

COVID-19 Cohorting Strategies for Long-Term Care Settings

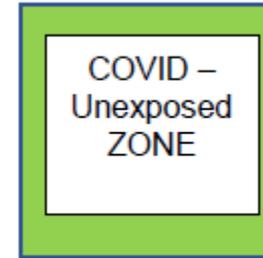
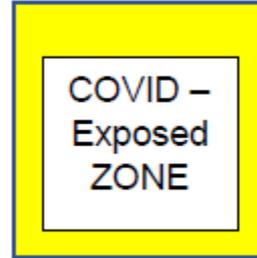
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BUREAU OF EPIDEMIOLOGY



pennsylvania
DEPARTMENT OF HEALTH

- Presentation will discuss:
 - ▣ Cohorting using Zones
 - ▣ Use of PPE by Zone type
 - ▣ De-escalating Zones



- The Zones refer to units or in some cases, entire facilities.
- A unit is defined as an area of the facility where the staff are not typically shared with other areas during one shift.
- **Red** Zone- COVID-19 Test Positive
- **Yellow** Zone- COVID-19 Test Negative, but resident is within 14 days of exposure
- **Green** Zone- COVID-19 Test Negative, Non-exposed

Testing Refusal- Residents

Residents refusing testing: occasionally asymptomatic residents or the responsible party of an asymptomatic resident may refuse testing for the resident.

- These residents, if potentially exposed to COVID-19, should be cared for in a COVID- potentially exposed (**Yellow**) Zone until at least 14 days after any known exposure.
- If these residents develop symptoms consistent with COVID-19 testing is recommended, and the testing request should be re-visited with the resident or responsible party.

Testing Refusal- Staff

Staff refusing testing: asymptomatic staff may refuse to be tested. Human resources should develop a policy to address these staff based on their risk of exposure, community spread, and staffing needs.

- In general, these staff persons should not care for residents in unexposed (**Green**) Zones.
- If these staff develop symptoms consistent with COVID-19, testing is recommended, and the staff person should be excluded from work.
- Staff may return to work upon meeting return to work criteria (PA-HAN-501).

