



## COHORTING FOR COVID-19

### POLICY

It is important to restart care that is currently being postponed, related to the COVID-19 pandemic. This includes certain procedural care (surgeries and procedures), chronic disease care, and, ultimately, preventive care. It is critical to continue to provide care for all patients, irrespective of COVID-19 infection status, at the appropriate level (e.g., home-based care, outpatient, urgent care, emergency room, or hospitalization). This includes patients in hospitals and ambulatory settings.

### PURPOSE

Concentrated efforts will be required to mobilize all aspects of healthcare to reduce transmission of disease in compliance with Tennessee Hospital Association and CMS guidelines during reopening during COVID-19 pandemic.

- These recommendations provide guidance to promote essential care to ambulatory and hospitalized patients without symptoms of COVID-19 and care to COVID-19 patients using the safest measures of physical separation and staff separation as possible.
- In hospitalized patients, reducing the number of healthcare providers who care for COVID-19 patients, increases safety for our patients and our healthcare workers and reduces the potential transmission. Cohort patients and use designated caregivers as best practices during infectious outbreaks.

### GENERAL GUIDANCE

#### Hospitals and Ambulatory Settings:

- Establish within the hospital and ambulatory settings, administrative and engineering controls to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 feet apart.
- Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated supporting social distancing.
- Waiting room chairs must be spaced to require a minimum of six-foot social distancing.
- Each facility needs to develop a plan to disinfect high touch areas located in common areas every four hours. Use EPA approved disinfectant with COVID-19 claim approved by Infection Prevention. Common areas may include but not limited to nursing stations, waiting rooms, patient registration areas, lobbies, cafeterias, Emergency room triage, etc.
- Display signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and liberal access to hand sanitizer for patients and staff.

## Hospitals:

Create **THREE** different types of units/areas to promote separation and designate staff (when possible) for each area during the pandemic:

- Non-COVID-19 Care Unit – this includes units designated for patients with negative COVID-19 results and/or patients not under investigation for COVID-19
- COVID-19 Care Unit for Person Under Investigation (PUI) – this includes units designated for patients who are symptomatic and being tested for COVID-19  
AND
- POSITIVE COVID-19 Care Units- this includes units designated for patients who have tested positive for COVID.

### **NON-COVID CARE UNITS OR ZONES DURING PANDEMIC**

- Based on staffing allowances, staff who work in these Non COVID Care areas/units should be limited to working in these areas and not rotate into “COVID-19 Care units” (e.g., they should not have rounds in the hospital/or clinic and then come to an Non COVID Care facility). For instance, assign same nurses or respiratory therapist to care for these patients as staffing allows. If a physician group is rounding, designate only one person from the group to see the patient as staffing allows.
- Create areas of Non-COVID care units or zones, which have in place steps to reduce risk of COVID-19 exposure and transmission.
- These areas should be separate from other COVID care zones/units or rooms to the degrees possible (i.e., separate building, or designated rooms or floor with a separate entrance and without crossover with COVID-19 areas).

### **COVID CARE UNITS FOR PUI DURING PANDEMIC**

- Designate a unit, floor or rooms for care of COVID PUI.
- As feasible, designate staff who will be responsible for caring for COVID PUI patients and limit to working in these areas or rooms during the pandemic.
- These areas should be separate from other units or rooms to the degrees possible (i.e., separate building, or designated rooms or floor with a separate entrance and without crossover with non-COVID-19 or positive COVID-19 units/areas).

## **POSITIVE COVID CARE UNITS OR ZONES DURING PANDEMIC**

- Designate a unit, floor or rooms for care of positive COVID-19 patients.
- As feasible, designate staff who will be responsible for caring for COVID-19 patients and limit to working in these areas or rooms during the pandemic.
- These areas should be separate from other units or rooms to the degrees possible (i.e., separate building, or designated rooms or floor with a separate entrance and without crossover to PUI or Non-COVID-19 areas.

## **HOT, WARM AND COLD ZONES IN THE HOSPITAL**

For Positive and PUI COVID-19 Units, create hot, warm and cold zones to the degree possible.

1. Cohort patients on a designated unit/area and use dedicated staff to care for those patients.
2. Create cold, warm and hot zones to separate COVID free, PUI and the positive COVID patients.
  - a. HOT ZONE
    - i. Hot zone is the area with actual or potential contamination and the highest potential for exposure to COVID-19. The hot zone is the area with direct patient contact for PUI or COVID-19 patients.
    - ii. At minimum, doff gowns and gloves when leaving the patient room. Continue to wear N-95 mask unless exposure to an aerosol generating procedures or becomes visibly soiled. HCW may continue to wear eye protection unless being soiled from splash. Clean and disinfect eye protection if soiled.
    - iii. Activities that occur in hot zone are patient care centered.
  - b. WARM ZONE
    - i. Warm zone is the transition area between the hot and cold zones. Examples include nursing station for unit/hall with PUIs, nursing station for unit/hall with positive COVID patients, anteroom areas/space for PUI or COVID patients. Use anterooms to enter or leave a hot zone to don/doff PPE and or disinfect PPE. When anterooms are not available for each room, this creates a warm zone for the hall/nursing station.
    - ii. Warm zone is not free of contamination. Once outside the patient room, the door is closed and there is no source of virus in the hall (such as patient) producing virus. HCW may possibly push air out into the hall during exit of the patient room. Other virus particles may shed from PPE.
    - iii. PPE
      1. The most important thing for anyone to remember about the “warm zone” is that you may NEVER remove your N95 in the warm zone.
      2. Change other PPE as needed.
      3. If exiting the warm zone to cold zone, remove all PPE except the N95 masks and perform hand hygiene.
      4. Consider creating a separate anteroom upon exit from the warm zone for N95 mask removal and disinfection of PPE.
  - c. COLD ZONE
    - i. Cold zone is the area that is free from COVID-19 contamination and has physical separation from the warm zone. These units have no COVID positive or suspect patients and do not have door that opens to a hot zone.

- ii. COLD zone has physical barrier separation through a second door and ideally with clean air supply. Avoid opening the second door at the same time as the door between the hot and warm zones to prevent rapid shifts of air from carrying virus into the cold zone.
- iii. PPE
  1. Wear PPE per standard and transmission based precautions.
  2. Wear face shield / eye protection when patient facing.
  3. Don facemask.
  4. When caregivers move from cold zone to warm zone, perform hand hygiene and don PPE prior to entering the warm zone.