



## PLAY 8 Implement Care Zones to Group Residents by COVID-19 status

12/3/2020

### GOAL: Implement “Resident Care Zones” to Limit the Spread of COVID-19



#### PLAY STRATEGY

To reduce the spread of infection, it is crucial to limit contact between residents who are COVID+, or have been exposed to the virus, and all others. A rigorous “cohort” strategy will minimize infection risk across the facility and limit the number of staff interacting with COVID+ residents. How can facilities minimize the risk of a broader outbreak when a resident contracts COVID-19? How can the facility be reconfigured to limit the chances of transmission? What supports do facility staff, from the kitchen staff to nursing teams, need to effectively implement zoning?

#### DEFINITIONS:

- **Red zone:** area for residents who are COVID+ and have not cleared their infection.
- **Yellow zone:** area for residents who have been exposed, residents with unknown exposure (PUI: patient under investigation), and exposed residents who have tested negative. Isolation rooms are included in the yellow zone.
- **Green zone:** area for residents who are COVID-negative and have no known exposure and for residents who were COVID+ and have cleared their infection.



#### HOW TO RUN THE PLAY

##### A. Leaders, with infection preventionist, implement red/yellow/green zoning based on COVID status to limit interactions among staff and residents.

- Leaders redraw facility map to outline the parameters of red, yellow, and green zones to include exits, break rooms, restrooms, and staff care spaces. Leaders revise the map as required by the changing number of possible or confirmed cases of COVID.
- Leaders delineate the allowed path of items, such as food trays, through the facility. Like people, items will circulate only within a zone, not crossing zones.
- Leaders communicate the PPE requirements for each resident care zone when entering patient rooms and for all patient care.



- Red and yellow zones: full PPE to include N95 mask, face shield, gloves, and gown.
- Green zone: surgical mask when entering patient/resident room; face shields for any patient care or if staff are within six feet of the resident/patient; PPE: (gown, gloves, surgical mask, and face shield) for care activities with body fluids or risk of splash or spray. Also in green zone, staff should wear a N95 mask, and use gown, gloves, and face shield when doing aerosol-generating procedures.
- Infection preventionist or shift supervisor monitors PPE use on each shift.

**B. Leaders assign staff members to care for only the green, yellow, or red cohort.**

- Leaders consider incentives for staff working in the red zone, soliciting volunteers if possible. Leaders arrange for frequent COVID testing for staff working in red zone and those with whom they live. Leaders ensure that staff at high risk of severe illness with COVID-19 are assigned to green zone.
- Leaders, shift supervisors, and infection preventionist ensure that staff are not working across cohorts. If necessary, leaders can authorize staff to cross between yellow and green zones if PPE is used correctly in yellow zone.
- Care team staff adhere rigorously to working and spending break time in their assigned zone.
- Facilities staff (kitchen, janitorial, etc.) adhere to zone requirements, including working in strict zone assignment in delivering items within that zone.

**C. Facility leaders maintain private rooms to the extent possible.**

- Facility leaders prioritize private rooms for the 14-day observation period of new admissions, the remaining observation period needed for residents returning from the hospital, and exposed asymptomatic individuals who test negative.
- If possible, facility leaders allow for COVID-negative patients to be placed in private rooms.
- When grouping COVID+ residents together, facility leaders and infection preventionist attend to non-COVID infections among COVID+ residents using a sick/sicker coding to minimize transmission risk of non-COVID infections. In this way, residents with other infectious illnesses will not be placed in shared rooms, and COVID+ residents will not be at increased risk of contracting other illnesses.



**D. Residents follow infection control practices when leaving their room, if they are capable of such practices (see “Special Considerations” section below for alternatives). These practices include:**

- Wearing face mask
- Performing hand hygiene (washing hands with soap and water or using an alcohol-based hand sanitizer)
- Limiting movement within the facility
- Performing social distancing (staying at least six feet from others).



### **TIPS AND TRICKS**

- All facility staff must be trained in implementing the red/yellow/green cohort facility map. Training includes definition of “resident care zones,” reasons for zones, explanations of where staff can and cannot go and why. Example scenarios involving staff movement, food and supply delivery, and PPE practices will be instructive in helping staff understand how to implement zoning appropriately.
- Develop a system to arrange to drop off items, including meals, to help ensure that zones are not crossed by people or items.
- If needed, staff care spaces and exits can be shared between yellow and green zones, as long as PPE is worn correctly in the yellow zone.
- If private rooms are unavailable, leaders may consider other placement options, such as grouping together COVID-negative residents, and grouping exposed residents who had the very same exposure.
- When exposed residents are grouped together, facility leaders ensure distancing measures (at least six feet of separation, a physical barrier (e.g., curtain) between residents). Staff must change PPE after caring for each exposed resident.
- In facilities where residents have private rooms, facility leaders ensure that rooms are clearly marked as green, yellow, or red and that PPE use accords with resident status.
- Residents in the green zone participate as desired in communal dining, activities and outings, as long as leaders ensure continued adherence to infection prevention practices.





## SPECIAL CONSIDERATIONS FOR PEOPLE WITH DEMENTIA AND/OR IN MEMORY CARE UNITS

- Where feasible, consider having isolation areas (rather than rooms) for residents with dementia and/or in memory care units to allow for some movement and stimulating activity.
- Where isolation areas are not possible:
  - Staff practice caution, correctly use PPE, and understand that residents with dementia and/or in memory care units may not be able to stay in their rooms.
  - Staff perform enhanced cleaning after a resident has left their room, with careful attention to surfaces resident has touched.
  - Care team finds individualized ways to provide stimulating company and comfort at various times during the day (e.g. taking residents for walks outdoors, engaging with residents in preferred activities or exercises, visiting residents to help them pass the time, playing music).
- Staff recognize that people with dementia and/or in memory care units may not be able to process, understand, or retain information around wearing masks, physical distancing, refraining from wandering, and other safety measures.
- The facilities should develop customized strategies that work for each resident and keep others safe. For example, a person with dementia may not be able to wear (or continue wearing) a mask without becoming agitated. The facility can work to keep others safe by ensuring that others engage in infection prevention behaviors (mask-wearing, physical distancing, etc.) as the resident moves through the resident care zone.



## ADDITIONAL RESOURCES

- [CDC COVID-19 Guidance for Shared or Congregate Housing](https://bit.ly/2JxmLf9) (bit.ly/2JxmLf9)
- [CDC infection prevention control recommendations for healthcare workers](https://bit.ly/33AeY7p) (bit.ly/33AeY7p)
- [Contra Costa Health Services outbreak checklist](https://bit.ly/3lsUiEK) (bit.ly/3lsUiEK)

*This playbook, available at [cchealth.org/covid19/clf](https://cchealth.org/covid19/clf), was developed by the Institute for Healthcare Improvement (IHI), Contra Costa Health Services and the Contra Costa County COVID-19 Congregate Care Team, with generous support from the Contra Costa Regional Health Foundation and the Silicon Valley Community Foundation.*

