**Cohorting/Zones COVID 19**

**Date Initiated: 5/3/2020**

**Date Revised:**  6/3/2020, 7/6/2020, 9/2/2020, 11/2/2020, 11/27/20, 1/13/21, 4/19/21, 5/11/2021, 7/15/21, 8/9/21, 12/2/21

**Policy**: It is the policy of the facility to prevent the spread of COVID 19 and to protect and treat all residents affected by the pandemic.

 A key component to this will be cohorting of residents. The facility will dedicate space in the facility to care for residents with confirmed COVID-19. This may be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID- 19, residents with negative COVID status and those residents with unknown COVID status.

 **Definition:** Cohorting is the practice of grouping together patients who are infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. Cohorting during COVID 19 will be done in accordance with CDC and NYSDOH guidance to designate space in the Facility to separate residents into cohorts of COVID positive, COVID suspected, negative and unknown status that will include new /readmissions with unknown COVID status. When single patient rooms are not available, patients with **confirmed** COVID-19 may be placed in the same room.

**Procedure:**

1. The facility will cohort residents with no COVID-19 symptoms/vaccinated (GREEN ZONE), unknown COVID-19 virus (YELLOW ZONE), and confirmed COVID-19 virus (RED ZONE).
2. Newly admitted/re-admitted > 24 hours residents will be placed in the YELLOW zone for a minimum of 14 days on transmission-based precaution. If a newly admitted resident develops fever or respiratory symptoms or other COVID-19 symptoms they will be transferred to a room on a COVID-19 designated unit – Red Zone.
	1. On 7/2/21 DAL 21-06 states:
		1. The Department of Health strongly encourages hospitals that, as a condition of safe discharge pursuant to existing regulatory obligations under 10 NYCRR 405.9(h)(1), they test patients for COVID-19 prior to discharge to any congregate care setting, including but not limited to nursing homes and adult care facilities and sharing such results with the accepting facility. This will allow the accepting facility to implement its infection control policies and procedures as appropriate.
		2. Each hospital is responsible for testing and placing potential COVID positive patients in isolation as appropriate.

1. All new/readmissions hospital information will be reviewed prior to new/readmission to determine if infection prevention and treatment needs can be met at the facility.
2. All residents will continue to be assessed daily for any symptoms of COVID-19 including fever, respiratory symptoms, or any change in condition. Current data for COVID-19 has demonstrated that nursing home residents may present atypical symptoms including change in mental status.
3. Any resident presenting with signs or symptoms of COVID-19 infection will be assessed by Primary Physician/Nurse Practitioner.
4. Per CMS (8/26/2020) - When prioritizing individuals to be tested, facilities should prioritize individuals with signs and symptoms of COVID-19 first, and then perform testing triggered by an outbreak (as specified below).
5. Identification and early work-up including testing as indicated and treatment will be initiated by clinical staff for all residents with suspected or confirmed COVID-19
6. The facility will continue to promote consistent assignment staffing as below:
* The staffing coordinator in conjunction with the DON/RNS will make every effort to have Residents that have confirmed COVID-19 to be grouped into one assignment.
* Every effort will be made to have residents that have suspected COVID-19 to be grouped into one assignment
* Every effort will be made to have residents that have NO symptoms of COVID-19 or who have had transmission-based precautions discontinued to be grouped into one assignment
1. Residents who are confirmed or suspected of COVID-19 will be placed in appropriate zone have the signage for the zone indicating droplet and contact precautions.

**The RED ZONE**

* Residents on these units/areas have confirmed cases of COVID-19.
* Residents testing positive for COVID -19 will be roomed in the dedicated red zone.
* Residents identified with COVID-19 symptoms will be identified as Person Under investigation (PUI) and will be placed in a private room if available or cohorted with a COVID-19 PUI resident. Residents are encouraged to wear a mask if tolerated and educated in respiratory etiquette.
* Caregivers will wear full PPE to include gown, face shields, N-95 masks and gloves.
* Residents on these units will continue to be monitored each shift for symptoms and clinical signs indicating a worsening of condition.
* Removal from the Red Zone will be based on the CDC’s Symptom Based Strategy:

