

Cohorting Guidance

Cohorting: Grouping individuals with the same condition in the same location (e.g., room, wing, building) that is separate from those who do not have the same condition or have not been exposed to the same condition. The goal of cohorting is to minimize interaction of infectious individuals from non-infected individuals as much as possible.

Early identification and rapid separation is key to preventing the transmission of an infectious disease.

General Guidance:

- Create separate wings, units or floors that can serve as the cohort or isolation unit(s). This may require moving residents to a different room or unit in order to consolidate infectious individuals from other residents and/or staff.
 - When moving residents within the facility, move only one resident at a time and make sure all doors are closed and the corridors are empty to limit to exposure to other facility residents.
 - If a facility cannot designate a separate unit or floor as the cohort unit, ensure physical separation of infectious and non-infectious residents. For example, utilize one side of a wing/unit or a group of rooms at the end of a wing/hallway.
 - Ensure the cohort unit is clearly identified with signage.
- Designate an entrance and exit for use by only the cohort staff.
 - Ensure hand sanitizer is readily available.
 - Provide a sufficient supply of personal protective equipment (PPE).
 - Provide a receptacle for PPE disposal.
- Assign/dedicate specific staff to serve the cohort unit. This includes nursing, dietary, housekeeping, maintenance and other support staff.
 - The same staff should be responsible for the care and services provided within the cohort unit. Ideally, these staff should **NOT** work in any other units or facilities.
 - If staffing resources are strained and staff must work in multiple units, staff should plan ahead and batch all the activities together and complete tasks on one unit to avoid the need to go back and forth.
 - It is recommended that once staff go into the cohort or infectious unit, they do not re-enter the non-infectious unit.
 - Staff must follow infection prevention and control procedures to avoid transmission to others.

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- Dedicate rooms on the cohort unit for staff breaks, supplies and medications, including emergency supplies.
 - Consider repurposing unused space such as therapy gyms, activity rooms and dining rooms.
 - Ensure that the breakroom has enough space for physical distancing and limit the number of staff present at any time.
- Dedicate medical equipment to the cohort unit. Equipment must be cleaned and disinfected according to the manufacturer's instructions between resident use.
- Work with state and local leaders for assistance with the designation of separate units within a facility.
- Decisions to extend or remove persons from the cohort unit should be made in consultation with a healthcare provider and the local health department.

*Cohorting is most effective by rapid separation of infected and exposed residents
AND when there are dedicated staff and equipment for each cohort.*