▶ Example Zones

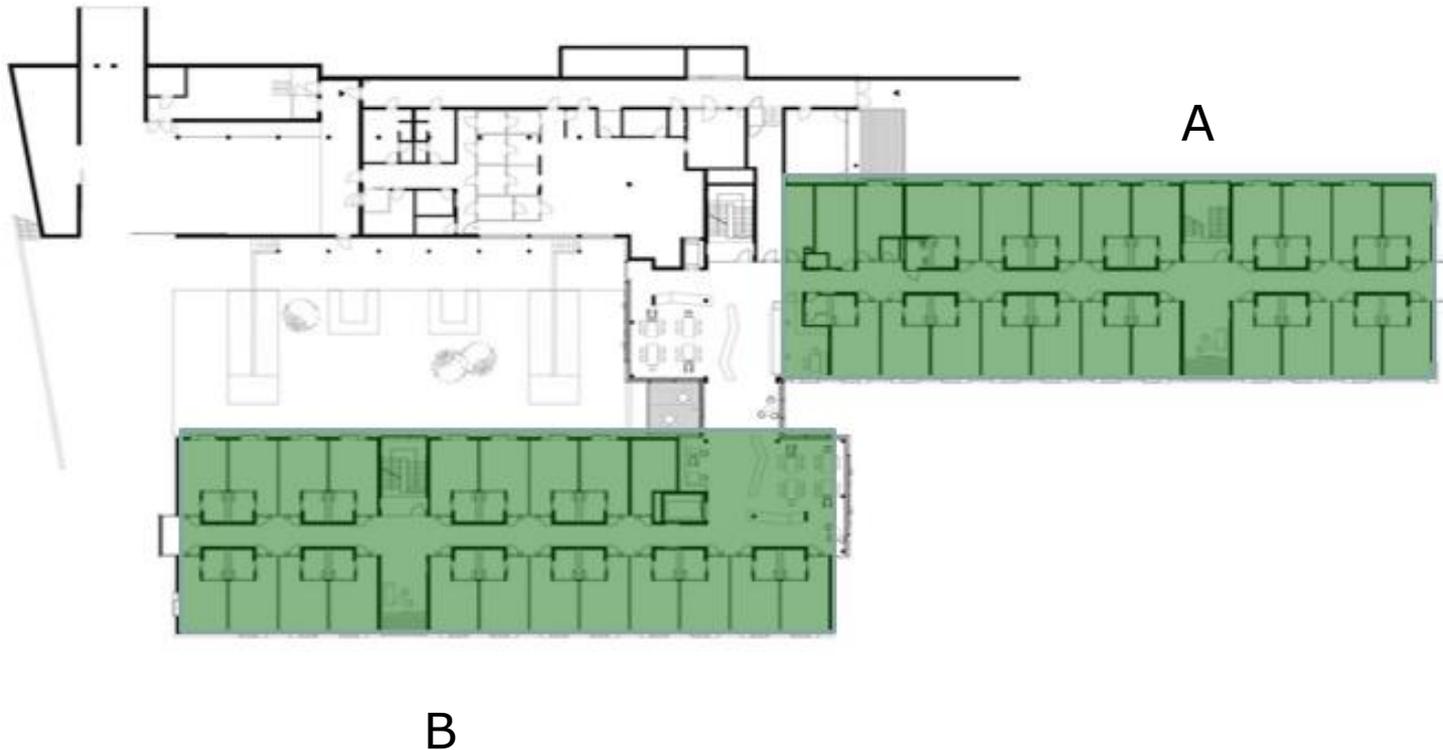


Zone Guidelines

- Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Equipment should be dedicated ideally to each unit. Any equipment that must be shared between different Zones should be fully cleaned and disinfected between use
- COVID Positive (**Red**) and Unexposed (**Green**) Zones should be as far apart as possible within the facility.
- Unexposed (**Green**) Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Occasionally, a laboratory may report an **inconclusive or indeterminant test result**. For residents with these results, specimen collection should be repeated as soon as possible. The resident should be cared for within a COVID-potentially exposed (**Yellow**) Zone while awaiting repeat test results.

Scenario #1

On May 1st all LTCF residents and staff on Unit A and B test negative for COVID-19. Unit A and B are Green Zones (Test Negative, non-exposed)



Scenario #1

One week later, two residents (private rooms) on Unit A become symptomatic with COVID-19 symptoms.

The two residents are tested.

