilities
- Dental Settings
- Dialysis Facilities +
- Nursing Homes & Long-Term Care Facilities** -
- Infection Control for Nursing Homes
- Responding to COVID-19
- Testing Residents
- Testing Facility-Wide
- Memory Care Units
- Infection Control Assessment Tool
- Pharmacies
- Postmortem Guidance
- Optimize PPE Supply +
- Potential Exposure at Work +
- First Responder Guidance

HEALTHCARE WORKERS

## Nursing Homes and Long-Term Care Facilities

Updated Aug. 24, 2020

Print



### Infection Control Guidance

[Infection Control for Nursing Homes](#)

[Public Health Response in Nursing Homes](#)

[Infection Control in Memory Care Units](#)

[Infection Control FAQs](#)

### SARS-CoV-2 Testing Guidance

[Testing Nursing Home Residents](#)

[Testing Healthcare Personnel](#)

[Facility-wide Testing in Nursing Homes](#)

[Testing FAQs](#)

### Infection Control Assessment Tool

[Nursing Home COVID-19 Infection Control Assessment and Response \(ICAR\) Tool](#)

Tool to help nursing homes and assisted living facilities develop a comprehensive COVID-19 response plan.

### Training Resources

[Applying COVID-19 Infection Control Strategies in Nursing Homes](#)

Clinical Outreach and Communication Activity (COCA) Webinar, June 16, 2020. Case-based scenarios are used to discuss how to apply infection prevention and control guidance for nursing homes and other long-term care facilities preparing for and responding to COVID-19.

[Nursing Home Infection Preventionist Training Course \(CDC TRAIN\)](#)

CDC TRAIN course, a free service from the Public Health Foundation

### Videos for Training Front Line Long-Term Care Staff



Mini Webinar training series for front-line staff to help protect residents from COVID-19

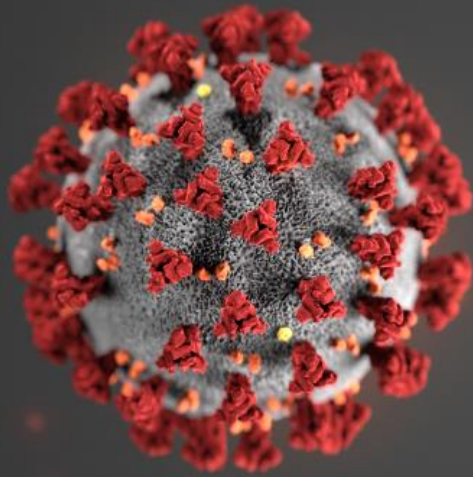
• [Keep COVID-19 Out](#)

- 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](http://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.