**Per CDC (updated August 10, 2020):** Residents that pass the 14-day mark and no longer require droplet and standard precautions will be evaluated by MD/NP to determine. **Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.**

**Residents who are able to be removed from the red zone will be placed in the Green Zone .**

Patients with [*mild to moderate*](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions) illness who are not severely immunocompromised:

* At least 10 days have passed since symptoms first appeared **and**
* At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
* Symptoms (e.g., cough, shortness of breath) have improved

Note:  For patients who are **not severely immunocompromised1** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

**Mild Illness**: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness**: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

**Severe Illness**: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

 **The GREEN ZONE**

* All Residents in these zones have:
	+ No symptoms of COVID-19,
	+ Have had a negative test for COVID-19,
	+ Passed the 14-day window and no longer have symptoms including being afebrile x 3 days without antipyretics.
	+ Fully COVID vaccinated
* Caregivers will be required to wear a face mask and follow standard precautions on these units/wings.
* If any resident on one of these units becomes symptomatic or suspect for COVID-19, he/she will be transferred to a room in the RED ZONE and a Physician/NP will assess and order COVID-19 testing and any treatment as indicated.
* Residents on these units will continue to be monitored daily for temperature, and any other symptoms that could be suspect for COVID-19.

**The YELLOW ZONE**

* Residents admitted or re-admitted (> 24 hours at hospital) from the hospital will be placed in this designated area for fourteen days on droplet and contacted transmission based precautions to ensure that are not carrying the COVID-19 virus.
* Transmission based signage for droplet and contact precautions will be posted in the YELLOW ZONE. Caregivers will wear full PPE to include gown, face shields, masks and gloves
* Residents on this zone will continue to be monitored daily for signs and symptoms of COVID related illness including vital signs.
* Residents that develops symptoms they will be transferred to RED ZONE. PMD/NP will assess any resident with suspect COVID-19 illness and order testing for COVID 19 as indicated.
* RN will document in the medical record when the residents has passed the 14-day mark and have not displayed any symptoms related to COVID-19.
* At the end of the 14 days the resident will be re-assessed for respiratory symptoms, and temperature and if cleared will be moved into the GREEN ZONE.

**Monitoring COVID-19 cases on the Dementia Unit for those living with dementia (IF APPLICABLE TO FACILITY)**

* The movement of residents living with Dementia will be reviewed by the IDT and based on a risk benefit analysis a decision will be made if the resident should be moved from room or not. Family members will be consulted and informed.
* If needed, a RED and/or YELLOW zone will be created for COVID-19 cases.
* Residents on these units will continue to be monitored each shift for symptoms and clinical signs indicating a worsening of condition, or the development of symptoms of COVID-19.
* Caregivers will re-direct wandering residents to ensure safe social distancing.

Residents who have signs or symptoms of COVID-19 must be tested. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance. Once test results are obtained, the resident will be placed in the appropriate zone.

**NOTE**:

Residents who leave the facility should be reminded to follow all recommended IPC practices including source control, physical distancing, and hand hygiene and to encourage those around them to do the same.

Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.

For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.

In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.

Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.

Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.

**THE MOST IMPORTANT ACTIONS TO PROTECT YOUR RESIDENTS AND YOURSELF:**

1. Hand hygiene after each resident encounter by all staff in all departments.
2. Proper use of gloves with glove changing between all residents and hand hygiene performed before donning new gloves.
3. Universal masking on all units will continue for all staff in all departments. Avoid touching eyes, nose and mouth with hands.
4. Social distancing (6 feet) when not caring for a resident, during breaks, in the elevator, in all areas of the facility and grounds.
5. Identify and report immediately any change in resident condition to Charge Nurse and/or RNS.
6. Do not come to work if you are ill. Contact RNS if you become ill while working.
7. If you have a question or need support, please ask. All Team members are valued.

Please Note: To Ensure Residents rights are upheld any room transfers will be discussed with resident/resident representatives and orientation to new room and roommate will be conducted by SW/Designee. All room transfers will be documented in accordance with state and federal regulations