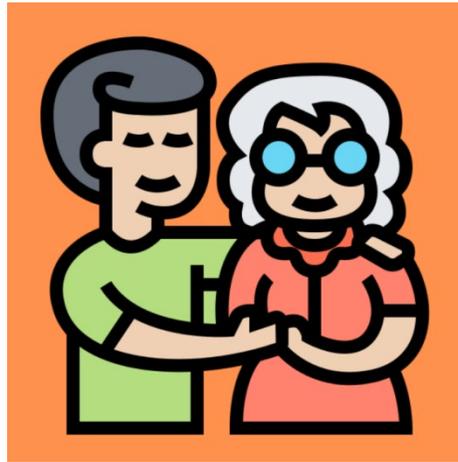


COVID-19

Prevention, Monitoring, and Management for Long-Term Care Facilities

The Tennessee Department of Health has created a COVID-19 resource booklet for long-term care facilities to use and adapt as needed in their response efforts.



August 28, 2020

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Guidance may change as we learn more.

Please check <http://www.tn.gov/health/cedep/ncov> or
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
for the most up-to-date guidance about COVID-19

Definitions

Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents, and mechanical action (scrubbing; wiping). "Cleaning must be performed first, in order to properly clean and disinfect an object or surface."

Cloth face covering/mask: Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not Personal Protective Equipment (PPE).

Contact Time: The time that a disinfectant must be in contact with a surface or device to ensure that appropriate disinfection has occurred. For most disinfectants, the surface should remain wet for the required contact time. Contact time is sometimes referred to as the "wet time" or manufacturer's contact time.

Disinfecting: a process that inactivates or kills microorganisms (such as bacteria, viruses, and fungi) with heat or specific chemicals. To properly disinfect an object, cleaning first to remove visible foreign material is recommended.

Facemask/Medical Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-approved surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Healthcare Personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, feeding assistants, students and trainees, contractual HCP not employed by the healthcare facility, and persons not directly involved in resident care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Long-Term Care Facility (LTCF): Facilities licensed by the TN Department of Health as Nursing Homes/Skilled Nursing Facilities (SNFs), Assisted Care Living Facilities (ACLFs), or Residential Homes for the Aged (RHAs).

Personal Protective Equipment (PPE): Clothing or equipment worn by staff to protect themselves against biohazards (e.g., blood or body fluids).

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare. An N95 is an example of a respirator.

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2): The virus that causes COVID-19 disease.

Source Control: Use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Facemasks and cloth face coverings should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Standard Precautions: The minimum infection prevention practices that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where health care is delivered. These include the following components: hand hygiene, the use of Personal Protective Equipment whenever there is the expectation of exposure to infectious material or bodily fluids, the use of sterile instruments and devices when indicated, the appropriate use and disposal of sharps, the use of safe injection practices, and the presence of regularly cleaned and disinfected environmental services.

Transmission-Based Precautions: The measures that should be taken when caring for residents or residents who are known or suspected to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent transmission.

General Infection Prevention and Control

Good Hygiene

- Alcohol-based hand sanitizers are the preferred method for cleaning your hands in most clinical situations.
- Wash your hands with soap and water whenever they are visibly dirty, before eating, before preparing food, after using the restroom and after caring for a person with known or infectious diarrhea (e.g. C.Diff, Norovirus) or spore forming organisms (C.Diff, Bacillus anthracis).
- HCP should perform hand hygiene in the following situations:
 - Before resident contact, even if gloves will be worn
 - After contact with the resident
 - After contact with blood, body fluids, or contaminated surfaces or equipment
 - Before performing an aseptic task
 - After removing PPE
- Cover coughs and sneezes with your elbow or a tissue:
 - Throw the tissue away after use.
 - Wash your hands after handling or using a tissue.
- Avoid sharing phones, computers, desks and other equipment.
- Avoid touching your face, nose, eyes, and mouth.

Protect HCP and Residents

- Always practice social distancing (even if you are wearing a mask).
- Enforce visitation policies outlined by the TN Department of Health (available [here](#)).
- HCP should stay home if they have any signs of illness.
- HCP should be screened daily for fever or symptoms of illness before beginning work.
- Implement decreased HCP rotation and cohort HCP who work with symptomatic residents whenever possible.
- Any resident who needs to leave his/her room should wear a cloth mask, even if no symptoms are present.

Supplies of Personal Protective Equipment (PPE)

- HCP caring for a known or suspected case should follow CDC guidelines for PPE use.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

- Facilities experiencing shortages of PPE should plan for and train all employees on the extended use or reuse of PPE.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Facilities who need additional PPE may request supplies by using Survey 123. Additional instructions may be accessed [here](#).

