Question or request:
1. Establishing a Admission Quarantine Unit or Cluster of Quarantine Rooms
2. Bed Management on Admission Quarantine Unit (First-in, First-out Method)
3. Transmission Based Precautions on Admission Quarantine Unit
4. Staffing Considerations on the Admission Quarantine Unit

Recommendation/s in bullet form:

APPLICABILITY: Each center should create a Admission Quarantine Unit (AQU) that will be utilized for the placement of new admissions and readmissions in order to segregate patients during a 14-day observation period. This unit is to be created by moving those patients that have screened negative for symptoms using the COVID-19 Screening Tool to available rooms on other COVID-negative units. Depending on your bed availability, this may be a complete unit or a cluster of contiguous rooms on a unit. (Note: This unit is not intended for the care of COVID-19 positive residents.)

1. Considerations for establishing a designated admission/re-admission/medically necessary visits Admission Quarantine Unit for residents:
   a. Determine the location of the admission/re-admission Admission Quarantine Unit and create a staffing plan. This will allow time for residents to be relocated to create space for the unit and to identify HCP to work on this unit.
   b. Ideally the unit should be physically separated from other rooms or units housing residents.
   c. Depending on facility capacity (e.g., staffing, supplies) to care for quarantine residents, the admission/re-admission Admission Quarantine Unit could be a separate floor, wing, or cluster of rooms.
   d. Assign dedicated HCP to work only on the admission/re-admission Admission Quarantine Unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the admission/re-admission Admission Quarantine Unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility.
   e. To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit.
   f. Assign environmental services [EVS] staff to work only on the unit.
   g. If there are not a sufficient number of EVS staff to dedicate to this unit despite efforts to mitigate staffing shortages, restrict their access to the unit. Also, assign HCP dedicated to the admission/re-admission Admission Quarantine Unit (e.g., NAs) to perform cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant (e.g., wipe) into the room and wipe down high touch surfaces (e.g., light switch, doorknob, bedside table) before leaving the room.

2. Bed Management on Admission Quarantine Unit (First-in, First-out Method)
   a. As long as private rooms are available on the Admission Quarantine Unit (AQU), patients should be admitted to private rooms.
   b. Private rooms may be created by converting double-bedded rooms, provided sufficient bed availability remains to admit new patients.
   c. If all private rooms are full and a new admission is expected, the patient who has been on the QU for the greatest number of days may be cohorted with the patient who has been on the unit for the next greatest number of days in a semi-private room on the QU. The new admission will be admitted to the private room created by cohorting these two patients. Meaning, eventually, your double-bedded rooms will have two patients cohorted together.
d. Those requiring routine outpatient services (such as dialysis, chemotherapy, etc.) should be placed on the QU.

e. TESTING: Due to the increased risk of exposure, patients with unknown COVID status who attend routine outpatient services should be tested periodically. In communities with high coronavirus prevalence, it is recommended that patients who routinely attend outpatient services be tested weekly. To avoid duplication, centers should work with the dialysis units to determine whether coronavirus testing is being conducted there, and to ensure the communication of all testing results.

f. Patients who share a room should have separate toileting facilities if they are sharing a bathroom. One will need to use a bedside commode with a commode liner.

g. Patients who have completed a 14-day observation period without the presentation of symptoms on the COVID-19 screening assessment AND have tested negative at the completion of the quarantine period should be moved from the QU into other parts of the Center that are COVID-negative.

h. TESTING: If testing allows, centers may test patients upon admission (if not recently tested prior to hospital transfer) and within 3 to 4 days after admission to identify patients who may be infected, but are without symptoms, to assist in guiding the appropriate placement of COVID-positive patients onto a COVID-positive unit. If test results are negative, patients will be required to remain on the unit until the 14-day observation period is completed. Centers should also test patients within 10 to 12 days after admission to have the results by the end of the 14-day observation period to increase certainty before moving the patient to the general patient population.

Complete testing guidelines for patients on the Admission Quarantine Unit are addressed in the Mitigation Guidance.

1. Transmission Based Precautions on Admission Quarantine Unit
   a. All patients on the QU (which may be a full unit or a cluster of rooms on a unit depending on bed availability) are to be placed under both Airborne and Contact Precautions.
   b. Follow the PPE guidance for Airborne and Contact precautions.
   c. There may be occurrences where establishing an QU may not be immediately possible due to a limited number of beds. However, all admissions and readmissions must adhere to the above transmission-based precautions.
   d. Dialysis patients should be placed on patient-specific Airborne and Contact precautions, meaning that gowns should be changed after caring for each dialysis patient, and not worn to other patients based on the extended use protocol.

2. Staffing Considerations on the Admission Quarantine Unit
   a. Consistent staffing assignments must be implemented, with dedicated staff assigned to the QU across all disciplines and shifts, including support staff.

Assessment:
   1. Use in collaboration with Discharge Recommendations
   2. Use in collaboration with Testing Guidance
   3. Use in collaboration with PPE Guidance
### Red flags and concerns:

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