

# COHORTING

## CREATING A MODIFIED COVID-19 COHORT

### Modifying a COVID-19 Cohort Environment

The ideal measures to protect residents from COVID-19 transmission is to implement a self-contained COVID-19 Cohort Unit within your facility. A closed COVID Cohort provides complete separation of staff, residents, and equipment. These measures significantly reduce the risk of transmission from COVID-19 positive residents to COVID-19 negative residents.

When a closed COVID Cohort Unit is **not** able to be implemented, transmission risk can be minimized through the following modification measures:

1. Roommates of residents who test positive should be considered exposed and placed in isolation in a private room for the duration of their quarantine.
2. Wherever possible, co-locate COVID-19 positive residents to the same general area of the building to support isolating staff assignments by COVID status.
3. If possible, relocate any new positive residents, should they occur, to that COVID-19 area.
4. Locate residents who are exposed and are asymptomatic separate from COVID-10 positive residents.
5. Assign staff who will provide care only for the COVID-19 positive residents. This assignment should be for the duration of the time that any COVID-19 positive resident remains on isolation.
6. To minimize contact with multiple staff, consider assigning housekeeping and other duties as needed to clinical staff assigned to COVID positive residents.
7. Where staff are required to provide care to both COVID negative and positive residents, implement systems to provide care to:
  - a. COVID-19 Negative individuals first.
  - b. Exposed but asymptomatic residents second.
  - c. Symptomatic but tested negative residents and,
  - d. COVID-19 positive residents last.

When completing care of COVID-19 residents and prior to caring for negative residents, all PPE (including masks) must be completely changed and eye protection disinfected.

8. Ensure that clear isolation signage for [Aerosol Contact Precautions](#), is placed at the entry to the room of all COVID-19 positive residents.
9. Place a PPE cabinet at the entry to the room of each resident placed on isolation.
10. Provide for alcohol-based hand hygiene at each resident's doorway and ensure HH is performed and PPE is changed between each resident.
11. When completing care for a COVID-19 resident and changing tasks, all PPE must be doffed when exiting a positive resident room. Gowns and gloves should be removed and discarded in the resident room. Masks should be changed after leaving the resident room.

12. Establish a process to safely separate delivery of food, supplies, medications, and equipment.
13. Wherever possible, assign equipment that is used only for COVID-19 positive residents. If equipment must be shared, ensure that systems support disinfection between each resident.
14. Provide separate break areas and PPE equipment storage, wherever possible, for staff caring for COVID-19 residents. Implement whatever additional measures possible to minimize contact between staff caring for COVID negative and positive residents.

**Cleaning and Disinfecting Eye Protection:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html#:~:text=Carefully%20wipe%20the%20outside%20of,or%20use%20clean%20absorbent%20towels>).

