NEW YORK STATE OF OPPORTUNITY. Department of Health

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DATE: August 6, 2021

TO: Nursing Homes

FROM: New York State Department of Health

*****Revised*** Health Advisory: Nursing Home Cohorting FAQs**

Please distribute immediately to:
Administrators, Infection Preventionists, Medical Directors, and Nursing Directors

This NYSDOH Health Advisory supersedes the *Health Advisory: Nursing Home Cohorting FAQs* dated May 13, 2020.

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

   Answer: No. 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 other residents and healthcare personnel. Other residents should be prevented from entering the cohort area. The residents with COVID-19 should not share a bathroom with residents outside the cohort. In their April 24, 2020 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. If not possible, facilities should develop other means by which residents are isolated, separated from the general population.

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?**

   Answer: Yes, if possible. 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. 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. Personal protective equipment (PPE) should always be changed before leaving the positive cohort.

   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.

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

Outbreak testing is to be completed on both vaccinated and unvaccinated residents and staff. As such, resident cohorting should be based on SARS-CoV-2 diagnostic testing results where a single test defines a resident's status at a single point in time. Three resident cohorts (positive, negative, and unknown) are defined as follows:

Positive cohort

The positive cohort should only house residents with a confirmed COVID-19 infection who have tested positive for SARS-CoV-2 by a diagnostic test (e.g., a rapid antigen, rapid molecular test, or a lab based molecular test). See below for testing considerations when using antigen tests.

- Residents who have a confirmed COVID-19 infection should be placed in the positive cohort regardless of vaccination status.
- Residents in the positive cohort should be cared for using transmission-based precautions.
- The positive cohort should include:
    - Symptomatic and asymptomatic residents who have tested positive for SARS-CoV-2 for the first time.
    - Symptomatic and asymptomatic residents who test positive for SARS-CoV-2 more than three months after the onset (date of symptom onset or, if asymptomatic, date of collection of the positive diagnostic test) of a previous COVID-19 infection.
    - Symptomatic residents who are within three months of a previous COVID-19 infection, who do not have an alternate diagnosis that explains their symptoms, for whom a decision to test for SARS-CoV-2 is made in consultation with an ID specialist, and who test positive. However, because of the difficulty interpreting a positive test result within 3 months of a previous infection, facilities should strongly consider isolating these residents separately from all other cohorts, if feasible.

A resident should remain on the positive cohort until meeting the criteria to discontinue COVID-19 transmission-based precautions, at which time they should move to the negative cohort.

Negative cohort

The negative cohort should house residents who have tested negative for SARS-CoV-2 by a diagnostic test, (e.g., a rapid antigen, rapid molecular test, or a lab based molecular test), excluding residents who test negative before meeting the criteria to discontinue COVID-19 transmission-based precautions (who should remain in the positive cohort until they meet criteria to discontinue precautions). The negative cohort should house residents who have met criteria to discontinue COVID-19 transmission-based precautions after recovery from COVID-19.

A resident should remain on the negative cohort until testing identifies a need to move them, or until the resident refuses indicated testing (at which time they should move to the unknown cohort).

Unknown cohort

The unknown cohort should only house residents who have not been tested (e.g., the resident refused testing).

Residents (who have not tested positive) should be moved to the unknown cohort whenever the resident is not tested during any round of serial outbreak testing as required by CMS. The unknown cohort should include single rooms whenever possible, so residents do not have roommates. Available single rooms should be prioritized for residents who have symptoms concerning for COVID-19 infection. Residents on the unknown cohort should be cared for using transmission-based precautions.

Residents should remain on the unknown cohort as follows:

- Residents who remain asymptomatic should stay in the unknown cohort for a minimum of 14 days from the date of last potential exposure. Additionally, for residents who continue to refuse testing, if transmission is ongoing then facilities could consider keeping them in the unknown cohort beyond the above duration until 14 days from the date the facility completes outbreak testing.
- Residents who are symptomatic should remain in the unknown cohort until they meet the symptom-based criteria to discontinue transmission-based precautions and for 14 days from the date of last exposure or longer as described in the bullet above.

Other information

- Residents who have not tested positive and who develop symptoms that are concerning for COVID-19 should remain on their current cohort and be cared for using the appropriate transmission-based precautions and be prioritized for testing. Ideally, the resident should be placed in a single room. Facilities should follow guidance from CMS regarding management of symptomatic residents who refuse testing.
- Residents who have not tested positive and are exposed to COVID-19 should be placed in quarantine and cared for using appropriate transmission-based precautions. Ideally, the resident should be placed in a single room.
- If limited single rooms are available or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should shelter in place at their current location pending return of test results. An exception to the allowance for sheltering in place are residents who test negative but are roommates of residents who test positive for COVID-19 (see #6 below).

4. Testing considerations for antigen tests.

Facilities using antigen tests should carefully review testing considerations, including implications for nursing home cohorting and the importance of serial testing during outbreaks and among exposed residents.

5. Considerations for asymptomatic residents who have a COVID-19 exposure within 3 months of a prior infection.

Asymptomatic residents who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection may not need to be quarantined or tested following re-exposure to someone with COVID-19. However, there are clinical scenarios where SARS-CoV-2 testing or quarantine should be considered, such as when there might be uncertainty about a prior infection (e.g., concern that initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result), uncertainty about the resident's immune response, or when suspicion exists of exposure to variant strains of SARS-CoV-2. See CDC recommendations and testing considerations from CMS.

Residents who have recovered from COVID-19 and are asymptomatic generally do not need to be retested for COVID-19 within 3 months of onset of their most recent infection except according to the considerations described above. If a resident tests positive less than 3 months from the onset of the latest infection, it is possible that the positive test represents a new infection, or a persistently positive test associated with the previous infection. Until more information is available, the determination of whether a resident with a positive test is contagious to others should be made on a case-by-case basis. Consider consultation with infectious disease specialists to review all available information. If a person is definitively determined to be infectious, they should be placed on the positive cohort and remain isolated until they again meet criteria for discontinuation of transmission-based precautions. However, if this cannot be established, or when there is uncertainty about whether the resident is contagious to others and because of the difficulty involved in interpreting a positive test result within 3 months of a previous infection, facilities should strongly consider isolating these residents separately from all other cohorts and separate from other residents, whether symptomatic or asymptomatic, who also test positive within 3 months of a previous infection.

6. **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.

These residents should be considered exposed contacts and who require quarantine. They should immediately be separated from the resident who tests positive and they should be placed in a single room, **regardless of vaccination status**.

For further information see:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html
https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

Question about this advisory can be sent to icp@health.ny.gov or covidnursinghomeinfo@health.ny.gov