COVID-19: Screening, Cohorting, and Transmission-Based Precautions Guidance

During the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are directing facilities to have protocols in place to screen residents, as well as cohorting plans to prevent the spread of the COVID-19 infection. The guidance below is not intended to replace or supersede direction from state or local authorities and/or the facility’s policy and procedures for screening, cohorting, and application of transmission-based precautions.

Screening

At a minimum, screen residents daily for symptoms including but not limited to:

- Fever - Elderly residents may have a fever at 99.0 (AMDA) or 2.4 (MDS) degrees above their normal baseline. Some residents may not present with a fever due to being immunocompromised or having impaired thermoregulation abilities.
- Cough
- Shortness of breath
- Sore throat
- Confusion or change in mental status
- Other symptoms that are uncommon among COVID-19 positive cases, but may also be present, include chest pain, headache, muscle aches, runny nose, or GI symptoms.

Cohorting and Transmission-Based Precautions

The following is based upon the guidance from CMS and the CDC.

**New admission:**
- If diagnostic of COVID-19 status is unknown, isolate for 14 days post admission and implement contact and droplet precautions.

**Resident has COVID-19:**
- If a resident is confirmed to have COVID-19, transfer to a COVID-19 facility if available. If not available, then
  - Transfer to a unit or designated area for COVID-19 treatment within the facility. If not available, then
    - Keep the resident isolated in their room or transfer to a semi-private room with another resident who also has COVID-19.
  - Assign specifically-designated caregivers for these residents.
  - Allocate supplies specifically for these residents that are not shared with others.
  - Implement contact and droplet precautions.

**Resident has an unknown respiratory infection:**
- If a resident has an unknown respiratory infection, isolate the resident in their room until a diagnosis can be made to determine the pathogen causing the infection. Per the CDC, only residents with the same pathogen may be housed in the same room.
  - Assign specifically-designated caregivers for these residents.
  - Allocate supplies specifically for these residents that are not shared with others.
  - Implement contact and droplet precautions.

Sources

- AMDA - Active Screening of Residents
- CDC - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
- CMS - COVID-19 Focused Survey for Nursing Homes
- CMS - Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.17.1