On May 9th, test results confirm COVID-19



B



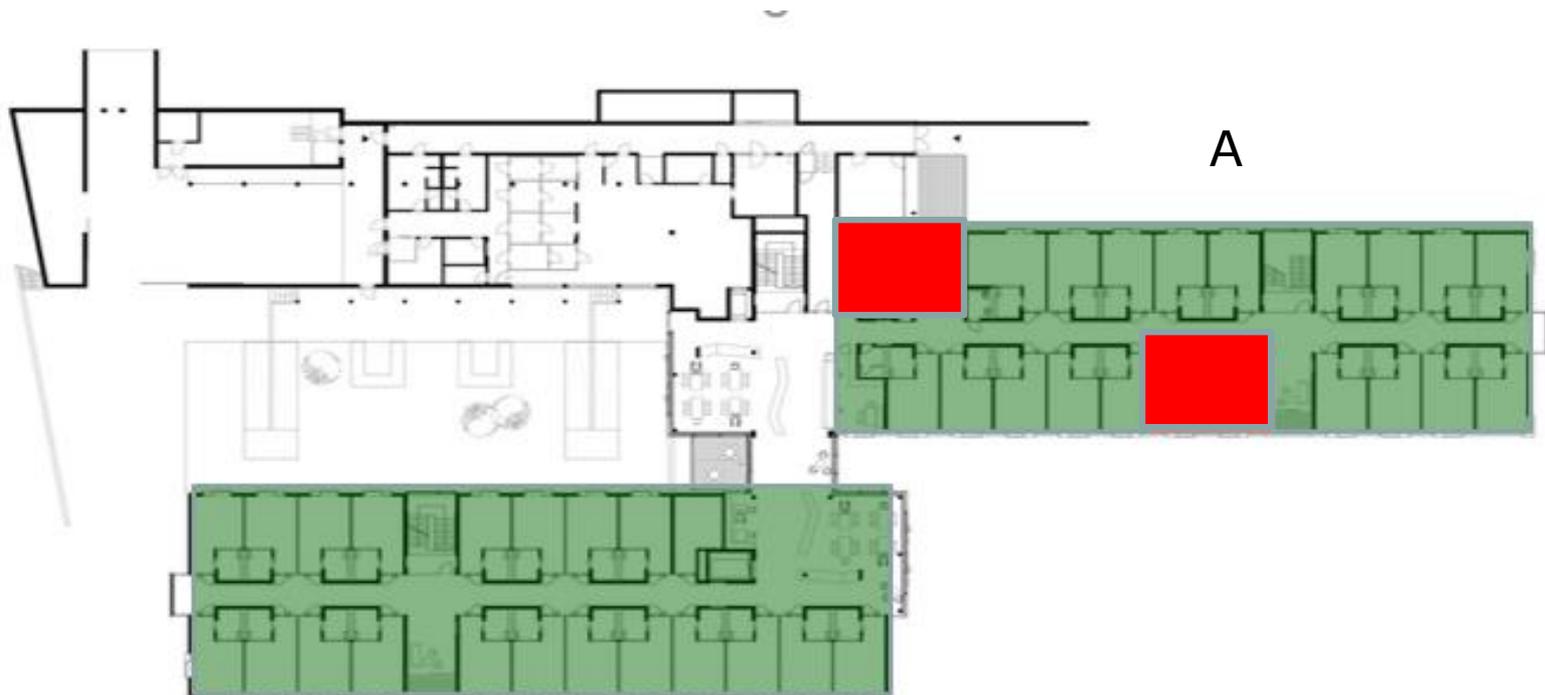
Any resident who develops symptoms consistent with COVID, should be presumed positive

Test for COVID-19 immediately if symptoms occur

- While awaiting test results, move symptomatic resident to a private room or remove roommate from current room.
- Consider roommate exposed (**Yellow**).
- Keep resident in current Zone if they are in an Exposed Zone (**Yellow**).
- If the symptomatic resident is in an Unexposed (**Green**) Zone, move to the Exposed (**Yellow**) Zone in a private room.
- If test positive, move to COVID zone (**Red**).

