Cohorting LTC Residents During COVID-19

**Cohorting Meaning:** Group of individuals with the same condition. For the purposes of this document, cohorting refers to keeping residents who are COVID-19 positive or are suspected to have COVID-19 in the same space (wing, floor, etc.) that is separate from those who are COVID-19 negative or do not have exposure to COVID-19.

**BEST PRACTICES**

**Designate specific facilities or non-traditional sites in the state as “COVID-19” sites**

- Identify facilities or non-traditional sites as possible COVID-19 sites, examples as follows:
  - Empty buildings (i.e. older buildings that have been closed, buildings that have been recently built and not used yet)
  - Non-traditional sites such as hotels, army hospital sites, ambulatory surgical centers for elective procedures
  - Nursing homes and assisted living communities with low census (<60%) not providing specialized services (behavioral health, dementia care, dialysis, etc.)

- Set up site to accept COVID-19 patients:
  - Ensure necessary staff, resources and other services (reference main document for needs)
  - Other FEMA resources as necessary

- If occupied center, transfer residents from that facility to other facilities with capacity
  - Facility must be able to accommodate resident needs
  - Preference should be given to locations nearby
    - 1135 waiver will likely need to be used to cover these reimbursements

**Cohorting residents within a nursing home:**

- Nursing homes should create separate wings, units or floors that can serve as isolation units:
  - All nursing homes should begin preparing isolation units, even before an outbreak occurs
  - Isolation unit should be a separate, well-ventilated area. Ideally, it will also have a separate entrance (this may not be possible in many centers).
  - This may require moving residents throughout the building.

- In preparing, nursing homes should refer to CDC guidelines on Preparing for COVID-19 in Nursing Homes and procedures for droplet precautions among residents and staff.

- Once outbreak occurs, nursing home should
  - Dedicate specific staff to serve the COVID-19 unit. This includes nursing, dietary, housekeeping, maintenance and other support staff. These staff should NOT work in any other facilities.
  - Minimize traffic in and out of the COVID-19 unit.
  - Limit visitors only to end of life visitors or other essential services.
To ensure transparency and comfort, it is absolutely necessary to have clear communication with residents and families explaining the rationale for cohorting (minimizing exposure risk) and need for transfer or move throughout the building.

**Cohorting residents within an assisted living community:**

- ALs should consider accepting less acute, non COVID-19 patients from other medical facilities (skilled nursing centers, LTACHs, etc.) in order to create more room at facilities currently better equipped to assist COVID-19 positive individuals.
- Single occupancy rooms could become double occupancy rooms for cohorting purposes, depending on the layout and size of the room.
- Acuity levels may be considered if moving residents to different wings or hallways, as some AL residents may not have multiple, underlying health conditions compared to others.
- Lower acuity residents who do not test positive for COVID-19 and have an option to receive care in the home could be discharged to the community to create space for COVID-19 positive cases. AL communities need to work with family members to ensure proper in-home care and consult current state regulations to see if this is feasible.