Implement Universal Use of Personal Protective Equipment

- HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic residents with SARS-CoV-2 infection. If COVID-19 is not suspected in a resident presenting for care (based on symptom and exposure history), HCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#) if required based on the suspected diagnosis). They should also:
 - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others.
 - Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
 - Aerosol generating procedures (refer to [Which procedures are considered aerosol generating procedures in healthcare settings FAQ](#)) and
 - Surgical procedures that might pose higher risk for transmission if the resident has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) (refer to [Surgical FAQ](#)).
 - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath would compromise the sterile field.

Cleaning and Disinfecting

- Healthcare personnel (HCP) or environmental services (EVS) workers contracted by the facility to clean the rooms of COVID-19 residents should wear all recommend PPE needed for Standard +Contact +Droplet Precautions when performing cleaning.
- Facilities should consider assigning daily cleaning and disinfection of high-touch surfaces (bed rails, doorknobs, drawer handles, light switches, etc.) to nursing

personnel who will already be in the room providing care to residents with COVID-19 to reduce HCP exposure

- Routine cleaning and disinfection procedures are appropriate for COVID-19. This should include using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label.
- Refer to List N (available [here](#)) for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2 (the virus that causes COVID-19).
- Ensure manufacturer's instructions for use (IFU) are being followed for each cleaning and disinfecting product and that appropriate contact time is being used. Dedicated medical equipment should be used when caring for residents, or to cohorts of residents diagnosed with or suspected COVID-19 to avoid infecting other residents.
 - All non-dedicated, non-disposable medical equipment used for resident care should be cleaned and disinfected according to manufacturer's instructions and facility policies.

Preventing the Spread of COVID-19 in a Facility

Keep COVID-19 from Entering Your Facility

- Implement universal use of source control for everyone in the facility. This means having all individuals wear a mask prior to entering the facility.
- Restrict all visitors except for compassionate care situations (e.g., end-of-life).
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser).
- HCP should wear a facemask at all times while they are in the facility.
 - When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. **Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required.**
- Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Visitors, if permitted into the facility, should wear a cloth face covering while in the facility.
- Actively screen anyone entering the building (HCP, ancillary HCP, vendors, consultants) for fever ($T \geq 100.0^{\circ}\text{F}$) and [symptoms of COVID-19](#) before starting each shift; send ill personnel home. Sick leave policies should be flexible and non-punitive.

Considerations for New Admissions or Readmissions to the Facility

- Newly admitted and readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit.
- Newly admitted and readmitted residents with COVID-19 who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit.
- Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19.
- All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask 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.

- Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic SARS-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home.
- New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty.

Identify Infections Early

- Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement [appropriate Transmission-Based Precautions](#).
 - Older adults with COVID-19 may not show typical symptoms such as fever ($T \geq 100.0^\circ\text{F}$) or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
- Consider testing all residents and HCP in the nursing home if there is a new confirmed case of COVID-19
- CDC recommends follow-up testing to ensure transmission has been terminated as follows: Immediately test any resident or HCP who subsequently develops fever or symptoms consistent with COVID-19.

Prevent Spread of COVID-19

- Actions to take now:
 - Cancel all group activities and communal dining.
 - Enforce social distancing among residents.
 - Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.
 - If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear [all recommended PPE](#) for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation).

This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off.

Assess Supply of Personal Protective Equipment (PPE) and Initiate Measures to Optimize Current Supply

- If you anticipate or are experiencing PPE shortages, reach out to your local [healthcare coalition](#).
- Consider extended use of respirators, facemasks, and eye protection or prioritization of gowns for certain resident care activities.

Discontinuing Transmission-Based Precautions and Isolation

- **Resident Diagnosed with COVID-19:**

Residents with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For residents who are **not severely immunocompromised**¹ and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Residents with severe to critical illness or who are severely immunocompromised¹:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts
- **Residents Exposed to Others with COVID-19:** Maintain transmission-based precautions (including isolation and use of COVID-19 PPE for all care) until 14 days after last exposure to a person with COVID-19.

**Please note that if a person continues to be exposed to COVID-19 (for example, if others in the unit have been diagnosed with COVID-19 and are not re-located to a COVID-19 care area), the*

exposed resident will need to remain in isolation until 14 days after all residents with COVID-19 have met criteria for recovery.

Monitor Your Residents for Symptoms

People with COVID-19 have had a wide range of symptoms reported ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever or chills
- Chills Fatigue
- Repeated shaking with chills-Congestion or Runny Nose
- Muscle pain or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea

If your resident is over age 60 or has underlying medical problems like diabetes, heart disease or lung disease, or weakened immune symptom, they may be more vulnerable to COVID-19 and its complications.