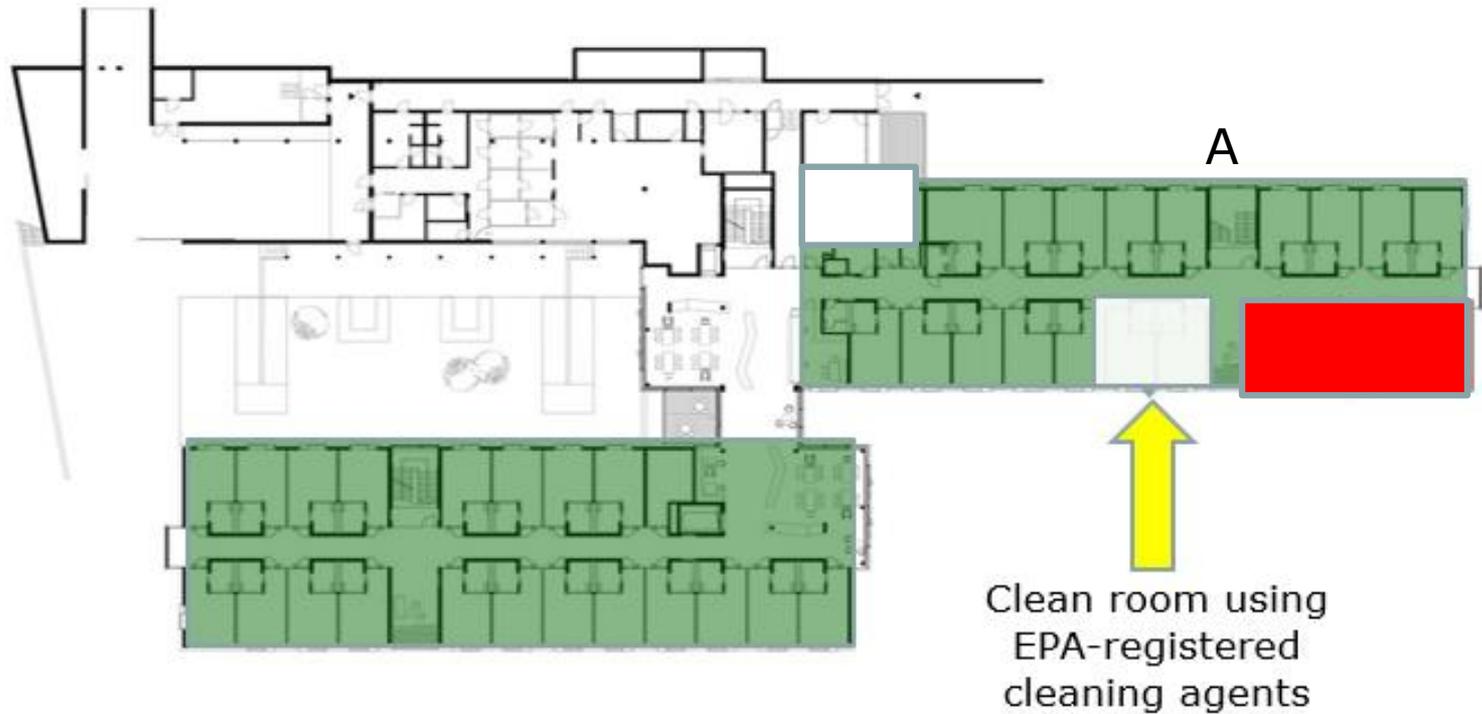
Scenario #1

Cohort the residents to create a Red Zone.



