CREATING A COVID-19 COHORT

10.3.22 English

Cohorting means placing residents together based on whether they have tested positive for COVID-19. Creating a COVID-19 cohort is a valuable infection control measure for preventing spread of the virus to other residents.

Putting these measures in place early, as soon as a new positive case is identified, is most effective to prevent more cases. When there are two or more resident cases, consider establishing a self-contained environment where staff are dedicated to the cohort and positive cases are kept fully separate from those who are negative.

Measures for creating a COVID-19 Cohort

Limit access to the COVID-19 cohort only to staff and residents assigned to the area.

- ☐ It is not necessary to construct physical barriers between areas housing positive and negative residents, provided that physical separation between the two areas can be maintained. Cones, floor tape, privacy screens, tables, or high-visibility signs can also be effective.
- ☐ Where possible, consider creation of your closed COVID-19 cohort area behind fire doors.
- ☐ Where possible, dedicate a separate exterior door to access the COVID-19 unit.

Ensure that workflow and processes maintain separation between the COVID-19 cohort and the rest of facility.

- ☐ Establish a plan to deliver food carts, linen, and supplies to the COVID unit through the available exterior door. If an exterior door is not available, work to establish processes to prevent ancillary staff and equipment from entering the area.
- ☐ Identify an exit path for all items (such as staff, supplies, and equipment) being removed from the area. Avoid crossover with COVID-19 negative areas wherever possible.
- ☐ All items leaving the COVID unit should be disinfected prior to return to the main building.
- ☐ Wherever possible, the exit door should not be the same as the clean access entry.

Resident Management

- ☐ Residents who are exposed (such as a roommate of a COVID-19 positive resident) should be placed in a private room (and bathroom) on aerosol contact precautions. They should not be placed into the COVID cohort unless they test positive.
- ☐ Residents who test positive via a PCR should be placed in the COVID-19 cohort
- ☐ Antigen negative, symptomatic residents should not be placed in the cohort until they have a confirmatory PCR.
- ☐ Antigen positive, symptomatic residents may be placed in the cohort.

- ☐ Antigen positive, asymptomatic residents should have a confirmatory PCR prior to being placed in the cohort.
- ☐ A resident who becomes symptomatic or tests positive for COVID-19 should be placed in a private room.
    - If a private room is not available; a positive resident should only be placed in a room with another positive resident as long as there are no other communicable conditions.

Resident Placement

Resident Status	General Resident Population (with Aerosol Contact Precautions)	COVID-19 Cohort Unit
Positive PCR		X
Positive Antigen with Symptoms		X
Positive Antigen without Symptoms	X	
Positive Antigen no Symptoms and positive confirmatory PCR		X
Positive Antigen, no symptoms, and negative PCR	X	
Exposed and Quarantining	X	
Symptomatic and pending test results	X	
Symptomatic and negative antigen test	X	

Cohort Environment

- ☐ Place a clean supply of *PPE (eye protection and N95 masks*) for donning at the entry to the COVID Unit.
- ☐ Wherever eye protection equipment is doffed, provide for disinfection and individual storage of each healthcare provider's eye protection.
- ☐ Place regular trash bins for doffing soiled PPE at the exit to the cohort.
- ☐ Ensure that full PPE is donned for entry to positive resident rooms. A new gown and gloves should be used. Eye protection and an N95 respirator should be used in the COVID-19 cohort area.
- ☐ Face shields/goggles and masks should be disinfected when visibly contaminated, soiled, before taking breaks, or when leaving the COVID-19 cohort.
- ☐ Reinforce strict hand hygiene practices before and after all contact with residents.
- ☐ Ensure that an appropriate SARS Co-V2 surface disinfectant is available. When available consider using germicides with shorter action times 30 seconds – 1 minute are best. Disinfectant contact times can be verified at *EPA List N*.

- ☐ Dedicate or use disposable equipment in the COVID-19 cohort where possible. If it is necessary to share equipment, ensure that adequate disinfection occurs between residents.

Staffing considerations

- ☐ Provide for dedicated toilet and break area for COVID-19 care staff use. The goal is to eliminate any contact with uninfected staff or residents.
- ☐ Wherever possible, assign staff to continuously work with either COVID-19 negative or positive residents. This is most helpful for the duration of time that active COVID cases are in the building.
- ☐ Designate break areas where staff can eat and drink without exposure to positive residents.
- ☐ Establish an area for entering staff to be screened for COVID-19
- ☐ Avoid in-person staff meetings or daily huddles
- ☐ Prioritize staff who are COVID-19 recovered (within the past 90 days) or up-to-date with vaccination for the care of COVID-19 positive residents.
- ☐ For the duration of time that COVID cases are active in the building, minimize the number of staff providing care to positive residents.

Resources

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html