Suspected or Confirmed Clusters

Public Health partners should be notified of a suspected or confirmed cluster (≥ 2 cases among HCP or residents) of COVID-19 cases. The local/regional health department in which the facility is located should be notified (list can be accessed [here](#)). Alternatively, TDH Central Office can be contacted at 615-741-7247.

If a cluster is identified, TDH will ask your facility to complete the "Questionnaire for Possible COVID-19 Illness Cluster in a Healthcare Setting":

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/TDH-HCF-%20Illness-Cluster-Questionnaire.pdf>

Contact Tracing

Residents

If a resident test positive, the facility should notify the local health department. The local health department can connect the facility with communicable disease staff to conduct the case investigation, and with Healthcare Associated Infections program staff (HAI.Health@tn.gov) to provide infection prevention and control guidance if needed.

Public health staff will assist the facility in conducting a case investigation. During this process, it will be helpful for the facility to identify if that person had a roommate, shared a bathroom, or had other close contact* with other residents for at least 48 hours prior to symptom onset (or specimen collection date if asymptomatic). All of these contacts warrant quarantine for 14 days after last exposure.

See more information in the [Guidelines for Isolation and Quarantine](#).

*Close contact includes:

- Being within 6 feet of a sick person with COVID-19 for about 15 minutes or longer
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.)
- Living in the same household as a sick person with COVID-19
- Caring for a sick person with COVID-19

Work Restrictions for Healthcare Personnel

Ill Workers

Any HCP member that is identified as having a fever and/or symptom of COVID-19 prior to or at any time during their shift should be sent home immediately. For symptomatic HCP with suspected or confirmed COVID-19, facilities may utilize a symptom-based strategy for allowing HCP to return to work. A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-based strategy for determining when HCP can return to work.

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised¹:

- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Test-Based Strategy for Determining when HCP Can Return to Work.

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised¹) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCP who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

After returning to work, the HCP should

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. Note this does not replace the need for a N95 respirator when indicated (e.g. Aerosol generating procedure) and for care of suspect of confirmed COVID-19 residents.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

Healthcare Workers (Not Tested) That Were Exposed to a Confirmed COVID-19 Case

HCP Wearing appropriate PPE:

If the HCP came into contact with a confirmed COVID-19 case and was wearing all recommended PPE then no work restrictions are recommended. HCP should still follow guidance on wearing a mask during work and not reporting to work if symptoms develop.

HCP not wearing appropriate PPE:

If the HCP came into contact with a confirmed COVID-19 case and was not wearing a facemask or respirator, or eye protection, then this HCP member needs to be excluded from work for 14 days after last exposure.

Procedures for Isolation and Quarantine-in-Place

Duration of isolation and precautions

For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset* and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

- A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*.

COVID-19 positive and suspect residents should only leave their room as required for medical procedures not available on site (i.e., dialysis, medical specialist appointment, and critical testing not available at the facility). If the resident is to leave room for these purposes the shortest route should be utilized and the immediate area/route to the exit/treatment areas should be cleared of all other residents and unnecessary HCP. If possible, residents should wear a mask when not in their room and when a HCP is in the room. Facility should notify transport personnel and receiving facility in advance of COVID-19 positive results or suspected case.

Identify an Isolation Area

An isolation area should be separate from other people and only those with suspected or confirmed COVID-19 should be allowed in the area. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19. Residents on isolation should not use the same dining area, sleeping area, or bathrooms as well persons. Create a plan before residents or HCP with COVID-19 are identified in the facility.

Resident Cohorting and Dedication of HCP

Assign dedicated HCP to work only on the COVID-19 care unit, including environmental services. At a minimum, this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that is separate from HCP working in other areas of the facility.

If there are not a sufficient number of EVS to dedicate to this unit despite efforts to mitigate staffing shortages, restrict their access to the unit. Also, assign HCP dedicated to the COVID-19 care unit (e.g., NAs) to perform cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. Ensure designated personnel are trained in appropriate cleaning and disinfection practices. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant from [List N](#) (e.g., wipe) into the room and wipe down [high touch surfaces](#) (e.g., light switch, doorknob, bedside table) before leaving the room.

Ensure that high-touch surfaces in HCP break rooms and work areas are frequently cleaned and disinfected (e.g., at least once each shift).

Ensure HCP practice source control measures and social distancing in the break room and other common areas (i.e., HCP wear a facemask and sit more than 6 feet apart while on break).

Personal Protective Equipment

HCP must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms.