B

Scenario #1

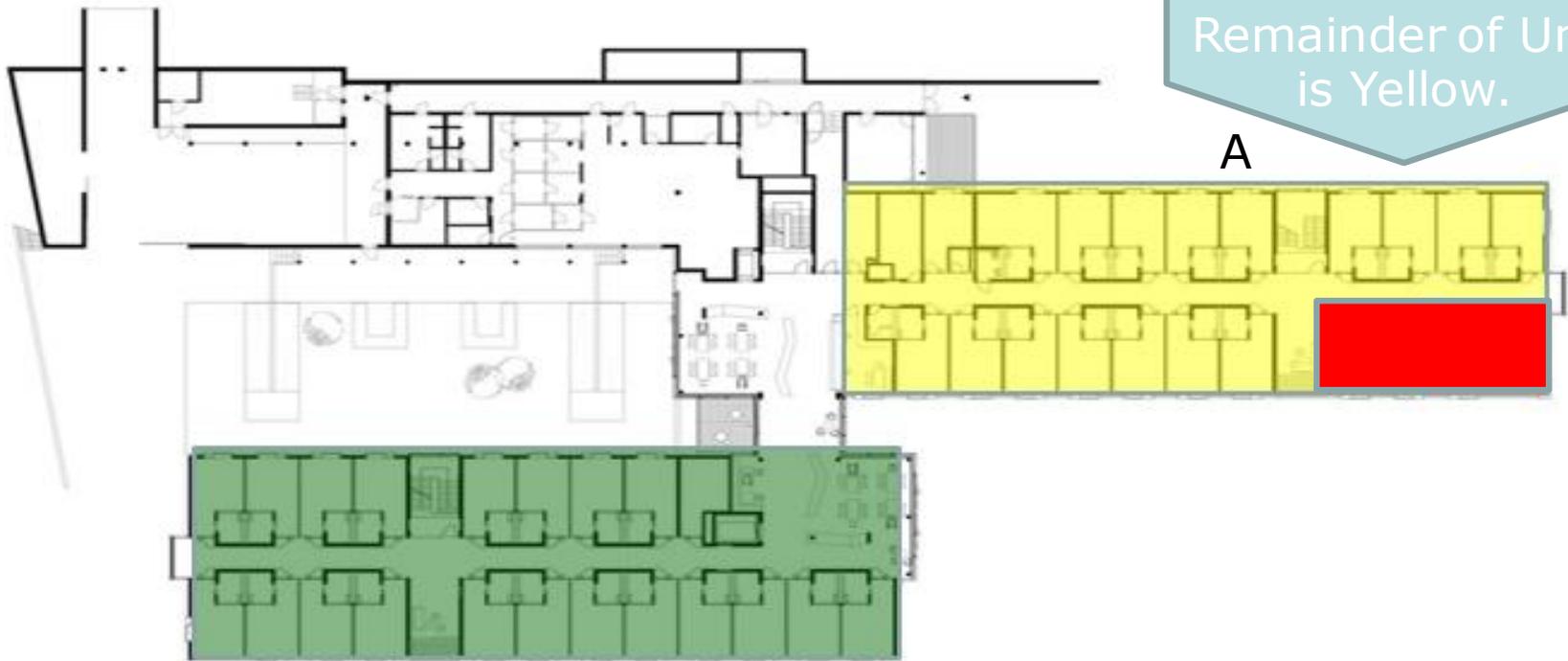


B

Scenario #1

The Red Zone is created at the end of the Unit.

Remainder of Unit is Yellow.



B

Moving throughout the facility

Green

Yellow

Red



DO NOT go “backwards”

If you have to:

- Change all PPE excluding mask/respirator
- Perform hand hygiene

Personal Protective Equipment

PPE

RED	YELLOW	GREEN
Full PPE	Full PPE	Masks- Required Gloves/gowns as needed

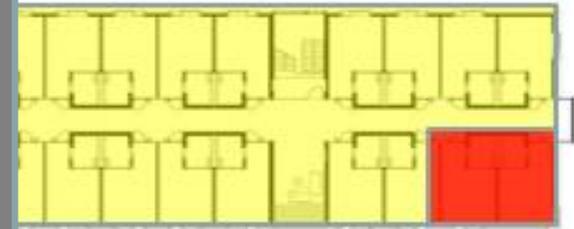
HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use:

- Respirator (or facemask if a respirator is not available)
- Gloves
- Gowns
- Eye Protection

