



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: May 13, 2020
TO: Nursing Homes
FROM: New York State Department of Health

Health Advisory: Nursing Home Cohorting FAQs

Please distribute immediately to:

Administrators, Infection Preventionists, Medical Directors, and Nursing Directors

1. If a facility has only one or a few residents with COVID-19, or if a small facility only has one or a few units, does an entire unit need to be cleared and devoted exclusively to the care of residents with COVID-19?

When there are only one or a few residents with COVID-19 in a facility, they may be cohorted on part of a unit, such as at the end of a hallway. The area for residents with COVID-19 should be demarcated as a reminder for healthcare personnel. Other residents should be prevented from entering the area. The residents with COVID-19 should not share a bathroom with residents outside the cohort. In their April 24 guidance, with regard to forming cohorts, the Center for Medicare & Medicaid Services (CMS) states “[t]his could be done by cohorting residents in a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit.” When possible, an entire unit should be devoted to residents with COVID-19.

2. If a facility has only one or a few residents with COVID-19, do separate staff need to be devoted exclusively to those residents?

The goal of separate staffing teams is to minimize the number of staff who care for both residents with COVID-19 and residents without COVID-19. It might not be possible to have completely separate staffing teams, such as in very small facilities with registered nurses and medical consultants, during nights or weekends, or in situations when there are only one or a few residents with COVID-19 in the facility. In this situation, staffing assignments should be made to maintain separate teams to the greatest extent possible and facilities should make every effort possible to reduce the number of staff caring for residents in different cohorts.

For staff caring for residents in different cohorts, they should bundle care and plan the order of care to minimize the need to go back and forth between cohorts, especially from positive cohort to others. Personal protective equipment (PPE) should always be changed before leaving the positive cohort.

3. Please define positive, negative, and unknown as they apply to forming resident cohorts.

The three resident cohorts are defined based on the most recent testing:

Positive: a positive molecular (i.e. PCR) test

Negative: a negative molecular (i.e. PCR) test

Unknown: not tested

A single test only defines a resident's status at a single point in time. When testing capacity increases to the point that serial testing of residents is possible, and as nursing homes develop capacity to test their own residents, facilities should follow CDC guidance for serial swabbing priorities, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>.

Residents should remain in the cohort in which they're placed until repeat testing identifies a need to move them. Symptomatic residents must always be placed on appropriate transmission-based precautions and should be prioritized for testing.

4. How should negative roommates of residents who test positive for COVID-19 be cohorted?

Roommates of a resident who tests positive for COVID-19, who themselves have a negative test, are at high risk of being infected and a having positive test within the next 14 days.

They should be immediately separated from the resident who tests positive and placed in a private room.