If PPE shortages exist, implement strategies to optimize PPE supply on the unit, such as:

- Bundle care activities to minimize the number of HCP entries into a room.
- Consider extended use of respirators (or facemasks if respirators are not available), eye protection, and gowns. Limited reuse of PPE may also be considered.

Consider prioritizing gown use for high-contact resident care activities and activities where splash or spray exposures are anticipated. See CDC guidance for Optimizing PPE at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Actions to Take if a HCP is Diagnosed with COVID-19

HCP Who Test Positive

Any employee who tests positive should stop working immediately, regardless of whether symptoms are present. The employee should stay home and self-isolate for a minimum of 10 days after testing was performed, even if the employee does not develop symptoms during this time.

If symptoms develop during that time, the employee with mild to moderate symptoms must also stay home for at least 10 days since symptoms began **and** 24 hours has passed without fever and without the use of fever reducing medications and symptoms have improved. For severe illness or severely immunocompromised refer to return to work guidance. These recommendations from the CDC may evolve but are updated at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

The following actions apply to any individual working in a long-term care environment who tests positive for COVID-19 regardless of the presence of symptoms.

- 1) Identify the date that the HCP member developed symptoms. If no symptoms are present, determine the date testing was performed.
- 2) Determine if the HCP member always wore a facemask when in contact with other HCP members or with other residents during his/her infectious period.
 - a. Infectious Period for Symptomatic Employees: 2 days before symptoms started through last date worked
 - b. Infectious Period for Asymptomatic Employees: 2 days before testing through last date worked after testing was performed.
- 3) Residents who received direct care from the HCP member during the infectious period should be restricted to their rooms and cared for using all appropriate COVID-19 PPE.
- 4) Other HCP members who had contact with the **unmasked** HCP member should be considered exposed to COVID-19 without appropriate PPE as restricted from work accordingly (see "Work restrictions for healthcare personnel").

Quarantine of Contacts

Identify a Quarantine Area

A quarantine area should be separate from other people and only those who are also in quarantine should be allowed in the area. Residents in quarantine should not use the same rooms or bathrooms as well persons.

Release from Quarantine

Contacts should remain quarantined for 14 days from the date of last contact with the case while the case was ill. If the case is asymptomatic, contacts must quarantine for 14 days after the case's specimen collection date.

Residents Who Develop Symptoms

If a contact develops illness, they become a case. A mask should be placed on them and they should be transferred to the area designated for isolation.

Clinical Testing

Initial Testing of Residents for SARS-CoV-2

The TN Department of Health's Board for Licensing Health Care Facilities requires that all HCP and residents of licensed long-term care facilities (including skilled nursing facilities, assisted care living facilities, and residential homes for the aged) undergo initial testing for COVID-19 before June 30, 2020. Full details of this requirement may be found [here](#).

Initial viral testing of each resident in any long-term care facility is recommended because of the high likelihood of exposure during a pandemic, transmissibility of SARS-CoV-2, and the risk of complications among residents following infection. The results of viral testing inform care decisions, infection control interventions, and placement decisions (e.g., cohorting decisions) relevant to that resident.

Weekly Testing of Employees

As of June 30, 2020, the TN Department of Health's Board for Licensing Health Care Facilities requires that all HCP of skilled nursing facilities (SNFs) undergo testing for COVID-19 every seven (7) days. HCP members of SNFs may refuse testing; individuals who refuse testing must sign documentation provided by the facility. Information about how to arrange this testing may be found [here](#). See link below for additional guidance to Long-Term Care Testing Initiative FAQs.

HCP of assisted care living facilities (ACLFs) and residential homes for the aged (RHAs) are not required to undergo weekly COVID-19 testing. If facilities wish to have HCP participate in weekly testing, however, information on how to arrange this testing may be found [here](#).

Testing in Response to a Single Case or Outbreak

While a detailed epidemiologic investigation with contact tracing is helpful, facilities should have a low threshold for performing testing of residents and HCP members when a case of COVID-19 is identified. When a case is detected in a long-term care facility, there are often other residents and/or HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic. Performing viral testing will identify infected individuals quickly to assist in their clinical management and allow rapid implementation of IPC interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent transmission. To determine what additional testing needs to be performed consultation with local health department is recommended. **Immediately**

perform viral testing of any resident or HCP who subsequently develops signs or symptoms consistent with COVID-19.

PPE Considerations for COVID-19 Testing

HCP in the room or specimen collection area should wear an N95 or higher-level respirator (or facemask if a respirator is not available) and eye protection. A single pair of gloves and a gown should also be worn for specimen collection or if contact with contaminated surfaces is anticipated.

- If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting nasopharyngeal specimens.