The Red Zone
is created

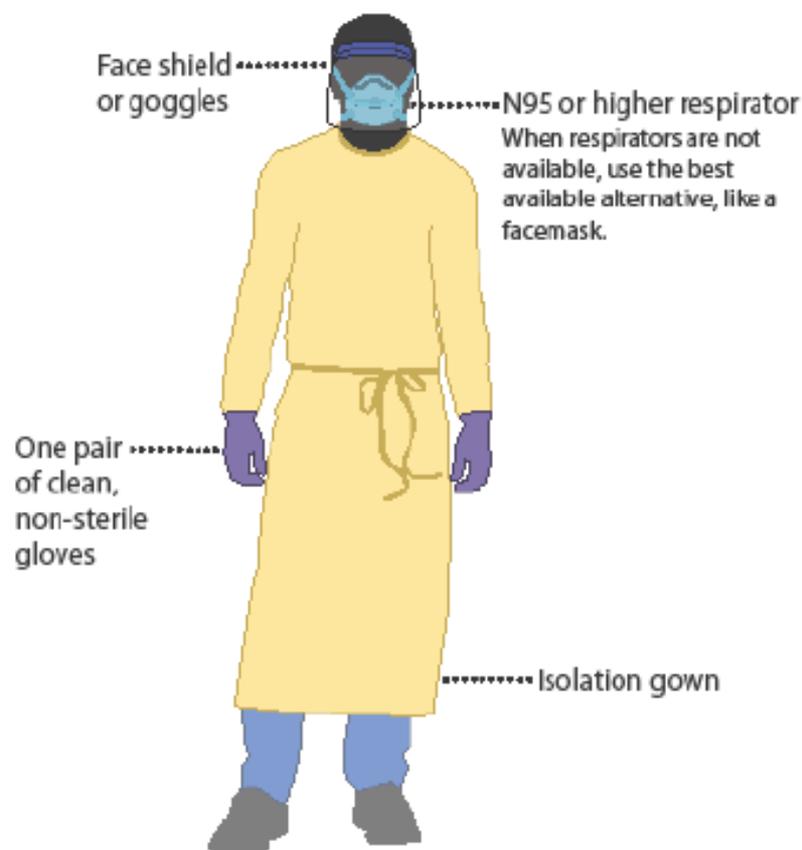
Remainder of
Unit is Yellow

A

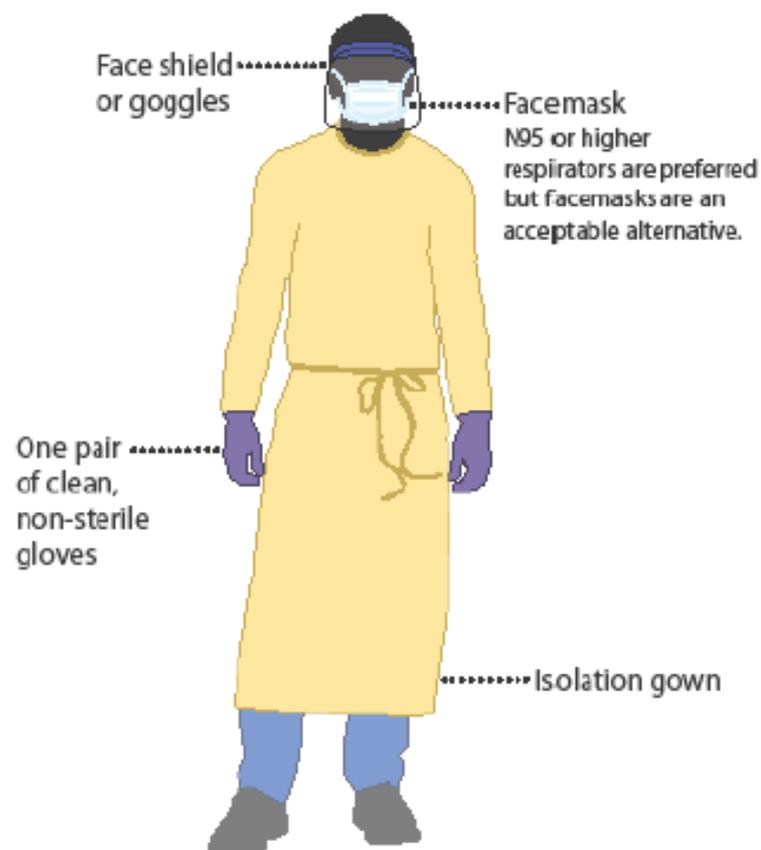


COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



Staffing



<p>Best Option</p> <p>Least Desirable</p>	<p>Staff always work on the same unit, and units do not include more than one Zone. Staff do not cross over to other units.</p>
	<p>Staff always work on the same Zone, and do not cross over to other Zones. They may work in two or more exposed (Yellow) units, for example.</p>
	<p>Staff are assigned to specific Zones but must <i>occasionally</i> cover staffing needs in other Zones for certain shifts. Ideally, staff would <u>not</u> work in the COVID-positive (Red) unit and then return to exposed (Yellow) or unexposed units (Green).</p>
	<p>Staff always work in the same Zone during one shift but may work in different Zones on different shifts. Ideally, staff would <u>not</u> work in the COVID-positive (Red) zone and then return to exposed (Yellow) or unexposed (Green) units.</p>
	<p>Occasionally staffing needs require that certain staff work in more than one Zone during a single shift. That person must change all PPE and perform hand hygiene when going from one Zone unit to another. <i>Exception: respirators or facemasks that have been worn with a face shield can be worn continuously.</i> Ideally, this should be limited to key staff (e.g. RNs).</p>

Staffing- Crisis Capacity

Exceptions for critical staffing need- Asymptomatic staff who test positive for COVID-19 may be able to work, but facilities must ensure the following conditions exist prior permitting these staff to work:

- a. Asymptomatic staff with COVID-19 infection must only work with COVID-19 positive residents (**Red** Zone).
- b. Work areas for COVID positive and negative or untested staff must be kept separate, including break rooms, workstations and bathrooms.

Scenario #2

A resident fell at your facility and was sent to the local hospital for a 3-day admission for a broken hip. The Hospital tests the resident for COVID-19 prior to discharge, but the test result will not be back for 2 days. The resident is transferred back to your facility.

