



Cohorting Plan For LTCF (to be implemented when a COVID-19 infection is suspected or identified)

All LTCF should implement a cohorting plan when a case of COVID-infected is suspected or identified in the facility.

The facilities should plan to identify red, yellow and green zones where the residents can be cohorted based on their symptoms and exposure risks to COVID-19. Facilities are also recommended to establish a transitional zone (gray zone) for asymptomatic patients who are being transferred from other healthcare facility. The residents will be placed in different zones based on meeting certain criteria as follows:

- Residents belonging to Red (Isolation) zone
 - All residents that have **tested positive** for COVID-19 (Dark Red Zone)
 - All residents who are **symptomatic and suspected** to have COVID-19 even if the test results are not back. (Light Red Zone)
 - Make sure to cohort confirmed positive (dark red) and suspected positive (light red) **separately** within the Red Zone.
 - Healthcare workers should wear full COVID-19 level PPE (Gloves, Gown, Mask and eye protection) when taking care of these patients. (Refer to the PPE guidance for detail <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/PPE-use-when-a-LTCF-has-a-COVID-19-infection-ICAP-guidance-4.16.2020.pdf>)

- Residents belonging to Yellow (Quarantine) Zone
 - All **asymptomatic** residents who may have been exposed to COVID-19.
 - Several factors have to be taken into consideration in order to determine the risk of exposures. These factors include (but are not limited to) suspected mode of COVID-19 acquisition (for the positive resident), movement of resident with COVID-19 infection within the facility prior to the diagnosis, facilities policies on universal masking and visitation, compliance of staff with infection control protocols and the number of residents with suspected or confirmed COVID-19 infection in a unit.
 - Example of residents who may qualify for being in yellow zones: All **asymptomatic** residents of a single unit/hallway/neighborhood where a few residents are symptomatic (suspected of COVID-19 infection) and one has already tested positive for COVID-19.
 - All residents in the yellow zone should be on COVID-level precaution and healthcare workers should wear COVID-level PPE to take care of these residents.
 - When PPE supply is inadequate, facility may follow CDC's extended use/limited reuse PPE protocols for taking care of all residents in yellow zone. Another option is to

consider limiting COVID-level precautions to only high-contact resident care-activities or aerosol generating procedures within the yellow zone.

- Refer to PPE guidance for further detail: <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2020/04/PPE-use-when-a-LTCF-has-a-COVID-19-infection-ICAP-guidance-4.16.2020.pdf>
- Residents belonging to Green (COVID-free) Zone
 - All **asymptomatic** residents who are not considered to be exposed will be in green zone.
 - Example of residents belonging to green zone: All **asymptomatic** residents residing in a unit/hallway/neighborhood where no symptomatic residents have been identified and which is distinctly separated from those unit/hallway/neighborhood where residents have or suspected to have COVID-19.
 - If there are symptomatic residents suspected of having COVID-19 in many different units/hallway/neighborhood, then there **may not be a green zone** in that nursing home (at least at that point of time), as everyone is going to be considered exposed.
- Residents belonging to Gray (Transitional) Zone
 - All **asymptomatic** residents who are being transferred to the nursing home from an outside facility and have no known exposure to COVID-19.

Strategies to establish red, yellow and green zones.

- **If nursing home has space/rooms available** then it will be preferred to establish red, yellow and green zones in geographically distinct areas within the nursing homes.
 - For example, if a facility has an empty unit, then the symptomatic/COVID-19 positive residents will be transferred immediately to that area for isolation which will be considered the red zone. The unit from where the residents were moved from will now be considered a yellow zone. The rest of the facility will be considered a green zone.
- **If space is limited**, red and yellow zones can be established within the same unit/hallway/neighborhood.
 - For example, when a resident is diagnosed with COVID-19 infection and there is no isolation area available in the facility, the resident room will be considered the red zone and the resident will stay in his/her own room. The rest of the unit may become the yellow zone (depending on exposure risk assessment). All other units in the facility will be considered a green zone if it is established that residents in those units have not been exposed.
 - If the resident in the above example have a roommate. The roommate should be transferred to a private room within the yellow zone. (Note: **Do not** transfer the roommate to green zone).
- **If COVID-19 cases are identified in more than one units/hallway/neighborhood**, then some of those can become red zone and others yellow zone.
 - For example, a nursing home identifies COVID-19 cases in both north and south hallways and there are additional symptomatic residents residing in those hallways for whom

testing is being performed. The best strategy will be to move **all COVID-19 positive and symptomatic residents** in one hallway (cohort confirmed positive residents at one end of that hallway and suspected positive at other end). This will be considered the red zone (including both dark red and light red zone). Similarly, move **all asymptomatic residents** to the other hallway, which will now be considered a yellow zone. If the facility has additional hallways or units that are geographically distinct from the north and south hallway (and no exposure is suspected), then those units/hallways will be considered the green zone. However, if everyone is considered exposed then there is no true green zone in the facility at that point.

Establishing Transitional (Gray) Zones:

- All nursing homes should consider establishing a transitional zone for new admissions, returning residents from the hospital or those who are travelling in and out of the nursing home (such as the residents who are on hemodialysis). Transitional zones/units are established to quarantine those residents who are at somewhat higher risk of getting exposed to COVID-19 but have no known exposure to COVID-19.
 - Facilities should also consider dedicating separate staff to take care of residents in transitional (gray) zone/unit.
 - Facilities should implement COVID-level precautions for the residents admitted to the transition unit. If PPE supply is inadequate, nursing homes can consider limiting COVID-level precautions to only high-contact resident care-activities or aerosol generating procedures within the transition zone.
 - These units should be established even when no COVID-case is identified at the facility and may consist of dedicating a geographically distinct area/unit/rooms to returning residents.
 - The residents are usually kept in this zone for 14 days and if remains asymptomatic at the end of 14 day will be moved to the Green zone.

Staffing Strategies:

Ideally, all zones (including dark and light red zones) should have dedicated staff. However, majority of the nursing homes will not have the capacity to dedicate staff for each zones. Following rules can be applied for dedicating staff to different zones including when staffing is limited.

- Dedicating staff to the red zone (preferably separate for dark and light red) is recommended, whenever possible.
- Nursing homes should consider avoiding assigning those staff who are working in the red or yellow zones to the green or gray zone to the extent possible.
- However, if the facility is making a tough choice that in order to staff a yellow zone, they either have to pull HCW from the green zone or red zone, it will be preferred to assign the red zone staff to cover the yellow zone too.
- If staff has to work in multiple zones, it will be preferred that they plan ahead and batch all the care-giving activities together in a way that they finish the work in one zone, to the extent possible, before moving on to the next zone. Extended use and reuse of PPE is not

recommended when moving from red zone to yellow zone or yellow zone to green zone. Follow infection prevention and control procedures very strictly to avoid transmission between zones.

Figure: Cohorting Residents in the Long-Term Care Facilities

Red Zone (Isolation zone)	Dark Red	Residents with Positive COVID-19 test
	Light Red	Symptomatic residents suspected of having COVID-19
Yellow Zone (Quarantine zone)		Asymptomatic residents who may have been exposed to COVID-19
Green Zone (COVID-19 free zone)		Asymptomatic residents without any exposure to COVID-19
Gray Zone (Transitional zone)		Residents who are being transferred from the hospital/outside facilities (but have no known exposure to COVID-19) are usually kept in this zone for 14 days and if remains asymptomatic at the end of 14 day will be moved to Green zone