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Unified-Command Group Media Primer on COVID-19 Surveillance, Mitigation, and Resolution in Tennessee's Long-Term Care Facilities

Tennessee Governor Bill Lee formed the Unified-Command Group (UCG) in March 2020 to spearhead the fight against COVID-19 in Tennessee. The Unified-Command Group is a joint partnership between the Tennessee Department of Health (TDH), The Tennessee Department of Military and the Tennessee Emergency Management Agency (TEMA). UCG prepared the following actions for improved collection of data, mitigation and resolution in Tennessee's long-term care facilities.

LANDSCAPE

Assisted living, long-term care, senior residential, and skilled nursing facilities cover a significant portion of Tennessee's health care landscape, employing more than 70,000 people providing health care and services to 70,000 residents in more than 700 licensed facilities.

OVERSIGHT

The Tennessee Department of Health's two primary points of interaction with Tennessee's long-term care industry occur through the Division of Health Licensure and Regulation (HLR) and the Healthcare Associated Infections Program (HAI).

HLR and HAI both have oversight responsibilities in the daily operations of long-term care facilities. HLR provides licensure and regulatory oversight of facilities and their working health care professionals. HAI serves an advisory and consultative role for facility administrators and staff. Both TDH divisions work to provide guidance and support to Tennessee's long-term care industry to ensure the safety and well-being of residents.

HLR annually inspects nursing homes, assisted care living facilities, and residential homes for the aged to ensure they are in compliance both with state and federal rules, regulations, and statutes. If a concern of non-compliance arises outside of the annual inspection, state surveyors will visit the facility to determine whether or not they are in regulatory compliance.

RISK ASSESSMENT

Congregant health care facilities are at a higher risk for infectious disease outbreaks and transmission overall, and COVID-19 in particular, given a number of factors:

1. The already high-risk health conditions of residents;
2. The level of direct interaction residents have with medical staff, with others providing ancillary care (i.e. therapeutic, custodial, food services) in facilities; and with family and visitors; and,
3. The occupational factors in the long-term care industry where staff members sometimes provide care at more than one facility.

To address the risks COVID-19 presents to residents and staff at long-term facilities, and to the community, TDH implements a targeted system of surveillance, mitigation, and resolution to suppress and stop outbreaks at their source.

ONGOING PREVENTION MEASURES

TDH encourages long-term care facilities take precautionary steps necessary to protect residents, patients, and staff from COVID-19:

- [Assess infection control programs and practices using guidance from the U.S. Centers for Disease Control & Prevention](#); and
- [Identify key COVID-19 planning areas using a CDC preparedness checklist designed specifically for long-term care settings](#).

Because of the ease of COVID-19 spread in long-term care settings, facilities should restrict visitation, except in cases where compassionate care, such as end-of-life situations, on a case-by-case basis can be addressed safely. If facilities permit visitors for compassionate care reasons, visitors must wear a cloth face covering, restrict their visit to the resident's room only, and frequently perform hand hygiene.

STEP 1: SURVEILLANCE & NOTIFICATION

TDH recommends long-term care facilities actively screen residents and staff daily for COVID-19 symptoms, starting with temperature monitoring. Long-term care staff should be screened at the start of each shift for fever and COVID-19 symptoms. Active monitoring of residents should occur upon admission and at least daily for fever and COVID-19 symptoms.

When there is more than one laboratory-confirmed COVID-19 case in a facility among staff, residents, or patients, or a facility has two or more suspected COVID-19 cases, the facility should immediately notify the local health department for the county or city in which the facility resides, or notify TDH's regional or central offices.

Current Centers for Medicare and Medicaid Services reporting requirements for long-term facilities require the reporting of residents or staff with suspected or confirmed COVID-19 cases to state and local health departments. New CMS requirements also indicate long-term facilities must inform residents and their representatives of suspected or confirmed COVID-19 cases inside the facility.

STEP 2: MITIGATION

Upon notification from a long-term care facility of one or more COVID-19 positive cases, or two or more suspected cases, TDH investigates and responds by gathering information and implementing mitigation measures to protect residents and staff.

Within 12 hours, TDH will have completed its information gathering process to reach necessary decision points with the facility.

Within four hours, TDH will consult with the facility on infection control measures, make personal protective equipment recommendations and identify TDH staff and essential services to assist the facility with needs for testing, cleaning, and decontamination.

Within six hours, TDH will work with the facility to determine whether targeted or widespread testing is needed among residents and staff, and then mobilize resources and engage partners such as the National Guard and Tennessee Emergency Management Agency if any additional support needed at the facility.

Depending on outbreak scale, contact tracing, and laboratory testing results within the first 24 hours, TDH will work with the facility to determine if residents can group, or cohort, safely in the facility to prevent further spread and health deterioration.

TDH will also determine, in consultation with the facility, about relocation of residents to hospitals for higher level medical care.

For medically stable residents, the risks can be greater to transport residents, given the poor health outcomes among this vulnerable population, than to treat residents in place.

Additionally, there is the added risk of potentially exposing other facilities, locations, and health care workers to COVID-19.

STEP 3: RESOLUTION

Case investigation and contact tracing among facility staff and residents will remain ongoing as TDH works toward resolving the COVID-19 outbreak.

These actions are critical to understanding the situation at the facility and how far into the facility or out to the community the risk of further infection has spread.

TDH will engage in daily situation updates to remain in contact with facility administration on issues and needs, and will work with the facility to secure environmental cleaning and decontamination, and conduct a final inspection based on CDC guidelines to make sure the facility is safe for residents and staff.

A COVID-19 outbreak at a long-term care facility is considered resolved when there are two incubation periods, 28 days, with no new cases from the date of last exposure.

REPORTING

Given Tennessee's current COVID-19 situation, and as a result of ongoing, thoughtful and deliberative dialogue with Tennessee's long-term care industry,

TDH is releasing detailed information every Friday at 2 p.m., CDT, to report the number of confirmed COVID-19 cases and related fatalities in all long-term care facilities across the state.

The release of this data weekly will provide a clear picture of the risks COVID-19 poses to long-term care facilities, specifically, and allows for transparency in the public health interest without compromising patient privacy rights.

EDUCATION & OUTREACH

In the time since COVID-19 reached the United States, and time since, TDH has used a number of messaging vehicles and platforms in its proactive outreach to long-term care facilities, and Tennessee's health care providers, including:

- Health alert messages to 75,000 providers on COVID-19 situational awareness, guidance, education, and reporting, initiated Jan. 23, 2020;
- Weekly webinars and technical updates for providers in partnership with the Tennessee Hospital Association and Tennessee Healthcare Association, initiated March 2, 2020;
- COVID-19 updates on guidance emailed specifically to long-term care facilities, initiated March 6, 2020; and,
- Weekly conference calls with long-term care facilities to update guidance and provide a forum for questions and answers, initiated April 15, 2020.