[Extended use](#) of respirators (or facemasks) and eye protection is permitted. However, care must be taken to avoid touching the necessary face and eye protection. If extended use equipment becomes damaged, soiled, or hard to breathe or see through, it should be replaced. Hand hygiene should be performed before and after manipulating PPE.

Gloves should be changed, and hand hygiene performed between each person being swabbed.

Gowns should be changed when there is more than minimal contact with the person or their environment. The same gown may be worn for swabbing more than one person provided the HCP collecting the test minimizes contact with the person being swabbed. Gowns should be changed if they become soiled.

Consider having an observer who does not engage in specimen collection but monitors for breaches in PPE use throughout the specimen collection process.

HCP who are handling specimens, but are not directly involved in collection (e.g., self-collection) and not working within 6 feet of the individual being tested, should follow [Standard Precautions](#); gloves are recommended, as well as a facemask for source control.

Resources

Tennessee Department of Health

- General Guidance for Individuals Following Exposure or Testing for COVID-19
 - [What to Expect After Being Diagnosed](#)
 - [¿Qué Hacer Después de ser Diagnosticado con el COVID-19?](#)
 - [What to Expect If You Were Possibly Exposed](#)
 - [¿Qué Hacer Si Es Posible Que Usted Haya Estado Expuesto a la COVID-19?](#)
 - [What to Expect After Being Tested](#)
 - [¿Qué Hacer Después de Hacerse la Prueba de la COVID-19?](#)
 - [What To Do If You Test Negative](#)
 - [¿Qué Hacer Si Obtiene Un Resultado Negativo en la Prueba de la COVID-19?](#)
- Healthcare Investigations
 - [Investigation Guidance](#)
 - [Questionnaire for Possible COVID-19 Illness Cluster](#)
- Healthcare Workers
 - [Healthcare or Critical Infrastructure Post-Testing Guidance](#)
 - [Guidance for Healthcare Providers Diagnosed with COVID-19](#)
- Initial Statewide Testing and Weekly Testing of Employees of Long-Term Care Facilities
 - [TN Department of Health Board for Licensing Health Care Facilities: Standards for Nursing Homes](#)
 - [TN Department of Health Board for Licensing Health Care Facilities: Standards for Assisted Care Living Facilities](#)
 - [TN Department of Health Board for Licensing Health Care Facilities: Standards for Homes for the Aged](#)
 - [Long-Term Care Initial Statewide Testing Initiative FAQs](#)
 - [Weekly LTCF HCP Testing Laboratory Options](#)
 - [COVID-19 Weekly HCP Testing: Nursing Homes](#)
 - [COVID-19 Weekly HCP Testing: Assisted Living Facility and Residential Homes for the Aged](#)
- Personal Protective Equipment
 - [COVID-19 PPE Request](#)
 - [PPE Conservation Guidance](#)
 - [Extended Use and Re-Use of N95s](#)
 - [Extended Use and Re-Use of Facemasks](#)
 - [Extended Use and Re-Use of Eye Protection](#)

- [Use of Personal Protective Equipment by Non-Medical Personnel](#)
- Visitation in Long-term Care Facilities
 - [Long-Term Care Facility Visitation Guidance](#)
 - [Visitation Booth Safety Code Requirements](#)

Centers for Disease Control and Prevention/Environmental Protection Agency

- Planning and Preparedness
 - [Responding to Coronavirus \(COVID-19\) in Nursing Homes](#)
 - [Considerations When Preparing for COVID-19 in Assisted Living Facilities](#)
 - [Retirement Communities and Independent Living Facilities](#)
 - [Memory Care Units: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html)
- Infection Prevention and Control (including PPE and Environmental Cleaning information)
 - [Interim Infection Prevention and Control Recommendations](#)
 - [Infection Prevention and Control Assessment Tool](#)
 - [Healthcare Infection Prevention and Control FAQs for COVID-19](#)
 - [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)
- Healthcare Workers
 - [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\)](#)
- Personal Protective Equipment
 - [Strategies for Optimizing the Supply of N95 Respirators](#)
- Long-Term Care Frontline HCP Training Webinar Series
 - Sparkling Surfaces: <https://bit.ly/2yulKj2>
 - Clean Hands: <https://bit.ly/35JzNgH>
 - Closely Monitor Residents: <https://bit.ly/3bhodKI>
 - Keep COVID-19 Out: <https://bit.ly/2SLKzhe>
 - PPE Lessons: <https://bit.ly/2zn9yjQ>

Office of the Governor

- [Tennessee Pledge](#): A plan to help Tennesseans return to work in a safe environment, restore their livelihoods and reboot our state's economy.