



Separate Units to Prevent and Contain Transmission of COVID-19

Note: The use of the term “resident” may be replaced with “patient”, as applicable.

It is important to implement strategies that help prevent the spread of COVID-19 in skilled nursing facilities; assisted living; residential facilities and other communal living settings including psychiatric and forensic psychiatric hospitals. Placing residents in designated separate units within facilities is proven effective to prevent the spread and contain COVID-19 outbreaks. To the extent possible, each facility should establish at least three separate units: 1) to isolate COVID-19 confirmed cases (Isolation Unit); 2) to quarantine those who could have been exposed to COVID-19 (Quarantine Unit); 3) a COVID-19 Free Unit for residents that do not have COVID-19 (includes residents that have fully recovered from COVID-19). The facility must make every effort to provide dedicated staff for each unit. It is mandatory that the facility assigns dedicated staff to the Isolation/Confirmed COVID-19 Unit.

It is recognized that due to staffing shortages or building design, such as in smaller residential facilities, having three separate units for residents may not be possible; therefore, it is important to understand the reasons for grouping residents and have a process in place to identify, respond and manage residents with suspected or confirmed COVID-19.

The virus continues to rapidly spread within communities, so facilities must implement plans based on national infection control guidelines such as those of the Centers for Disease Control and Prevention (CDC). The facility plan must be in place prior to COVID-19 cases being identified among residents and/or staff. Items addressed in the plan should include, but are not limited to, rapidly identifying residents with suspected or confirmed COVID-19, **appropriate placement within a unit based on COVID-19 status** (including what to do if facility is close to full capacity and several residents become positive), social distancing, environmental cleaning and disinfection, individual hygiene, facility entry and screening procedures for visitors and staff, use of face masks/face coverings by staff, residents and visitors, and proper use of personal protective equipment (PPE) by caregivers.

The Division of Public and Behavioral Health has developed a template that may be used by residential facilities for groups to help them develop an individualized infection control and prevention plan for their facility or to compare it to a facility’s existing plan to see if the major components have been addressed. The use of this template is not a requirement but may be used as a guide to help a facility develop its own plan. The template, [Recommended Infection Prevention and Control Plan for Group Homes Coronavirus Disease 2019 \(COVID-19\) Response](#), can be found at: <http://dpbh.nv.gov/assistedliving/>.

Confirmed COVID-19 Unit (Isolation Unit)

Residents with **confirmed COVID-19** are residents *who tested positive for COVID-19*. Residents with confirmed COVID-19 should be placed in this unit whether they have symptoms or do not have symptoms. Caregivers in this unit must use full PPE in accordance with CDC recommendations. Residents must be closely monitored to rapidly detect any new symptoms in residents that did not have symptoms and to ensure symptoms do not worsen in those that do have symptoms. A resident cannot be moved out of the Confirmed COVID-19 Unit until the CDC criteria for the [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings¹ is met.](#)

Quarantine (Observation) Unit for Residents with Known Exposure to COVID-19

The Quarantine Unit should house only those who were exposed to COVID-19. All residents should be tested for COVID-19 as soon as possible and should continue to be monitored for the eventual development of symptoms. Residents who test positive should be transferred to the Confirmed COVID-19 Unit. Residents who test negative must complete the 14-day quarantine period starting from their most recent exposure to COVID-19.

Residents in the Quarantine Unit who develop symptoms consistent with COVID-19 should not be moved and should be isolated in their own single occupant room pending results of COVID-19 testing. If there is a roommate, the resident with symptoms may only be moved to a single occupant room within the same Quarantine Unit and only if the move can be made without displacing any other residents. The resident's roommate will be considered exposed to COVID-19. If the resident and roommate remain in the same room, put up barriers, distance beds if possible, practice hand hygiene and use full PPE in accordance with CDC recommendations which is changed between residents. If any resident tests positive for COVID-19, move the resident to the Confirmed COVID-19 unit. The resident should not be placed in a room with a new admission or be moved to the confirmed COVID-19 unit unless they are confirmed to have COVID-19 by testing.

After identifying a confirmed COVID-19 case (with positive test results) in this Quarantine Unit, all residents and caregivers must be retested for COVID-19. Even if their test results are negative, residents must complete 14 days of quarantine starting from their most recent exposure to this newly identified COVID-19 case.

Newly admitted/readmitted residents with no symptoms of COVID-19 with an undetermined exposure history to COVID-19 should not be placed in the Confirmed COVID-19 Unit or the Quarantine Unit. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-occupant room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Caregivers should wear an N95 or higher-level respirator (or face mask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain free from fever and without symptoms **for 14 days after their admission**. Testing at the end of this period can be considered to increase certainty that the resident is not infected.

Admission/Readmission Scenarios

- 1) Resident is admitted to your facility from the community setting with no signs and symptoms of COVID-19, and they don't know if they have been exposed to COVID-19 through interactions with other people. In this scenario follow the newly admitted/readmitted resident's precautions.
- 2) Resident is readmitted to your facility from the hospital after fully recovering from COVID-19. The resident meets the CDC criteria for the Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings and the resident's symptoms have resolved. In this scenario place the resident in the COVID-19 Free Unit.
- 3) Resident has COVID-19 (not resolved) and the resident meets the level of care for the facility type for which the resident is being admitted. The facility has the appropriate staffing and PPE to safely accept the resident. In this scenario the resident is placed in the Confirmed COVID-19 Unit (Isolation Unit).

COVID-19 Free Unit

The COVID-19 Free Unit is reserved only for residents who do not currently have COVID-19 infection; do not have symptoms of COVID-19 and tested negative for COVID-19; and were not exposed to and did not have contact with anyone who has COVID-19. Residents that were suspected or confirmed to have COVID-19 whose Transmission-Based Precautions *have been discontinued AND the resident's symptoms have resolved*, may also be placed in this COVID-19 Free Unit.

Identifying residents that belong in the COVID-19 Free Unit could be challenging, especially during outbreaks that include cases among residents and facility staff. Therefore, it is important to obtain a thorough resident history to help determine a resident's placement in a specific unit or single-occupant room, as appropriate. If there is still doubt about

where to place a resident within the facility, the facility can request guidance from the Division of Public and Behavioral Health's Office of Public Health Investigations and Epidemiology by email at DPBHAI@health.nv.gov.

Definition: A COVID-19 suspected case means individuals with COVID-19 signs and symptoms who don't have a COVID-19 test result and those with a negative test result but who continue to display COVID-19 signs and symptoms.

Resources:

1. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
2. Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
3. Preparing for COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>