

**INFECTIOUS DISEASE/PANDEMIC EMERGENCY
POLICY AND PROCEDURE MANUAL**

SUBJECT: COHORTING DURING INFECTIOUS DISEASE/PANDEMIC EMERGENCY

POLICY: The facility will utilize cohorting strategies to minimize the risk of non-infected residents interacting with infected or colonized residents and to limit the exposure to staff during infectious illness/pandemic emergency.

Cohorting will be used in conjunction with standard and transmission-based precautions as part of intensified interventions for an outbreak, novel or resistant pathogen, or in the case of a highly transmissible disease.

A plan has been developed for cohorting symptomatic residents or groups using one or more of the following strategies: 1) Confining symptomatic residents and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, 3) cohorting into groups in relation to lab test results, or 4) closing units where symptomatic residents reside (i.e. restricting all residents to an affected unit, regardless of symptoms)

Residents will be cohorted based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance.

DEFINITIONS OF COHORTING:

Resident Cohorting: Confine residents to one area those infected or colonized with the same infectious agent

Staff Cohorting: Assign to a specific cohort of residents

Cohort Groups: Negative, Positive and Unknown

ICRA Panels: Hospital-grade temporary walls for containment to maximize resident safety

General Population: Limited to negative residents

PROCEDURE:

1. The facility will identify a dedicated area(s) of the facility for cohorting residents with suspected and/or confirmed cases of infectious illness/pandemic infection.
2. Residents may be cohorted based upon test results and divided into three cohort groups: Negative, Positive and Unknown.
3. Staff will be educated on the specific requirements for each cohort group.
4. The facility will have a designated area for residents who are infected, suspected of infection, and negative for the infectious agent during a pandemic emergency.
5. The facility may use part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as the end of the hallway, for cohorting. (See policy on ICRA panels)

6. Single rooms/occupancy will be preferred. If single room is not available, the resident will be cohorted with resident in same cohort group.
7. There will be no sharing of a bathroom with residents outside the cohort.
8. Doors will remain closed with signage restricting entrance to only assigned staff posted outside the cohort areas.
9. Doors will remain closed in occupied rooms of residents with infectious illness.
10. Signage will be on all doors noting type of transmission-based precautions and PPE required for residents with infectious illness in cohort area.
11. Residents not assigned rooms in the cohort area will not be permitted entrance to designated area.
12. All attempts will be made to have dedicated staff assigned to each cohort group.
13. Consistent assignment will be attempted and staff will bundle care to limit interaction.
14. Residents will remain in dedicated cohort area until the transmission-based precautions are discontinued and the medical staff has documented medical clearance. The resident will then be transferred into general population.