 Where should you place the resident in your LTCF?
Red, Yellow, or Green Zone?

Scenario #2

Answer: The **Yellow** Zone

The resident must remain in the **Yellow** zone until the test results. If the test is positive, move patient to the **Red** zone. If negative, keep resident in **Yellow** zone and test again in 3-5 days.

Scenario #3

Sally is a full-time CNA on a **Green** Zone unit, which has a census of 15 residents. She floats throughout the unit in a typical shift. She began to feel sick about 2-3 days ago. Her manager sent her home from work when she developed a fever. Two days later, Sally tests positive for COVID-19. Sally calls her manager to inform her of the test result.



What should the manager do with the **Green** unit?

Scenario #3

 What should the manager do with the **Green** unit?

Answer: The residents who were on the **Green** unit are potentially exposed. The entire **Green** Unit now becomes **Yellow**. The manager should initiate COVID-19 testing of all residents. Any resident who tests positive should be transferred to the **Red** Zone unit.

Scenario #4

An entire unit is designated as a **Red** Zone. Residents are recovering and several are expected to meet criteria for discontinuing transmission-based precautions over the next week.

 Should we move each resident out to a **Green** zone upon meeting criteria?

Scenario #4



Should we move each resident out to a **Green** zone upon meeting criteria?

Answer: There are two options:

1. Move each resident out to a **Green** zone upon meeting criteria for discontinuing precautions. This option should be used when additional new COVID-19 cases are expected.
2. Keep recovered residents where they are and aim to transition the entire unit to a **Green** unit. This option is ideal if cases are expected to recover within 1-2 weeks of each other.

De-escalation of Zones

De-escalating Zones: When criteria set forth in PA-HAN-502 under “Discontinuing ‘exposed’ or ‘affected’ status for a unit or facility” are met:

- A COVID Positive Zone (Red) may be changed to Unexposed (Green) status



The Red Zone does not move to Yellow.

- A COVID-potentially exposed (Yellow) Zone may be changed to Unexposed (Green) status where these criteria have been met and where exposure occurred at least 14 days ago.

Discontinuing “Exposed” or “Affected” status

For skilled nursing facilities and other long-term care facilities:

Discontinuing “exposed” or “affected” status for a unit or facility
To declare a unit or facility that has housed COVID-19-positive residents unaffected by COVID-19, all of the following conditions must apply:

- All residents on the unit who were confirmed or probable cases of COVID-19 must have met the criteria for discontinuation of transmission-based precautions
- A minimum of 14 days have passed since the date of symptom onset from the last positive or presumptive positive
- A minimum of 14 days have passed since the implementation of transmission-based precautions for COVID-19 and other infection prevention and control interventions for COVID-19

Continued...

- All residents who were not confirmed or probable cases of COVID-19 remain asymptomatic
- All staff remain asymptomatic or have met return-to-work criteria described in PA-HAN-501
- No additional or ongoing exposures have occurred (e.g. through exposure infectious healthcare workers)

The 14-day minimum listed above assumes infection prevention and control (IPC) measures have been successfully implemented.



Concerns about poor IPC practices, critical PPE shortages, and other challenges affecting implementation should extend the use of transmission-based precautions.

Discontinuation of Transmission-based Precautions

Symptomatic Residents

Test-based strategy

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

Symptom-based strategy

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
- improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*

Discontinuation of Transmission-based Precautions

Patients with laboratory-confirmed COVID-19 who have not had any symptoms should remain in Transmission-Based Precautions until **either**:

Test-based strategy

- Negative results from specimens collected ≥ 24 hours apart (total of two negative specimens).
- Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Time-based strategy

- 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Considerations for Dialysis Residents

- LTCF residents who leave and return from dialysis should not be considered new admissions or be housed in a **Red** Zone unit in the LTCF when they return from dialysis.
- Some LTCFs have opted to manage residents who go off-site for hemodialysis as potentially exposed and use full Transmission-Based Precautions and/or have cohorted these residents together into the same area of the building.

- Additional Resources- Check frequently
 - ▣ CDC website
 - ▣ DOH website
 - ▣ PA-HANs

- Contact ERA or ICOR team